

Surviving Winter 2021/22 Grant Application Form



(One application form per household – please include details for 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:	
No. of dependents living with you:		Ages:		
Address:				
Telephone Number:				
Email address:				
We may need to contact you in respect to the information on this application. Please can confirm your preferred method of contact - Telephone / Email / Letter - Please confirm you give permission for us to leave you a message Yes / No				

Part 2: Housing Details

Is the above address your only or principal home? Yes / No					
<input type="checkbox"/> Owner-occupier		When was your house built?		Pre 1970 <input type="checkbox"/> Post 1970 <input type="checkbox"/>	
<input type="checkbox"/> Private Tenant		<input type="checkbox"/> Council tenant		<input type="checkbox"/> Housing association tenant	
Things that affect your home being warm					
Do you have loft Insulation? Yes / No			Do you have wall insulation? Yes / No		
Boiler or heating not working? Yes / No			Draughts and poor insulation? Yes / No		
Condensation, damp and mould? Yes / No					
Would you like a Free independent surveyor to visit your home and discuss energy efficiency improvements that could make a real difference to your heating bills, and possibly access energy efficient improvements for you? Yes / No					
How do you heat your home?					
Electric	Gas	LPG	Oil	Solid Fuel	Other
<ul style="list-style-type: none">○ 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					

Part 3: Saving you Money

PLEASE NOTE: It can take up to 3 weeks to process your application and make payment

We have expertise in ways of saving you money with your energy bills

- Apply / check availability for LITE Tariff by calling 0800 169 3630 by completing an extra care assessment with Anglian Water
- Consider comparing broadband deals. BT have recently launched a social tariff called Home Essentials Plan. Low income households may qualify for the £15 a month tariff.

helping you to be more energy efficient all year around and save you money.

We can see if you eligible for discounts or additional income that might be available in Welfare Benefits.

Please let us know if you would like a Free Assessment to save you money **Yes / No**

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**

Do you have savings of over £16,000? **Yes/No**

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

Part 5: Health and Wellbeing

No. in household with a long-term health condition:		No. in household with a long-term disability:	
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Please indicate if somebody in the household has been diagnosed with any of the following: (please tick all that apply)

Cardiovascular condition (e.g. coronary heart disease, stroke, high blood pressure (hypertension), transient ischemic attack etc.)	Sensory impairment	
	Sensory loss	
	Learning Disability	
Respiratory condition (e.g. COPD, asthma etc.)	Limited mobility	
Neurological (e.g. epilepsy, MS, dementia, Parkinson's etc.)	Physical disability (non-mobile)	
Musculoskeletal condition	Recent fall	

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	(e.g. Arthritis, Fibromyalgia etc.)		
	Blood disorder	Cancer	
	Terminal illness	Diabetes	
	Mental health condition	NONE	

Part 6: Payments

If your application is successful, a grant payment will usually be made direct to your energy supplier.

Electricity

Energy Supplier: _____

Energy Account/Reference Number: _____

Pre-payment Key/Card Number (if applicable): _____

Gas

Energy Supplier: _____

Energy Account/Reference Number: _____

Pre-payment Key/Card Number (if applicable): _____

Please provide any pre-payment / smart meter or Pay As You Go numbers:

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 ****

It may be possible in some circumstances be paid directly to your bank account, please complete the details below. Unfortunately, we are unable to make payments into Post Office or savings accounts.

Name of Bank: _____

Name of Current Account Holder: _____

Sort Code: - -

Current Account Number:

Please turn over for Declaration / Consent →

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Part 7: 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 applicable):

Print Name: _____

Signature: _____

Date: _____

Please sign and send completed form to:

Surviving Winter

Citizens Advice Ipswich

19 Tower Street, Ipswich, IP1 3BE

Tel: 01473 298634 Email: survivingwinter@ipswichcab.org.uk

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