



**CONWY COUNTY BOROUGH COUNCIL**

**APPLICATION FOR FLEXIBLE ELIGIBILITY ENERGY COMPANY OBLIGATION (ECO) REGULATIONS**

**2018-2020 (ECO 3)**

Please Insert Company Logo Here

**PART 1 – APPLICANT DETAILS**

<b>Applicant Details</b>	
Applicant's Name	
Title (Mr/Mrs/Ms/Miss/Other)	
Address (including postcode)	
Telephone Numbers (Home and mobile)	
E-Mail Address	
Date of Birth	

<b>Property Details</b>	
Please provide the following details of the property to which the application relates.	
Property Address	
Age of Property	
No of Bedrooms	

Property Type (Please circle what best describes the property)				
House	Mid Terrace	End Terrace	Semi Detached	Detached
Bungalow	Mid Terrace	End Terrace	Semi Detached	Detached
Maisonette	1 or 2 external walls		3 external walls	
Flat	1 or 2 external walls		3 external walls	
Mobile Home				

Does the applicant live in the property as their only or main residence? Yes  No

Does the applicant have an owner's interest in the property? Yes  No

Are you a tenant? Yes  No

If you are a tenant at the property, please provide the details of your landlord

Landlord's Name	
Title (Mr/Mrs/Ms/Miss/Other)	
Address (including postcode)	
Telephone Numbers (Home and mobile)	
E-Mail Address	

## PART 2 – QUALIFYING CRITERIA

### i. Household with High Cost and Low Income (Please complete A or B and C)

A. If there is an **Energy Performance Certificate** for the property, is it an:

EPC Band	Tick Box	Action
E/F/G		Go to part C - Financial
A/B/C/D	Please go to the below table, section B	

B. If there is **no EPC** for the property or if the EPC is **no longer valid** please complete the below table. Please Note: An EPC is valid for 10 years from the 'Date of Certificate' date, which is shown in the top left hand corner of the EPC.

Property Details	Type	Points	Tick box	Score
Number of Bedrooms	1	1		
	2	2		
	3 +	3		
Number of people living in the property	1	1		
	2	2		
	3 +	3		
How much Loft Insulation is present	None	3		
	Up to 150mm	2		
	250mm and above	1		
What is the Wall Type	System built	3		
	Solid stone/brick	2		
	Cavity construction	1		
How much Wall insulation is present	External	1		
	Internal	1		
	Cavity	2		
	None	3		
What Heating fuel is used within the property	Mains gas	1		
	Oil	2		
	LPG	3		
	Electric	5		
	Solid fuel	5		
Is there a Central Heating system within the property and what age is this	Less than 10 years old	1		
	Over ten years old	3		
	Broken system	5		
	No system	5		
<b>TOTAL</b>				

If the score is equal to or greater than 15 please complete the financial section.

**C. Financial**

**1) Are you or your partner** entitled to and receiving income support, income-based jobseeker's allowance, Income based employment and support allowance, guaranteed pension credit, housing and/or council tax benefit or working/child tax credit (income for tax credits below £15,860)?

Yes  No  (if NO go to 2 below)

**2) Household composition and income**

Household Composition	Please Tick	2019
<b>1 Adult</b>		£ 9,300
and 1 child		£ 12,200
and 2 child		£ 15,000
and 3 child		£ 18,000
and 4+ child		£ 21,000
<b>2 Adults</b>		£ 15,200
and 1 child		£ 18,200
and 2 child		£ 21,100
and 3 child		£ 24,100
and 4+ child		£ 26,800

Income here is defined as a household's disposable income after they have paid for their rent or mortgage. This comprises income from all sources, such as net earnings (after tax), income from savings and investments, pensions, all benefits (including housing benefit), and net council tax payments.

Please confirm gross annual household income £.....

If your income is equal to, or less than the figures in the above table please go to declaration if not please go to Fuel Poverty below.

**3) Fuel Poverty**

Note: Your household income may be greater than the Gross Annual household income as indicated in the above table however you may still be living in fuel poverty (this will be worked out from your income as indicated above, outgoings and fuel bills).

**Outgoings**

Please confirm annual income tax and N.I. payments £.....

Please confirm annual mortgage or rent payments £.....

**Fuel Bills**

Please confirm amount paid for fuel in last twelve months:

Electricity £.....

Gas (mains OR bottle gas) £.....

Solid Fuel £.....

Oil £.....

TOTAL £..... Please go to declaration.

**Please Note: You may be asked to provide evidence of your income and evidence of your fuel bills by the Council.**

**ii. Vulnerable to the effects of a cold home and low income  
(Please complete D or E and C financial above)**

<b>D. Member(s) of the household is/are:</b>				
Details	Tick Box	Proof seen	Print and Signed	Dated
Aged over 60				
Children under 5, in education or a pregnant mother				

**Or**

<b>E. A member of the household is/has</b>		<b>Please Tick</b>
1	Respiratory conditions (in particular, chronic obstructive pulmonary disease and childhood asthma)	
2	Cardiovascular conditions (e.g. ischaemic heart disease, cerebrovascular disease)	
3	Moderate to severe mental illness or conditions (e.g. schizophrenia, bipolar disorder)	
4	Substance misusers	
5	Dementia	
6	Neurobiological and related diseases (e.g. fibromyalgia, ME)	
7	Terminally ill / Cancer	
8	People with disabilities	
9	Haemoglobinopathies (sickle cell disease, thalassaemia)	
10	Severe learning disabilities	
11	Autoimmune and immunodeficiency diseases (e.g. lupus, MS, diabetes, HIV)	
12	People with addictions	
13	People who have attended hospital due to a fall	
14	Recent immigrants, asylum seekers and refugees (if living in private tenure)	
15	People who move in and out of homelessness	

**Please Note: A signed declaration by a doctor or health practitioner may be required to confirm health related issues.**

### **PART 3 – DECLARATION**

To be completed in respect of all applications

**Warning: If you knowingly make a false statement you may be liable to prosecution.**

**I hereby declare that the information given in this application is true and correct to the best of my knowledge:**

Name	
Signed	
Date	

#### **Privacy Notice**

Please insert your company's privacy notice here and ensure that you inform the applicants that the information collected on this application form will be shared with Conwy County Borough Council. If you have any questions about the scheme, the proposed works, eligibility or related information, please contact your installer or contractor. Please return this form to your installer. Do not submit the form directly to Conwy County Borough Council.

#### **Application Checklist;**

Please ensure all relevant sections are completed

- Part 1** - Applicant Details (Must be completed in all instances)
- Part 2** – Either
  - High Cost low income (**A or B and C** must be completed)
  - OR**
  - Vulnerable and Low income (**D or E and C** must be completed)
- Part 3** – Declaration (Must be completed in all instances)

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**FIANACIAL INFORMATION – TO BE COMPLETED BY THE APPLICANT**

Applicant's Name	
Title (Mr/Mrs/Ms/Miss/Other)	
Address (including postcode)	

	<b>ANNUAL</b>
Income - net earnings (after tax and council tax)	£
Income on savings and investments	£
Income from pensions	£
Income from all benefits including housing benefits	£
<b>INCOME TOTAL</b>	<b>£</b>
Outgoings - Mortgage or Rent payments	
Outgoings – Electricity	
Outgoings - Gas (mains OR bottle gas)	
Outgoings – Solid Fuel	
Outgoings – Oil	
<b>OUTGOINGS TOTAL</b>	<b>£</b>

**DECLARATION**

***Warning: If you knowingly make a false statement you may be liable to prosecution.***

***I hereby declare that the information given in this application is true and correct to the best of my knowledge:***

Name	
Signed	
Date	

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