**Application for Flexible Eligibility – Energy Company Obligation (ECO) Regulations**

**2022 – 2026 (ECO 4)**

**PART 1 -** TO BE COMPLETED BY ALL APPLICANTS

**PART 2 -** ONLY ONE ROUTE SHOULD BE COMPLETED EVIDENCE IS REQUIRED FOR ALL QUALIFYING CRITERIA

**PART 3** - To BE COMPLETED BY ALL APPLICANTS

**Part 1 – Applicant Details – All SECTIONS IN PART 1 MUST BE COMPLETED –**

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

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 |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Evidence for identity (proof must be provided) |  | | |
|  |  |  |  |
| Evidence for tenancy/ Ownership (proof must be provided ) |  | | |

**Please Circle as appropriate:**

|  |  |
| --- | --- |
| **Is the property** | **EPC RATING** |
| Private Rented | E / F / G |
| Owner Occupier | D / E / F / G |
| Social Land Lord |  |

**The following table MUST be completed**

|  |  |
| --- | --- |
| **Measures to Be Installed Under Eco 4** |  |
|  |  |
|  |  |

**Please indicate which Route you are applying under:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Route 1** | **Route 2** | **Route 3** | **Route 4**  **Currently not available in Flintshire or Denbighshire** |
| Household Income below £31,000 | Proxy No | Referral from NHS |  |
|  | Proxy No | Relevant Health Condition |  |
| Please go to Route 1 | Please go to Route 2 | Please go to Route 3 | Please go to Section |

**PART 2 –** Only **One Route** Selection should be completed (ROUTES 1 – 3 Currently Available in Flintshire and Denbighshire)

**ROUTE 1**

Household Income

Applicable if the *Household* Income is below £31,000.00

3 Months Evidence of *Household Income* Must Be Provided

|  |  |  |
| --- | --- | --- |
| STATE Source of Income  (Please include the income of all members of the household) | Amount | Evidence Provided |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**ROUTE 2 –** You must choose **TWO** proxies. (Proxies 1 and 3 cannot be used together.)

Please note that route 2 only applies to properties with EPC rating E, F or G regardless of tenure.

|  |  |  |
| --- | --- | --- |
| **Proxy** | ***Evidence Required*** | **Evidence provided** |
| 1)LSOA Area | *Confirmation from LA Required* |  |
| 2) Council Tax rebate (**not single person**) | *Council Tax Letter* |  |
| 3) Vulnerable to the cold as set by NICE Guide (Full NICE GUIDE BELOW – \*circle reasons applicable) | *Medical – Proof from GP*  *Other – as applicable* |  |
| 4) Eligible for Free School Meals | *Letter from School* |  |
| 5) Household supported by LA scheme as named in the SOI | *Currently not available in Flintshire and Denbighshire* |  |
| 6)CAB referral | *Letter of referral from CAB showing support for Energy Debt*  *Proof of gas and/or electricity debt from supplier or proof of self-disconnection from PPM* |  |

**\*NICE Guidelines People living in cold homes who are vulnerable to the associated health problems include**:

|  |  |
| --- | --- |
| People with cardiovascular conditions | Young children (under 5) |
| People with respiratory conditions (in particular, chronic obstructive pulmonary disease and childhood asthma) | People with addictions |
| People with mental health conditions | Pregnant women |
| People with disabilities | People who move in and out of homelessness |
| Older people (65 and older) | Recent immigrants and asylum seekers. |
| People who have attended hospital due to a fall |  |

**ROUTE 3**

**Referral from Medical Practitioner Required**

**Part 3– Declaration**

*To be completed in respect of all applications*

*Completed by resident*

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

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

|  |  |
| --- | --- |
| **Name** |  |
| **Signed** |  |
| **Date** |  |

*Completed by installer*

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

I hereby declare that the information given on this application in relation to this application has been verified:

|  |  |
| --- | --- |
| **Company Name** |  |
| **Signed** |  |
| **Date** |  |

Flintshire County Council charge the **installer** £180 per declaration. This charge is **non-refundable**.