



Key Points:

## WARM HOMES HEALTHY PEOPLE SURVEY

How Did The Client Hear About Us?							
Date		Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other:
First Name				Surname			
DOB				Age			
Contact Name (if different to client) & Relationship to client							
Telephone No							
Email							
Local Authority							
Address							
Town				Postcode			County

**Type of property:**

<input type="checkbox"/> House	<input type="checkbox"/> Bungalow	<input type="checkbox"/> Flat	<input type="checkbox"/> Maisonette		
<input type="checkbox"/> Detached	<input type="checkbox"/> Semi-Detached	<input type="checkbox"/> Mid Terrace	<input type="checkbox"/> End-Terrace		
<input type="checkbox"/> Park Home	<input type="checkbox"/> Bedsit				
<input type="checkbox"/> Owned / Buying on Mortgage		<input type="checkbox"/> Rented – Private* must provide LL details if a referral is made regarding the property.			
*Landlord Name:					
Address:					
Telephone:					
Email:					
Notes:					
Number of Storeys:		Number of bedrooms:		EPC Rating:	
Approximate year of construction:		<input type="checkbox"/> Pre-1920	<input type="checkbox"/> 1920 – 1945	<input type="checkbox"/> 1946 – 1979	<input type="checkbox"/> Post 1979

**Type of Wall:**

<input type="checkbox"/> Solid wall	<input type="checkbox"/> Timber frame	<input type="checkbox"/> Cavity – Insulated	<input type="checkbox"/> Cavity – Un-insulated
<input type="checkbox"/> Other (e.g. system built, park home) State.....			
Client would like to be referred for wall insulation survey: <input type="checkbox"/>			
<input type="checkbox"/> Cavity Wall Insulation Referral		<input type="checkbox"/> Solid Wall Insulation Referral	

**Loft:**

Type of Insulation: .....
Depth of existing loft insulation: ..... (NB we will only consider a top up if existing is 100mm (4 inches) or under)
Client would like to be referred for a loft insulation survey: <input type="checkbox"/>
Is the client able to arrange for the loft to be cleared? (Can friends, family help?) Y / N
If no would the client like a referral to Lofty Heights for help to clear the loft? Y / N
Can the client pay for this? (funding may be available from WHHP if client is eligible) Y / N
Is there access via a Loft Hatch? Y / N      Is there a loft ladder? Y / N

**Type of Doors & Windows**

<input type="checkbox"/> Wooden	<input type="checkbox"/> UPVC	<input type="checkbox"/> Metal	<input type="checkbox"/> Single Glazed	<input type="checkbox"/> Double Glazed
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**Draught proofing required (It is not possible to re-fit UPVC draught seals under this scheme)**

Measure	Quantity	Colour	Can client install- Y/N	Provided Y/N
Letter box seal		<input type="checkbox"/> Brown <input type="checkbox"/> White		
Door seal		<input type="checkbox"/> Brown <input type="checkbox"/> White		
Window foam		<input type="checkbox"/> Brown <input type="checkbox"/> White		
Radiator Panels	<input type="checkbox"/> One box only			
Chimney Balloons	<input type="checkbox"/> S 38x23cm, 15"x 9" <input type="checkbox"/> M 60x30cm 24"x12" <input type="checkbox"/> L 90x38cm 36"x15"			
Loft hatch cover	<input type="checkbox"/> Square <input type="checkbox"/> Rectangle			
Hot water cylinder jacket	<input type="checkbox"/> 36" x 18" <input type="checkbox"/> 42" x 18"			
Pipe Lagging				

**Main heating supply**

<input type="checkbox"/> Gas (Mains)	<input type="checkbox"/> Electricity (On peak)	<input type="checkbox"/> Coal / Smokeless / Similar
<input type="checkbox"/> LPG / Calor / Bottled	<input type="checkbox"/> Electricity (Off-peak)	<input type="checkbox"/> Wood
<input type="checkbox"/> Oil		

**What is the main heating system?**

<input type="checkbox"/> Boiler and Radiators	<input type="checkbox"/> Warm Air System	<input type="checkbox"/> Room Heaters
<input type="checkbox"/> Storage Heaters	<input type="checkbox"/> Under-floor Heating	<input type="checkbox"/> Other

**Boiler (Additional information)**

Boiler Manufacturer		Model Number	Install Date
<input type="checkbox"/> Combination	<input type="checkbox"/> Combination – Condensing	<input type="checkbox"/> Condensing (with hot water tank)	
<input type="checkbox"/> Normal (with hot water tank)	<input type="checkbox"/> Back boiler	Number of Radiators:	

**What types of heating controls are there?**

<input type="checkbox"/> Timer / Programmer	<input type="checkbox"/> Room thermostat	<input type="checkbox"/> TRVs. How many?
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**Room Heaters Additional information. How many of each?**

<input type="checkbox"/> Gas fire.	<input type="checkbox"/> Gas fire (back boiler to hot water cylinder)
<input type="checkbox"/> Gas fire (Decorative in fireplace)	<input type="checkbox"/> Open fire
<input type="checkbox"/> Closed room heater stove	<input type="checkbox"/> Open fire (back boiler to hot water cylinder)
<input type="checkbox"/> Closed room heater (back boiler etc.)	<input type="checkbox"/> Electric heaters

**What type of secondary heating is there?**

<input type="checkbox"/> Gas fire	<input type="checkbox"/> Gas fire (LPG)
<input type="checkbox"/> Closed room heater stove (solid fuel)	<input type="checkbox"/> Open fire
<input type="checkbox"/> Electric heaters	<input type="checkbox"/> None

**How is the hot water heated?**

<input type="checkbox"/> From main heating	<input type="checkbox"/> Back boiler	<input type="checkbox"/> From secondary heating
<input type="checkbox"/> Multi-point Gas Heater	<input type="checkbox"/> Single-point Gas Heater	<input type="checkbox"/> Instant electric
<input type="checkbox"/> Electric Immersion (Off Peak)		<input type="checkbox"/> Electric Immersion (On Peak)

**If the house has a hot water cylinder describe the insulation?**

<input type="checkbox"/> No insulation	<input type="checkbox"/> Solid foam	<input type="checkbox"/> Thin jacket	<input type="checkbox"/> Thick jacket
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**Other Assistance Available****Client would like a referral to:**

Note: Do not tick below if the client has not given consent for a referral.

- The Royal British Legion for a free household check. Must be aged over 75 or in receipt of a means tested benefit. Please select which a member of your family has served in:  Army  Navy  Air Force
- Client would like advice on Fuel Tariff Switching
- Client would like information on Community Oil Buying
- The Fire Service for a free home safety visit. Are smoke alarms present at the property? Y / N
- Their Local Authority for a renovation grant
- The Coffee Caravan for supplier switching and advice
- Their local Citizens Advice Bureau for a benefit check
- Their local Citizens Advice Bureau for debt advice
- Ipswich Citizens Advice Bureau for a surviving winter: fuel payment

**CLIENT DOES NOT WANT OR NEED ANY REFERRALS**

Have you claimed your Warm Homes Discount?	Yes / No.	If No, call the Helpline Tel: 03456 039439
Have you claimed your Winter Fuel Payment?	Yes / No.	If No, call the Helpline Tel: 03459 151515

Client is on the Priority Services Register

**Other Contacts**

Befriending Scheme (Sudbury only) – 01787 371333  
 Eastern Savings and Loans Credit Union – 0333 6000 690  
 Orbit Care & Repair – 0800 121 7711  
 Royal British Legion – 0808 802 8080  
 Ipswich Citizens Advice (Surviving Winter Payments – 01473 298634  
 Warm Homes Discount – 03456 039439  
 Winter Fuel Payment – 03459 151515

**Referral Comments**



# Part 2- Grant Application Form

## Part 1 – General Details

### Part 2- Properties Owned

Is the above address your only or principle home? (If not please give further details)

Do you own any other property or land either in the UK or abroad? (If so please give further details)

### Part 3 – Type of Assistance

What are you applying for?

Surviving Winter Fuel Payment

Are you on a Pre-payment Meter **YES / NO** (please delete as needed)

If **NO**, please provide the name of your energy company: .....

Please also provide your customer account number: .....

This must be accurate or money will not credit to your account

Cavity Wall Insulation

Draught Proofing

External Wall Insulation

Heating Repair

Heating Replacement

Loft Insulation

Other: .....

### Part 4 - Who lives with you?

Give details of all other people living with you at the address given in part 1. For any children under 19 years of age, state if they are your dependants. Please also state if anyone living at the property is pregnant.

Name	Date of Birth	Relationship to you	Dependant (Yes/No)

**Part 5 – Benefits**

Please indicate if you are in receipt of any of the following benefits: (please tick all that apply)

- Housing Benefit
- Council Tax Reduction
- Income Support
- Income Based Employment Support Allowance
- Income Based Job Seekers Allowance
- Child or Working Tax Credit (income under £15,850)
- Guarantee Credit element of Pension Credit
- Disabled Persons Tax Credit
- Universal Credit
- None of the above
- Other ( please detail)

**Part 6 – Income, Savings and Debt**

Income Type (EG ESA, Pension).	Amount & How Regular?	Per Year
		Total:
Rent / Mortgage		Total:
Total Income After Rent / Mortgage:		

Fuel Bill:	% Income on Fuel:
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Type of Debt:	Debt Amount:
Savings:	Savings after Debt:

**ECO Flex Income Eligibility. (After Mortgage/Rent)**

Household composition	Annual household income	Monthly household income Equivalent
<b>1 adult (18 years and over)</b>	£8,900	£740
and 1 child	£11,700	£980
and 2 children	£14,400	£1,200
and three children	£17,300	£1,440
and four or more children	£20,100	£1,680
<b>2 adults (18 years and over)</b>	£14,600	£1,220
and 1 child	£17,400	£1,450
and 2 children	£20,200	£1,680
and three children	£23,100	£1,930
and four or more children	£25,700	£2,140

**Part 7 – Long Term Health Conditions and Disabilities**

Please tick the following if anyone living at the property has been diagnosed with:

- A cardiovascular condition (including coronary heart disease, stroke, high blood pressure (hypertension), transient ischemic attack etc)
- Respiratory condition (including COPD, childhood asthma etc)
- Neurological condition (including Dementia, Parkinson’s Disease, Multiple Sclerosis, epilepsy etc)
- Musculoskeletal conditions (including Osteoarthritis, Rheumatoid Arthritis etc)
- Blood conditions (including Sickle Cell Disease, Thalassemia etc)
- Cancer
- Diabetes
- A terminal illness
- A mental health condition
- A sensory impairment
- Dual sensory loss
- A learning disability
- Limited physical mobility
- A physical disability – non mobile
- A recent fall (this can also be considered)

Other, please state: .....

**Additional Information and Surveyor Comments**

**Part 8- Declaration**

Please read this statement carefully about how your information will be used by the Warm Homes Healthy People (WHHP) Scheme.

The information you have provided, including your personal information, will be used to determine your eligibility for the schemes administered by WHHP.

WHHP administers a number of schemes including Suffolk Energy Action (SEA) on behalf of the Suffolk Climate Change Partnership (SCCP). The SCCP is made up of all Suffolk’s local authorities and the Environment Agency, working together locally with Groundwork Suffolk and the University of Suffolk.

Your information will be stored by Suffolk Coastal District Council (SCDC) as administrator for the WHHP project for a maximum of six years from the end of the funding stream from which you benefit. Under the Data Protection Act 1998 SCDC is registered with the Information Commissioner’s Office (ICO), registration no. **Z566068X**).

Your details may be passed to other local authority members of the SCCP for project management and project review purposes. Suffolk County Council (SCC) (ICO Registration No **Z5113825**) project manages the SEA project. Your personal data and qualifying criteria, as required to be considered for Energy Company Obligation funding, will be passed to SCC’s procured suppliers, Aran Services Ltd (ICO Registration No **Z8759909**) and Cornerstone East Anglia Ltd (ICO registration no. **ZA033914**). Ofgem, the administrator for the ECO scheme will carry out audits from time to time and will have access to your personal information.

Security of your information is very important to us, your information will be maintained securely and kept for the purposes detailed above for 6 years and then removed permanently from our records.

I confirm I have read the above statement and that I:

1. Agree to being contacted by WHHP or SCC’s procured suppliers for further information to determine my eligibility for a scheme as required and to arrange and deliver any energy efficiency works. I understand that any further information provided by me will also be processed in compliance with the Data Protection Act 1998.
2. Confirm that the information I have provided is correct and complete.
3. Understand that I must tell WHHP about any changes in my circumstances which may affect my entitlement.

Please tick if you consent to this statement. If you do not tick this box we may be unable to provide you with all the assistance available.

**Main Applicant:**

Print Name: .....

Signature: .....

Date: .....

**Partner:**

Print Name: .....

Signature: .....

Date: .....

In the event you either have any queries about this Statement or no longer wish to participate in the WHHP Scheme, please contact: Warm Homes Healthy People on 03456 037686

**Surveyor:**

Name:.....

Signature:..... Date:.....