

Surviving Winter 2020/21 Grant Application Form

(If you are 63 years or over on 6th May 2020)



(One application form per household – please include details of all adults living at the address)

Part 1: General Details			
Mr/Mrs/Ms/Miss	Name:		Date of Birth:
Mr/Mrs/Ms/Miss	Name:		Date of Birth:
Address:			
Telephone Number:			
Email address:			
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			
Do you give permission for us to contact you by email? Yes / No			

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
○ Are you on a pre-payment meter? Yes / No ○ Do you have any arrears on your fuel accounts? Yes / No ○ 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 (UC)	Disability Living Allowance (DLA)	Income Support
Council Tax reduction	Income based Employment and Support Allowance	Attendance Allowance	Carer's Allowance
Pension Credit	Disabled Person's Tax Credit	Child or Working Tax Credit (Income under £15,850)	Income Based Jobseekers Allowance
Personal Independence Payment (PIP)	None of the Above	Other (Please specify):	
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:			
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)	
<input type="checkbox"/> Cardiovascular condition (e.g. coronary heart disease, stroke, high blood pressure (hypertension), transient ischemic attack etc.)	<input type="checkbox"/> Sensory impairment
<input type="checkbox"/> Respiratory condition (e.g. COPD, asthma etc.)	<input type="checkbox"/> Sensory loss
<input type="checkbox"/> Neurological (e.g. epilepsy, MS, dementia, Parkinson's etc.)	<input type="checkbox"/> Learning Disability
<input type="checkbox"/> Musculoskeletal condition (e.g. Arthritis, Fibromyalgia etc.)	<input type="checkbox"/> Limited mobility
<input type="checkbox"/> Blood disorder	<input type="checkbox"/> Physical disability (non-mobile)
<input type="checkbox"/> Terminal illness	<input type="checkbox"/> Recent fall
<input type="checkbox"/> Mental health condition	<input type="checkbox"/> Cancer
	<input type="checkbox"/> Diabetes
	<input type="checkbox"/> NONE

Part 6: Do You Need Any Additional Help?

- | | |
|---|---|
| <input type="checkbox"/> Boiler or heating not working | <input type="checkbox"/> Cheaper tariffs/ comparing energy suppliers |
| <input type="checkbox"/> Draughts and poor insulation | <input type="checkbox"/> Understanding your energy bills |
| <input type="checkbox"/> Condensation, damp and mould | <input type="checkbox"/> Energy Efficiency /Money saving |
| <input type="checkbox"/> Benefits information and advice | <input type="checkbox"/> Priority Services Register/ Warmer Homes Discount |
| <input type="checkbox"/> Information, advice and support with debts | <input type="checkbox"/> Dealing with fuel debt / identifying financial support available |

Part 7: Payments

If your application is successful, a grant payment can be made directly to you by bank transfer or directly to your energy supplier. Please tell us where we should pay this (if awarded):

If you heat your home by oil, you may qualify for 500L of oil, as your grant award. Would you prefer this option? Yes / No

(Please also complete one of the alternative payment options below, should you not be eligible for an oil award.)

(OR)

If you would like the money paid directly to your bank account, please complete the details below. Unfortunately, we are unable to make payments into Post Office Accounts.

Name of Bank Account Holder: _____

Sort Code: - -

Account Number:

(OR)

If you would like to pay your energy supplier directly, please provide payment details including the reference number of your energy account.

Energy Supplier: _____

Energy Supplier Reference: _____

Please turn over for Declaration / Consent →

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: _____

Second applicant (if relevant):

Print Name: _____

Signature: _____

Date: _____

Please sign and send completed form to:

Surviving Winter

Citizens Advice Ipswich

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