

CAERPHILLY COUNTY BOROUGH COUNCIL

Directorate of Social Services & Housing

Private Sector Housing

Tredomen Business & Technology Centre, Ystrad Mynach, Hengoed, CF82 7FN

APPLICATION FORM FOR FLEXIBLE ELIGIBILITY – ENERGY COMPANY OBLIGATION

October 2020 ECO 3

In order to qualify for assistance you must meet the following criteria:

Your home must be energy inefficient; **and**

You are in fuel poverty **and/or**

A person in your property is vulnerable to the effects of living in a cold property

Part 1

Applicant's Name: _____ Title: _____

Address: _____

Telephone No: _____ Email Address: _____

Address of property for which energy saving measures are being sought (if different from above):

Names and age of all people residing at the property:

Do you live at the property as your only or main residence? Yes ☐ No ☐

Do you have an owner's interest in the property? Yes ☐ No ☐

Are you the sole owner of the property Y/N - If no please provide details of joint owners....

Are you a tenant? Yes ☐ No ☐

If you are a tenant and rent the property:

Landlord's name: _____ Title: _____

Address: _____

Tel No: _____ Email Address: _____

Rent smart Wales Landlord Registration reference _____

Landlord Licensing Reference _____

Agent's details if applicable:

Agents Name _____

Agents Address _____

Rent Smart Wales Agent License reference _____

Part II

Qualifying Criteria

Is there an Energy Performance Certificate for the property? If yes and the certificate is band: D/E/F/G, then go to Part III. (If the EPC reads A/B/C – the property will not qualify).

Provide details of the current EPC Rating: ____ EPC registration no. _____

If no EPC certificate is provided then please complete the table below:

Question	Response	Score
Number of bedrooms	1	0
	2	1
	3	2
	4 or more	3
Number of people living in the property	1	1
	2	2
	3 or more	3
House Type	Terrace or end terrace	1
	Semi-detached	2

	Detached	3
Construction	PRC/BISF (non Traditional)	3
	Solid wall	2
	Cavity	1
Heating system	Gas	0
	Oil	1
	LPG	2
	Coal	3
	Electric	4
Age and condition of Central heating provision	<10 years	0
	>10 years	1
	If the heating is non-functional	2
	No or partial central heating	3
Payment of heating	Direct debit or quarterly bill payment	0
	Prepaid	2
Loft insulation	None	3
	<150mm	2
	>150mm	1
Total Score		

Twelve points or more scored go to Part III.

Part III

- I. Do you spend more than 10% of your income on household fuel cost?
Please confirm that you are in receipt of a means tested benefit and/or complete the enclosed means tested form. (Reference table A in the authority's SOI. Proof of income is required to be submitted for each member of the household who is in employment by providing both the last 3 months pay slips and last 3 months bank statements.

Please confirm gross annual household income £ _____

Please confirm outgoings a) annual income tax and NI payments £ _____

b) annual mortgage or rent payments £ _____

Provide confirmation of your fuel bills over the last 12 months :

Electric £ _____

Gas £ _____

Solid fuel £ _____

And/OR

II. Member of the household is:

Details	Tick box	Evidence Verified	Print and Signed	Dated	Action
Aged over 60 (Proof of Age and address of person)					Go to signed declaration
Children under 5 (Proof of age and address of child) and pregnant mothers (Mat B1 form and address of person)					

Or a member of the household has:

Health Condition – The following require a signed declaration by a Doctor or Health Practitioner to confirm any health related issues	YES	NO
1. Respiratory disease		
2. Cardiovascular disease		
3. Mental Health illness		
4. Households with a musculoskeletal illness		
5. Autoimmune and immunodeficiency disease		
6. Those who are terminally ill and/or currently undergoing treatment for cancer		

A signed declaration by a Doctor or Health Practitioner will be required to confirm any health related issues itemised above.

Condition	Doctor	Surgery	Signed	Dated

To be completed in respect of all applications

DECLARATION

This application form must be signed by the applicant.

- I. I authorise Caerphilly County Borough Council , Council Tax Benefit Section or Department of Work and Pensions to confirm on request by the Council that I now receive:

Universal Credit/Income Support/Council Tax Benefit/Income Based Jobseekers Allowance/
Income related Employment & Support Allowance or Guaranteed Pension Credit.

2. I declare to the best of my knowledge and belief that the information I have given is correct and true

Name:

National Insurance Number:

Signed: Date:

WARNING: Any information provided which is done so knowingly and is found to be false may lead to prosecution.

Please return this form to Caerphilly County Borough Council, Private sector Housing, PO Box 128, Hengoed. CF82 9BP

Or email the application form and supporting information to
privatesectorhousing@caerphilly.gov.uk