

Part 1: General Details			
Name:		Date of Birth	
Partner Name:		Date of Birth	
Address:			
Telephone Number:			

Part 2: Housing Details					
Is the above address your only or principal home? Yes / No					
<input type="checkbox"/> Owner-occupier <input type="checkbox"/> Private Tenant <input type="checkbox"/> Council tenant <input type="checkbox"/> Housing association tenant					
How do you heat your home?					
Electric	Gas	LPG	Oil	Solid Fuel	Other
<ul style="list-style-type: none">o Are you on a pre-payment meter? Yes / Noo Do you have any arrears on your fuel accounts? Yes / Noo Do you spend more than 10% of your income heating your home? Yes / No					
Do you have loft insulation? Yes / No			Do you have wall insulation? Yes / No		

Part 3: Additional Information
Did you receive a Surviving Winter grant payment last year? Yes / No
Would you be happy to promote the Project to others? Yes / No
How did you hear about the Surviving Winter Project?

Working in partnership....



Part 4: Income and Savings

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

Housing Benefit	Universal Credit	Disability Living Allowance	Income Support
Council Tax reduction	Income based Employment and Support Allowance	Attendance Allowance	Carer's Allowance
Pension Credit	Disabled Person' Tax Credit	Child or Working Tax Credit (Income under £15,850)	Income Based Jobseekers Allowance
Personal Independence Allowance	Other (Please specify)	None of the Above	

Do you have any income from any other source? **Yes / No**

Do you receive more than £16,000 a year (£1,333 per month) in total? **Yes / No**

Savings - If you have savings of over £16,000 you will not be eligible for a grant award

Please confirm the amounts of any savings you hold over £10,000

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Debt - Do you have any outstanding debts? **Yes / No**

Part 5: Health and Wellbeing

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"/> Terminal illness <input type="checkbox"/> 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"/> Musculoskeletal condition (including Osteoarthritis, Rheumatoid Arthritis etc.) <input type="checkbox"/> Recent fall <input type="checkbox"/> Diabetes 	<ul style="list-style-type: none"> <input type="checkbox"/> Physical disability (non-mobile) <input type="checkbox"/> Limited mobility <input type="checkbox"/> Mental health condition <input type="checkbox"/> Sensory loss <input type="checkbox"/> Learning disability <input type="checkbox"/> Sensory impairment
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Part 8: Declaration/Consent

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 Citizens Advice Ipswich (as administrators of the grant fund) and East Suffolk Council as provider of Warm Homes Healthy People to check any of my information with other organisations (in accordance with the Data Protection Act 2018).
- 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 East Suffolk Council, Suffolk Community Foundation and my Local Citizens Advice Office.
- In particular, my personal data (name, address, contact details and health conditions) will be collected and stored for the purposes of administering and monitoring the scheme.
- 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: _____

- Do you give permission for us to contact you by letter? Yes / No
- Do you give permission for us to contact you by telephone/ leave you a message? Yes / No

Please sign and send completed form to:

Surviving Winter

Citizens Advice Ipswich

19 Tower Street, Ipswich, IP1 3BE

Tel: 01473 219770 email: survivingwinter@ipswichcab.org.uk