**Dover District Council ECO Qualifying Benefits form August 2021**

**ECO Qualifying Benefits**

**Name Address Signature**

**Are you in receipt of any of the following benefits? (Please tick all that apply)**

|  |  |
| --- | --- |
| **Yes** | **No** |
| Warm Home Discount |
| Armed Forces Independence Payment |
| Attendance Allowance |
| Carer’s Allowance |
| Child Benefit (on the condition that the household’s relevant income does not exceed the amount set out in the table overleaf) |
| Constant Attendance Allowance |
| Disability Living Allowance |
| Pension Guarantee Credit |
| Income-related Employment and Support Allowance (ESA) |
| Income-based Jobseeker’s Allowance (JSA) |
| Income Support |
| Industrial Injuries Disablement Benefit |
| Mobility Supplement |
| Personal Independence Payment |
| Severe Disablement Allowance |
| Tax Credits (Child Tax Credits and Working Tax Credits) |
| Universal Credit |
| War Pensions Mobility Supplement |

 **Please note you may be asked for evidence of benefit entitlement by Partner organisations/ their contractors**

**Child Benefit table**

|  |  |
| --- | --- |
| **Type of Claim** | **Number of children or qualifying young persons for which the person is responsible** |
| **1** | **2** | **3** | **4 or more** |
| **Single claimant** | ≤ £18,500 | ≤ £23,000 | ≤ £27,500 | ≤ £32,000 |
| **Member of a couple** | ≤ £25,500 | ≤ £30,000 | ≤ £34,500 | ≤ £39,000 |

**Dover Warm Homes Local Authority Flexible Eligibility Form**

The Warm Homes Local Authority Flexible Eligibility Scheme is a partnership project between Kent County Council and the local councils to help and support residents in Kent and Medway. The aim of the Flexible Eligibility Scheme is to provide Dover residents who are private homeowners or residents renting from a private landlord the opportunity to insulate their home to make it more energy efficient and help the resident reduce the cost of their energy bills.

In order for us to provide you with this service, we need to collect and share your personal information with the Warm homes Provider. A Warm Homes Provider will use this information to contact you to discuss energy efficiency measures and any financial support which you may be entitled to.  Dover District Council does not pass personal data to third parties for marketing, sales of any other commercial purposes without your prior explicit consent, however if you choose not to provide us with the information we ask for, or choose not to share your information, we will not be able to provide you with the service.

**Please note that this is a referral service only and should you decide to carry out works with any installer you will enter into a contract directly with them.  As such Dover District Council and Kent County Council cannot accept any responsibility or liability for any aspect of the works.**

**DATA PROTECTION -**. We will collect, use and share your personal information to administer the Dover Warm Homes Scheme.

Our **lawful bases** for processing your personal information are:

•our legal obligation(s) under the Home Energy Conservation Act 1995

•necessary for the performance of a task in the public interest or in the exercise of official authority vested in us under the above legislation:

Some of the information we collect is classified as **special category personal data.** This is processed for reasons of substantial public interest under the law that applies to us (see above) where this helps to meet our broader social obligations such as where it is necessary for us to fulfil our legal obligations and regulatory requirements. We have a Data Policy that sets out how this information will be handled.

Dover District Council, The Council Offices, White Cliffs Business Park, Whitfield, Dover, Kent CT16 3PJ  is the Data Controller under GDPR.  Please refer to our Corporate Privacy Notice at  [www.dover.gov.uk/privacy](http://www.dover.gov.uk/privacy) for further details on how we process your personal information and your rights.

I/we authorise you to disclose my personal information to the Warm Homes Service Provider:

I/We confirm that the information contained in this form is correct to the best of my/our knowledge and belief:

|  |  |
| --- | --- |
| Name:   |   |
| Address:   |   |
| Postcode  |   |
| Signed  |    |
| Dated    |   |
| Date of Birth  |   |
| Measures Interested In  | Cavity wall Insulation  |   |
| Loft Insulation   |   |
| Replacement heating   |   |
| Gas connection  |   |
| Solid wall insulation   |   |
| Other   |   |
| Property Type  | Detached  |   |
| Semi detached  |   |
| End of terrace  |   |
| Mid terrace  |   |
| Bungalow  |   |
| Flat   |   |
| Heating Type   | Gas  |   |
| Electric  |   |
| Oil  |   |
| LPG  |   |
| Other  |   |
| Tenure (please circle) | Owner Occupier | Tenant |
| Email address  |   |
| Home telephone number  |   |
| Mobile telephone number  |   |
| How would you prefer to be contacted?     |
| Home tel No  | Mobile tel no  | Email   |

**Coronavirus Safe working protocol**

Please note it is essential that your health, and that of contractors is safeguarded, therefore please complete the section below. Contractors will contact you prior to commencement of works to ensure the information below has not changed. Contractors will have their own safe working practices in place and will provide information to you prior to starting work.

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Are you /or anyone in your household in the ‘shielded’ group? |  |  |
| Do you/ or anyone in your household currently have coronavirus symptoms? |  |  |
| Are you/ or anyone in your household isolating  |  |  |

Is your income level below £30,000 after paying for rent or mortgage?

Yes                                                               No

Criteria for identifying low income and vulnerability to cold:

**Low Income: In receipt of the following income related benefit:**

|  |  |  |
| --- | --- | --- |
| Low Income: In receipt of the following income related benefits  | Yes  | No  |
| Housing benefit  |   |   |
| Council tax reduction/support (not single occupancy)  |   |   |
| Child tax credit – no income cap  |   |   |
| Working tax credit – no income cap  |   |   |
| Universal credit – no income cap  |   |   |
| Pension credit (savings credit)  |   |   |
| Carers allowance (for the household in which the person who is being cared for lives)  |   |   |
| Industrial injuries disablement benefits  |   |   |
| Severe disablement allowance  |   |   |
| War pensions mobility supplement  |   |   |
| Armed forces independence payment  |   |   |
| Constant attendance allowance  |   |   |
| Living in Lower Layer Super Output area (LSOA) in Dover  |   |   |

**Vulnerability to Cold:**

|  |  |  |
| --- | --- | --- |
| **Vulnerability to the Cold**  | **Yes**  | **no**  |
| In receipt of disability living allowance, personal independence payment, incapacity benefit or attendance allowance  |   |   |
| Is on the Energy Companies’ Priority Service Register  |   |   |
| Has a disability blue badge  |   |   |
| Has an invitation for free flu jab for health reasons  |   |   |
| Core group warm home discount recipient   |   |   |

**Does your household have people living in it with the following characteristics:**

|  |  |  |  |
| --- | --- | --- | --- |
|   | YES  | Vulnerable to the cold  | YES  |
| People with cardiovascular conditions (ischaemic heart disease, cerebrovascular disease)  |   | Aged over 60, particularly those over 75  |   |
| People with respiratory conditions (in particular chronic obstructive pulmonary disease (COPD) and childhood asthma)  |   | Young children under 5 and/or pregnant women  |   |
| People with mental health conditions (eg schizophrenia, bipolar disorder)  |   | People with addictions (eg substance misusers)  |   |
| People with disabilities  |   | People who have attended hospital due to a fall in the last year  |   |
| People who are terminally ill  |   | People diagnosed with dementia  |   |
| People with suppressed immune systems (eg from cancer treatment or HIV, MS)  |   | Recent immigrants or asylum seekers and refugees (if living in private tenure)  |   |
| Neurobiological and related diseases (eg fibromyalgia, ME)  |   |   |   |
| Haemoglobinopathies (sickle cell disease, thalassaemia)  |   |   |   |
| People with severe learning difficulties  |   |   |   |
| People who move in and out of homelessness  |   |   |   |

**High Energy Costs: property with at least one of the following:**

|  |  |  |
| --- | --- | --- |
| **High Energy Costs**  | **yes**  | **no**  |
| 100mm or less loft insulation  |   |   |
| Unfilled cavity walls  |   |   |
| Uninsulated non cavity walls  |   |   |
| No working central heating  |   |   |
| Primary heating source for the home is not mains natural gas  |   |   |
| Home is a flat above business premises  |   |   |
| Home is a system built property  |   |   |
| Household uses a pre payment meter  |   |   |

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

|  |
| --- |
| Office Use:  Additional Information   |
| EPC Data  |   |
| UPRN   |   |
| Date form Sent for Signature  |   |
| Date form sent to Provider   |   |

**Dover District Council Response Form**

**RESPONSE:-**

**Please email Amanda.Martin@dover.gov.uk, or reply by letter to Mrs Amanda Martin, Climate Change and Energy Conservation Officer, The Council Offices, White Cliffs Business Park, Whitfield, Dover, Kent CT16 2PJ using the following format in your response:-**

I, **[YOUR NAME]**

 Of, **[YOUR ADDRESS INCLUDING POSTCODE]**

**[TELPHONE NUMBER]**

**I can confirm that I believe I meet the eligibility requirements for the project and that I would like my home to be considered. I understand that my personal information will be processed and stored securely by Dover District Council and representatives working on the Council’s behalf and give consent for my personal information to be processed for determining suitability to install heating and energy efficiency measures in my home.**

Please ensure your response includes the completed:-

* Response Form (above)
* ECO Qualifying Benefits form
* LA Flexible Eligibility form