

# 2023-24 Affordable Warmth Grant Application Form

(to be completed by applicant)

Application no:

Name		Address	
Telephone number		Email address	
Secondary contact (if needed)			
Date of birth:	Age:	No of adults in household and no of children (LIST NAMES AND AGES)	
Ethnicity:		Gender:	
<b>Is this property:</b>			
Owned by you	Rented from a private landlord (name and contact details please)	Rented from a social landlord (which landlord)	Other (please explain)
Property type: e.g. detached, semi, bungalow etc			
<b>Eligibility Criteria: Please state who in household meets the criteria</b>			
Eligibility Criteria	Person in Household		Evidence submitted to confirm eligibility criteria

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People with diagnosed cardiovascular conditions		
People with diagnosed respiratory conditions		
People with diagnosed mental health conditions		
People with diagnosed disabilities		
Older people (65 and over) <b>include date of birth</b>		
Households with young children (up to age 5) <b>include date of birth</b>		
Pregnant women		

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People with suppressed immune systems e.g. from cancer)		
People who have mobility issues and have attended hospital due to a fall.		
People who are terminally ill		
People who move in and out of homelessness, people with addictions, recent immigrants and refugees (with referral from a professional organisation only)		
People with other health issues, on referral from a professional organisation, or with approval from RVBC		
Number of hospital visits over the last 12 months:	Number of visits to GP over the last 12 months:	

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<b>Income and Benefits</b>	<b>Evidence of household income (attached)</b>
What is your annual household income?	

<b>Do you receive any means tested benefits? (Tick all that apply)</b>	
Tax Credits (Child Tax Credit and Working Tax Credit)	Pension Credit
Income-based Jobseeker's Allowance	Universal Credit
Income-related Employment and Support Allowance	Council Tax Support
Income Support	Housing Benefit

**Please attach proof of income and also supporting information as to how you meet the eligibility criteria e.g. copy of prescription, hospital letter etc.**

*please continue onto the next page*

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<b>Interventions</b>			
<b>What affordable warmth help do you need?</b>			
	<b>(Please tick)</b>	<b>Two Quotes Attached</b>	<b>How much Grant is Required? maximum grant award £4000</b>
Boiler service			
Boiler repair / replacement			
Central heating system			
For central heating requests	<b>Do you have central heating at the moment?</b>	<b>Is the boiler broken down?</b>	<b>How old is the boiler?</b>
	Yes      No	Yes      No	
Electric storage heaters			
Energy switching advice and help			N/A
<p><b>PLEASE NOTE: Work relating to the affordable warmth intervention should not be started before receiving approval of this application – retrospective payments will not be made.</b></p>			

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**Applicant Declaration**

Public funds must be protected and so the information you have provided on this form may be used to prevent and detect fraud. The information may also be shared for the same purposes, with other organisations which handle public funds.

I declare that that information I have given is correct and complete. I fully understand that if false information is given this will result in my application being cancelled or court proceedings possibly being taken to recover any grant payments.

I also give authorisation for the council to pass my details to partner organisations and to make checks with Housing Benefit on my behalf where necessary

**Applicant Signature**

**Date**

**Print name**

**Do you require any reasonable adjustments to be made when we contact you / visit ?**

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