



The City and County of Swansea Council
 Civic Centre, Oystermouth Road, Swansea,

This form is also available in Welsh

APPLICATION FOR FLEXIBLE ELIGIBILITY – The Electricity and Gas (Energy Company Obligation) Order 2018 (ECO3)

(Please tick boxes as appropriate throughout this form)

PART I

1. Applicant's Name Title: Mr/Mrs/Miss/Other.....
 Address
 Post Code
 Telephone Nos. Email

2. Applicant's Date of Birth

3. Please give the following details of the property to which the application relates:

Address :

Property type (Please circle what best describes your 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				

Property age?

4. Do you live in the property as your only or main residence? Yes No
5. (a) Do you have an owner's interest in the property? Yes No
- (b) Are you a tenant? Yes No

6. If you are a tenant at the property, please give details of your landlord

Landlord's Name Title: Mr/Mrs/Miss/Other.....

Address

.....Post Code.....

Telephone Nos. (Home) (Mobile)

PART II Property Details

i) If there is an **Energy Performance Certificate** for the property, is it an:

EPC Band	Tick Box	Action
D/E/F/G	<input type="checkbox"/>	Go to Part III
A/B/C	<input type="checkbox"/>	Unfortunately you do not qualify.

ii) If there is **no Energy Performance Certificate** for the property, complete the table below:

House features	Type	Points	Tick box	Score
Bedrooms	1	1	<input type="checkbox"/>	
	2	2	<input type="checkbox"/>	
	3+	3	<input type="checkbox"/>	
Household occupants	1	1	<input type="checkbox"/>	
	2	2	<input type="checkbox"/>	
	3+	3	<input type="checkbox"/>	
Loft Insulation	None	5	<input type="checkbox"/>	
	Up to 150mm	3	<input type="checkbox"/>	
	150mm and above	1	<input type="checkbox"/>	
Wall Type	System built	5	<input type="checkbox"/>	
	Solid stone/brick	3	<input type="checkbox"/>	
	Cavity construction/Unknown	1	<input type="checkbox"/>	
Wall insulation	External	1	<input type="checkbox"/>	
	Internal	1	<input type="checkbox"/>	
	Cavity	2	<input type="checkbox"/>	
	None	5	<input type="checkbox"/>	
Heating fuel	Mains gas	2	<input type="checkbox"/>	
	Oil	2	<input type="checkbox"/>	
	LPG	3	<input type="checkbox"/>	
	Electric	5	<input type="checkbox"/>	
	Solid fuel	5	<input type="checkbox"/>	
Central Heating system age	Less than 10 years old	1	<input type="checkbox"/>	
	Over ten years old	3	<input type="checkbox"/>	
	Broken system	5	<input type="checkbox"/>	
	No system	5	<input type="checkbox"/>	
			Total	

PART III 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) Please confirm Net annual household income is below £36400 Yes No

If your net income after household costs is more than the above figure you will not qualify

N.B. You may be asked to provide evidence of your income and evidence of your fuel bills by the Council.

Part IV Client Vulnerability

Member(s) of the household is/are:

Details	Tick Box	Proof seen	Print and Signed	Dated	Action
Aged over 70					
Children under 5 and pregnant mothers					

Or a member of the household has:

Health Condition - The following require a signed declaration by doctor or health practitioner to confirm any health related issues	YES	NO
i. Respiratory disease (COPD, asthma)		
ii. Cardiovascular disease (e.g. ischaemic heart disease, cerebrovascular disease)		
iii. Moderate to severe mental illness (e.g. schizophrenia, bipolar disorder)		
iv. Substance misusers		
v. Dementia		
vi. Neurobiological and related diseases (e.g. fibromyalgia, ME)		
vii. Cancer		
viii. Limited mobility		
ix. Haemoglobinopathies (sickle cell disease, thalassaemia)		
x. Severe learning disabilities		
xi. Autoimmune and immunodeficiency diseases (e.g. lupus, MS, diabetes, HIV)		

N.B. You may be asked to provide evidence by the Council.

DECLARATION

WARNING: if you knowingly make a false statement you may be liable to prosecution.

I declare that to the best of my knowledge the details I have provided are correct.
I am also happy to be contacted to confirm or ask for any additional information

Date: Signed:

Office use

1. Household in fuel poverty (spend more than 10% of income on household fuel costs)?
Yes / No
2. Household deemed to be on low income and vulnerable? Yes / No
3. Household is in private rented accommodation Yes / No

Once completed send this form to swansea@cityenergy.co.uk any questions regarding this form please contact the person who completed the form or City Energy or Yes Energy Services