

Climate Ready Leicester Warm Home Survey



Fuel Poverty Assessment Form

This form is for households to apply for a free Warm Home Survey.

How to apply

Applicants should use the tick boxes below to provide details of their household and submit it for assessment at warmhomesurveys@leicester.gov.uk

<u>Applicant details</u>	
Applicant's name:	
Address:	
Postcode:	
Phone number:	
Email:	

<u>Referrer details</u>	
Referrer's name:	
Organisation/service:	
Email:	
Phone number:	Referrer's signature:

<u>Nominated 3rd party contact</u>		If you would prefer we liaise with someone else about your application please add their details below.
Name:		
Relationship to applicant: (Carer, friend, son/daughter etc.)		
Email:		
Phone number:	3 rd party's signature:	

Do you have any information or communication needs you would like us to be aware of?
Please tell us if you need information in a different format or communication support (such as large print letter or interpreter).

<u>Tenure</u>	
Please select the tenure and property's current EPC rating. Please note, properties with an EPC rating of either A, B or C <u>DON'T</u> qualify.	
<input type="checkbox"/> Owner Occupier (or lives with owner)	<input type="checkbox"/> Private Tenant
Select property's EPC Rating:	
D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> None <input type="checkbox"/>	

<u>Household Details</u>	
Number of adults living in property (aged 14 or over) <input type="text"/>	Number of children living in property (aged under 14) <input type="text"/>

<u>Household Income and Expenses</u>	
Income:	
Monthly income from paid or self employment (less tax & NI)	<input type="text"/>
Monthly income from state benefits ^{1,2} and tax credits	<input type="text"/>
Monthly income from any pension received ³	<input type="text"/>
Monthly interest from savings or investments	<input type="text"/>
Amount of winter fuel payment received ⁴	<input type="text"/>
Expenses:	
Monthly council tax bill	<input type="text"/>
Monthly rent or mortgage payments	<input type="text"/>
Monthly fuel bills (gas/electric/other (solid fuels/lpg))	<input type="text"/>
Monthly net household income (after expenses)	<input type="text"/>
Do you receive the Warm Home Discount?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>¹ Also include housing related benefits, Council Tax Support/Reduction, and Mortgage Payment Protection Insurance (MPPI)</p> <p>² Exclude disability benefits (Disability Living Allowance, Personal Independence Payments, and Attendance Allowance)</p> <p>³ Ensure pension payments are at least those of minimum state pension</p> <p>⁴ Winter fuel payments vary between £100 and £300. Check here for the correct amount: www.gov.uk/winter-fuel-payment/what-youll-get</p>	

Equalities Monitoring	
Ethnic background - How would you describe your ethnicity?	
a) Asian or Asian British <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani. Any other Asian background (please write in)	b) Black or Black British <input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Somali Any other Black background (please write in)
c) Dual / Multiple Heritage <input type="checkbox"/> Asian & White <input type="checkbox"/> Black African & White <input type="checkbox"/> Black Caribbean & White. Any other Dual/ Multiple Heritage background (please write in)	d) White <input type="checkbox"/> British/ English/ Welsh/ Scottish/Northern Irish <input type="checkbox"/> Irish <input type="checkbox"/> Gypsy/Romany/Irish traveller <input type="checkbox"/> Polish Any other White background (please write in).....
e) Other ethnic group <input type="checkbox"/> Arab or Any other ethnic group (please write in)	f) Prefer not to say <input type="checkbox"/> Prefer not to say
Sex - What is your sex?	
<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Prefer not to say	
Gender identity - Is your gender identity the same as your sex registered at birth?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say If no, what term do you use to identify your gender (leave blank if prefer not to say)	
Age - Date of birth (day/month/year) Or Age in years	
<input type="checkbox"/> Prefer not to say	
Disability	
The Equality Act 2010 defines a person as disabled if they have a physical or mental impairment, which has a substantial and long term effect (i.e. has lasted or is expected to last at least 12 months) and has an adverse effect on the person's ability to carry out normal day to day activities. Do you consider yourself to have a disability, or a long term illness, physical or mental health condition? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say	
Sexual Orientation - How would you describe yourself?	
<input type="checkbox"/> Bisexual <input type="checkbox"/> Gay <input type="checkbox"/> Lesbian <input type="checkbox"/> Heterosexual/straight <input type="checkbox"/> Unsure <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Other (please write in)	
Religion & Belief - How would you describe your religion or belief?	
<input type="checkbox"/> Baha'i <input type="checkbox"/> Buddhist <input type="checkbox"/> Christian <input type="checkbox"/> Hindu <input type="checkbox"/> Jain <input type="checkbox"/> Jewish <input type="checkbox"/> Muslim <input type="checkbox"/> Pagan <input type="checkbox"/> Sikh <input type="checkbox"/> Atheist <input type="checkbox"/> No religion <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Other (please write in)	
Caring responsibilities - Are you a parent or carer of a young person aged 17 or younger?	
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what are the ages of the children in your care? Please tick all applicable <input type="checkbox"/> 0-4 <input type="checkbox"/> 5-10 <input type="checkbox"/> 11-15 <input type="checkbox"/> 16-17 Are you a carer of a person aged 18 or over? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Data Protection and Privacy Statement

The data on this form is collected for or on behalf of Leicester City Council to assess your eligibility for a free Warm Home Survey.

The information will be held securely in electronic format by Leicester City Council. The application form will be kept for not longer than three years and then deleted in line with current data protection legislation.

Declaration

By signing this form, I certify that the information detailed on this form relating to me and my financial/personal circumstances is true and correct. I understand that the Leicester City Council might require evidence to substantiate this claim. By signing this form I consent to my personal data being provided to, used and stored by Leicester City Council for the following purposes:

- processing this application form to confirm my eligibility for this scheme;
- internal performance review, analysis, reporting and audit to improve our services; and
- contacting me for customer satisfaction purposes and to see whether I'd be willing to participate in future promotional activity.

By checking this box, I confirm I want to be informed of future council schemes and services to keep my home warm or improve its energy efficiency. **I understand I can withdraw my consent at any time by emailing warmhomesurveys@leicester.gov.uk**

X _____
Signed by Householder

Print name: _____

Date: _____

Any personal data that you provide will be processed in accordance with current data protection laws. It will be used by Leicester City Council and our partners to deliver and improve services and fulfil our legal duties. We will not disclose any personal information to anyone else unless required or allowed to do so by law. Read more about how we use personal data in our Privacy Notice on our website: www.leicester.gov.uk.