

Surviving Winter 2022/23 Grant Application Form



One application form per household – please include details for all adults living at the address. PLEASE ENSURE YOU **FILL IN ALL THE BOXES** TO THE BEST OF YOUR ABILITY, OTHERWISE WE MAY NOT BE ABLE TO PROCESS YOUR PAYMENT

Part 1: General Details

Mr/Mrs/Ms/Miss	Full Name:		Date of Birth:	
Mr/Mrs/Ms/Miss	Full Name:		Date of Birth:	
No. of under 18's in the household:		Under 18's age (s):		
Address:				
Post Code:				
Is the above address your only or principal home ? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Are you: Owner- occupier <input type="checkbox"/> Private Tenant <input type="checkbox"/> Council Tenant <input type="checkbox"/> Housing Associate tenant <input type="checkbox"/>				
Telephone Number:				
Email address:				

Part 2: How do you heat your home

How do you heat your home?					
Electric	Gas	LPG	Oil	Solid Fuel	Other
<input type="radio"/> Are you on a pre-payment meter? Yes <input type="checkbox"/> No <input type="checkbox"/>					
<input type="radio"/> Do you have any arrears on your fuel accounts? Yes <input type="checkbox"/> No <input type="checkbox"/>					
<input type="radio"/> Do you spend more than 10% of your income heating your home? Yes <input type="checkbox"/> No <input type="checkbox"/>					

Part 3: Income and Savings

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

<input type="checkbox"/> Income Support	<input type="checkbox"/> Child or Working Tax Credit (Income under £15,850)
<input type="checkbox"/> Pension Credit	<input type="checkbox"/> Attendance Allowance
<input type="checkbox"/> Council Tax Reduction	<input type="checkbox"/> Disability Living Allowance
<input type="checkbox"/> Housing Benefit	<input type="checkbox"/> Carer's Allowance
<input type="checkbox"/> Universal Credit	<input type="checkbox"/> Personal Independence Payment (PIP)
<input type="checkbox"/> Income-based Jobseeker's Allowance	<input type="checkbox"/> No Benefits
<input type="checkbox"/> Income-related Employment and Support Allowance	<input type="checkbox"/> Other (please specify)

Do you have any **income from any other source**, if so please specify? **Yes** **No**

If **Single Household**, do you receive **more than £20,000 a year** (£1,431 per month) **Yes** **No**

If **Dual Household**, do you receive **more than £24,000 a year** (£1,683 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 4: Health and Wellbeing

Please indicate if somebody in the household has been diagnosed with any of the following (Please tick all that apply):

No. in household with a long-term health condition: _____

No. in household with a long-term disability: _____

Cardiovascular condition:

(e.g., coronary heart disease, stroke, high blood pressure (hypertension), transient hemic attack etc.)

Respiratory condition:

(e.g., COPD, asthma etc.)

Neurological:

(e.g., epilepsy, MS, dementia, Parkinson's etc.)

Musculoskeletal condition:

(e.g., Arthritis, Fibromyalgia etc.)

Terminal illness

Recent Fall

Cancer

Diabetes

Physical Disability

Limited Mobility

Mental Health

Sensory Loss

Learning Disability

None

Part 5: If you are owner-occupier or private tenant and your combined household income is £30k or less per annum, please complete details below to be referred for FREE and INDEPENDENT energy efficiency survey. Please see leaflet included for further details.

When was your house built? **Pre 1970** **Post 1970**

Do you have loft Insulation? **Yes** **No**

Do you have wall insulation? **Yes** **No**

Does your boiler work? **Yes** **No**

Does your heating work? **Yes** **No**

Do you have draughts? **Yes** **No**

Do you have poor insulation? **Yes** **No**

If you meet criteria above and would like to have free and independent energy survey, please tick this box:

Part 6: Money Saving Advice

As part of the Surviving Winter Project, Ipswich Citizens Advice are offering practical advice and support to help save you money and maximise your income.

Please complete Money Saving Advice questioner and return it to us with your Surviving Winter form if you would like further Money Saving Advice.

Part 7: Declaration and 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

survivingwinter@ipswichcab.org.uk

Tel: **01473 298634** – *This is unmanned number. If you have any questions, please leave voice mail and we will aim to get back to you within 3 working days.*

Please turn over for Payments Details →

(Administration Only)

Amount Awarded:

Oil Delivery:

Yes / No

Payment Date:

Referral to WHHP:

Yes / No

Payment Method:

IMAX returned:

Yes / No

Part 8: Payments

The purpose of this grant is to support you during this energy crisis.

If your application is successful, a grant payment will usually be made direct to your energy supplier. Please provide details below:

Electricity Energy Supplier:

Gas Energy Supplier:

Energy Account/Reference Number:

Energy Account/Reference Number:

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

Pre-payment Key/Card Number (if applicable)

Please note, application can take up to three weeks to process.

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 to be paid directly to your bank account, please complete the details below along with your energy supplier details. Unfortunately, we are unable to make payments into Post Office or savings accounts.

Name of Bank: _____

Name of Current Account Holder: _____

Sort Code: _ _ _ _ _

Account Number: _ _ _ _ _