

Application form

If the client has received a grant before, they may qualify for extra insulation and heating work, depending on the improvements originally received.

The Scheme targets those on certain benefits and living in properties that are poorly insulated and/or do not have a working central heating system. Clients must own their own home or rent it from a private landlord. The Warm Front Scheme is only available in England. Housing association or local authority tenants do not qualify.

For queries please contact **Paul Gordziejewicz** at: PGordziejewicz@cel.co.uk

Client Details

Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Dr <input type="checkbox"/> Miss <input type="checkbox"/> Other	First name	Surname
Client Address	Client date of birth / /	Telephone number (with dialling code) /
		Mobile telephone number
Postcode	E-mail address	Can client be contacted by e-mail? Yes <input type="checkbox"/> No <input type="checkbox"/>

Spouse Details

Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Dr <input type="checkbox"/> Miss <input type="checkbox"/> Other	First name	Surname
Your date of birth / /		

Third Party Contact (This may be the number of a relative or friend who we can call about the application)

Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Dr <input type="checkbox"/> Miss <input type="checkbox"/> Other	First name	Surname
First telephone number (with dialling code) /	Second telephone number (with dialling code) /	

Property Details

<input type="checkbox"/> Own home		<input type="checkbox"/> Rent from private landlord (If you are a private tenant, please enter your Landlord's name and address here)	
Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Dr <input type="checkbox"/> Miss <input type="checkbox"/> Other	First name		Surname
Company	Landlords Address	Postcode	

Please provide us with additional information about the energy efficiency of the applicant's home:

Have you received help from Warm Front in another property in the last 12 months?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/K <input type="checkbox"/>
Do you have a Central Heating System?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/K <input type="checkbox"/>
Is it Working?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/K <input type="checkbox"/>
Do you have any other Heating System?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/K <input type="checkbox"/>
Do you have any insulation in your loft?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/K <input type="checkbox"/>
Do you have cavity wall insulation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/K <input type="checkbox"/>

Client Health

Would the client's health be affected if the work was not carried out?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
--	------------------------------	-----------------------------

Please tick all health conditions suffered by client or spouse

Respiratory disease (for example, COPD, emphysema, chronic bronchitis, severe asthma)	<input type="checkbox"/>
Cardiovascular disease (for example, heart disease or stroke)	<input type="checkbox"/>
Diabetes (particularly type 1)	<input type="checkbox"/>
Arthritis (osteo and rheumatoid, requiring regular treatment and review)	<input type="checkbox"/>
Reduced mobility	<input type="checkbox"/>
Cancer	<input type="checkbox"/>
Terminal illness	<input type="checkbox"/>
Mental illness (for example, depression (and receiving treatment), schizophrenia, manic depression)	<input type="checkbox"/>

Eligibility

The client is in receipt of the following benefits (tick all that apply)

State Pension Credit	<input type="checkbox"/>
Income-related Employment and Support Allowance	<input type="checkbox"/>
Income Support (ISA) and; <ul style="list-style-type: none">• <i>Has parental responsibility for a child under the age of 5 years.</i>• <i>Child Tax Credit (CTC) including disability or severe disability element.</i>• <i>Disabled Child Premium (DCP).</i>• <i>Disability Premium (DP) enhanced disability or severe disability element premium.</i>• <i>Pension Premium (PP) higher pension premium or enhanced pensioner premium.</i> Youngest child's date of birth / /	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Job Seekers Allowance (JSA) and; <ul style="list-style-type: none">• <i>Has parental responsibility for a child under the age of 5 years.</i>• <i>Child Tax Credit (CTC) including disability or severe disability element.</i>• <i>Disabled Child Premium (DCP).</i>• <i>Disability Premium (DP) enhanced disability or severe disability element premium.</i>• <i>Pension Premium (PP) higher pension premium or enhanced pensioner premium.</i> Youngest child's date of birth / /	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Please forward completed forms to Paul Gordziejewicz at:

Bleaklow House
Howard Town Mill
Glossop
Derbyshire SK13 8HT

Phone: 08458 645210
Fax: 08458 645115

E-mail: energy@cel.co.uk