**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 lll. (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<150mm>150mm | 321 |
| Total Score |  |  |

Twelve points or more scored go to Part lll.

**Part III**

1. 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**

1. 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
 |  |  |
| 1. Cardiovascular disease
 |  |  |
| 1. Mental Health illness
 |  |  |
| 1. Households with a musculosketal illness
 |  |  |
| 1. Autoimmune and immunodeficiency disease
 |  |  |
| 1. 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.**

1. 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