

Part 1 – General Details			
Your Full Name:		Date of Birth:	
Your Partner's Name:		Date of Birth:	
Address:			
Your Phone Number:			
Your E-mail Address:			
Part 2 – Housing Details			
<input type="checkbox"/> Owner-occupier <input type="checkbox"/> Private Tenant <input type="checkbox"/> Council tenant <input type="checkbox"/> Housing association tenant?			
Type of Property:		Number of bedrooms?	
<input type="checkbox"/> Detached <input type="checkbox"/> Semi-detached <input type="checkbox"/> Mid -Terrace <input type="checkbox"/> Flat		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 +	
Does your property have:			
Loft insulation? Yes / No		Wall Insulation? Yes / No	
Please tick the fuel type(s) used to heat your home:			
<input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> LPG <input type="checkbox"/> Oil <input type="checkbox"/> Solid Fuel <input type="checkbox"/> Other <input type="checkbox"/> Are you on a Pre-payment Meter Yes / No <input type="checkbox"/> Do you have any arrears on your fuel accounts?			
Did you receive a Surviving Winter grant payment last year? Yes / No			
Other details			
Is the above address your only or principle home ? Yes / No (if no please give further details)			
Do you own any other property or land either in the UK or abroad? (if so please give further details)			

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Part 3 – Income & Savings

Please indicate if you are in receipt of any of the following benefits: (please tick all that apply)

<input type="checkbox"/> Housing Benefit	<input type="checkbox"/> Universal Credit	<input type="checkbox"/> Disability Living Allowance
<input type="checkbox"/> Council Tax Reduction	<input type="checkbox"/> Income Based Employment Support Allowance	<input type="checkbox"/> Attendance Allowance
<input type="checkbox"/> Income Support	<input type="checkbox"/> Pension Credit (Guarantee Credit element)	<input type="checkbox"/> Carer's Allowance
<input type="checkbox"/> Child or Working Tax Credit (income under £15,850)	<input type="checkbox"/> Disabled Persons Tax Credit	<input type="checkbox"/> Other (please detail)
<input type="checkbox"/> Income Based Job Seekers Allowance	<input type="checkbox"/> Personal Independence Payment	<input type="checkbox"/> None of the above

Savings: if your savings are over £16,000 you will not be eligible for a grant award.

Please confirm the amount of savings you hold if they are over £10,000. - £

Do you have **any other income** from any source? e.g. occupational pension or savings (if yes please give details) Monthly Amount £

Do you spend more than 10% of your income heating your home?

Part 4 – Long Term Health Conditions and Disabilities

Please indicate if you have been diagnosed with any of the following: (please tick all that apply):

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> A cardiovascular condition (including coronary heart disease, stroke, high blood pressure (hypertension), transient ischemic attack etc) <input type="checkbox"/> Respiratory condition (including COPD, asthma etc) <input type="checkbox"/> Neurological condition (including Dementia, Parkinson's Disease, Multiple Sclerosis, epilepsy etc) <input type="checkbox"/> Musculoskeletal conditions (including Osteoarthritis, Rheumatoid Arthritis etc) <input type="checkbox"/> Blood conditions (including Sickle Cell Disease, Thalassemia etc) | <ul style="list-style-type: none"> <input type="checkbox"/> A terminal illness <input type="checkbox"/> A mental health condition <input type="checkbox"/> A sensory impairment <input type="checkbox"/> Dual sensory loss <input type="checkbox"/> A learning disability <input type="checkbox"/> Limited physical mobility <input type="checkbox"/> A physical disability – non-mobile <input type="checkbox"/> A recent fall <input type="checkbox"/> Cancer <input type="checkbox"/> Diabetes <input type="checkbox"/> Other |
|---|--|

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Part 5 – Any additional information

Would you like some further help with:

- Boiler or heating not working
- Poor insulation or draughts
- Benefits Advice
- Debt Advice
- Budgeting Advice

Energy Advice

- Cheaper tariffs / Comparing Suppliers
- Energy Efficiency / Saving Money
- Managing / Understanding Bills
- Priority Services Register / Warm Homes Discount

Part 6 – Type of Assistance available

Surviving Winter Fuel Payment

If your application is successful, a grant payment can be made to you by bank transfer or directly to your energy supplier.

Please tell us where we should pay this (if awarded):

Account Name _____

Sort Code:

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Account Number:

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OR

If you would like us to pay your energy supplier directly, please provide their payment details above and add the reference number of your energy account below:

Energy Supplier Name _____

My reference number with Energy Supplier _____

Part 7 – Any additional information

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Part 8 - Declaration

Please read this declaration carefully and then sign and date the form. By signing this form I confirm that I understand the following:

- If I give information which is incorrect or incomplete, you may take action against me and I may be liable to prosecution or other sanction.
- You will use the information I have given in this application to assess my entitlement and I give permission for the Citizens Advice (as administrators of the grant fund) and Suffolk Coastal District Council as provider of the Warm Homes Healthy People Service to check any of my information with other organisations (in accordance with the Data Protection Act 1998.)
- You may use any information I have provided about this application and may share my information with other organisations if the law allows this. This includes Suffolk Coastal District Council and Suffolk Community Foundation and my Local Citizens Advice Office.
- In particular, my personal data (name, address and contact details) will be collected and stored for the purposes of administering and monitoring the scheme.
- I know that I must let you know about any changes in my circumstances which may affect my entitlement.
- I declare that the information I have given on this form is correct and complete.

Main Applicant:

Print Name:

Signature:

Date:

Partner:

Print Name:

Signature:

Date:

Please sign and send completed form to:

Citizens Advice Ipswich

19 Tower Street, Ipswich, Suffolk, IP1 3BE

Tel: 01473 298634

Email: SurvivingWinter@ipswichcab.org.uk

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