

Warm Homes scheme: Kent-wide Flexible Eligibility Form

The information you provide in this form will be shared with Swale Borough Council, Scheme Administration Kent County Council and to the Warm Homes Contractor. The Warm Homes Contractor will use this information to contact you to discuss energy efficiency measures and any financial support, which you may be entitled to. Swale Borough Council does not pass personal data to third parties for marketing, sales or any other commercial purposes without your prior explicit consent.

Your personal information will be processed by Swale Borough/District Council, Kent County Council and by the Warm Homes Contractor, in order to support the delivery of services and to monitor the effectiveness of the scheme in your local area. For further information, please **read the privacy policies of:**

- The Warm Homes scheme: <https://www.kent.gov.uk/about-the-council/contact-us/access-to-information/gdpr-privacy-notice/environment,-planning-and-enforcement/warm-homes-privacy-notice>
- Swale Borough Council : <https://www.swale.gov.uk/your-privacy/>
- The Warm Homes Contractor: <https://www.aranservices.co.uk/pages/738/Terms-Conditions/>

Please note that this is a referral service only and should you decide to carry out works with any Contractor you will enter into a contract directly with them. As such, Swale Borough Council and Kent County Council cannot accept any responsibility or liability for any aspect of the works. The final decision on whether you receive a grant under the Energy Company Obligation (ECO) fund, lies with the Warm Homes Contractor.

Section 1: Energy Efficiency Measure you are applying for

Do you live in a home that needs:

Cavity Wall Insulation	YES/NO
Loft Insulation	YES/NO
Replacement Heating/first time whole house heating	YES/NO
Other (please state which energy measure you are interested in)	

Section 2: Income

Is your income level below the following income thresholds, after your rent or mortgage (if you have one) has been paid? Please indicate (with an 'x') the household's composition/income bracket that applies to you:

Is your net annual household income (after you have paid your rent or mortgage if you have one) £30,150 or less? (Yes/No)	
Net Income per month (after your Rent or Mortgage has been paid)	£
Other income (including income from investments etc.)	£
Rent or Mortgage per month	£

Do you (or your partner, if any) receive any of the following (please mark with an 'x' if yes)	
<ul style="list-style-type: none"> • Armed Forces Independence Payment (MOD) • Attendance Allowance • Carers allowance • Constant Attendance Allowance • Disability Living Allowance • Income Based Job Seekers Allowance • Income Related Employment and Support Allowance • Income Support • Industrial Injuries Disablement Benefits • Pension Credit (Guaranteed) • Personal Independence payment • Severe Disablement Allowance • Universal/Child/Working Families Tax Credit • War Pensions Mobility Supplement (MOD) • Child Benefit 	

Section 3: Household Characteristics

Does your household have people living in it with the following characteristics¹ (Please mark with an 'x' as appropriate):

People over the age of 60 years	
Young children under the age of 5 years	

¹ These characteristics reflect the National Institute for Health and Care Excellence (NICE) 2015 guidance on excess winter deaths and illness caused by cold homes

<p>A member of the household has one or more of the following medical conditions:</p> <ul style="list-style-type: none"> • a respiratory condition (e.g. Chronic obstructive pulmonary disease (COPD) and childhood asthma) • a cardiovascular condition (e.g. ischaemic heart disease, cerebrovascular disease) • a mental health condition • an addiction (e.g. substance misuse) • Dementia • a neurobiological and related conditions (e.g. fibromyalgia, ME) • a terminal illness • an autoimmune and immune deficiency disease (e.g. from cancer treatment, HIV, MS) • a Haemoglobinopathies condition (e.g. sickle cell disease, thalassaemia) 	
A member of the household is pregnant	
People who have attended hospital due to a fall	
People with disabilities	
People with severe learning disabilities	
People who move in and out of homelessness	
Recent immigrants, asylum seekers and refugees (if living in private tenure)	
People living in Park Homes	

Any referral or enquiry received that does not meet the above requirements will be considered on a case by case basis

Address and Contact Details:

Title (Mr/Mrs/Miss/Ms/Prefer not to say)	
First Name(s):	
Last Name:	
Date of Birth:	
Full Address:	
Contact telephone number:	
Email:	
Please state how you would prefer to be contacted (e.g. by email or by phone, etc.)	

DECLARATION (please mark with an tick against each declaration if the statement is correct)

- I/We declare that to the best of my/our knowledge and belief that the information provided above is correct.
- I/We understand that I/we may be required to provide evidence of income and medical/health conditions at a later date, in order to deter fraudulent claims.
- I/We understand that any evidence I/we submit to support this referral will be retained by Swale Borough/District Council for a minimum of 3 years.
- I/We have read the Warm Homes Privacy Policy and I understand how my personal information (including health information where I have provided this) will be used and give consent for my personal information to be processed by Kent County Council, Swale Borough Council and the Warm Homes Contractor.

Main Applicant:

Signature:

Print Name:

Date:

Please return to: Private Sector Housing Team, Swale Borough Council, Swale House, East Street, Sittingbourne, Kent. ME10 3HT or housing@swale.gov.uk