REFERRAL FORM

**Resident Name** ………………………………………………………………………………………

**Address** ………………………………………………………………….……….…………….…….

**Cont. …**…………………………………….... **Postcode** …………………………...………..

**Telephone** …………….……………………. **Mobile** …………………………………..…….

**Email** …………………………………………………………………………………………………..

Is this the resident's main home? **YES / NO**

**Referring organisation (if applicable) or individual**.

**Name** …………………………….……………………………………………………………..……..

**Email** …………………………………………………………………………………………………..

**Contact Name (if not the resident)** ………………………………………..…………..………....

**Address** ……………………………..…..….……………………………………………………..….

………………………………………………….. **Postcode** ………………..…………………...

**Telephone** …………….…………..………….. **Mobile** …………………………….…………..

**Email** ……………………………….….……………………………………………………………….

1. **Which local authority does the resident live in?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Boston Borough |  | East Lindsey |  | North Kesteven |
|  | South Holland |  | South Kesteven |  | West Lindsey |
|  | City of Lincoln |  | North Lincolnshire |  | North East Lincolnshire |

1. **Tenure**

|  |  |  |
| --- | --- | --- |
|  | Owner occupier |  |
|  | Private tenant | **Name and address of landlord / letting agent**  …………………………………………………………………………………………………………………………………………  **Postcode** ……………………….. |
|  | Housing Association / Council tenant | **(NOT ELIGIBLE** – contact Housing Association / Local Authority) |
|  | Other – please specify ............................................................................................ | |

1. **Household details**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Children under 16 years | How many?..................... | Ages:....................... |
|  | Adults | How many?..................... |  |
|  | Adults over 60 years | How many?..................... |  |
|  |  |  |  |
| Does anyone in the household have a pre-existing long term chronic condition such as: heart disease, stroke or transient ischaemic attack (TIA), asthma, chronic obstructive pulmonary disease (COPD) or diabetes | | | **YES / NO** |
| Does anyone in the household have dementia, learning difficulties or mental ill-health that reduces their ability to self-care? | | | **YES / NO** |

1. **Is the resident in receipt of any benefits? (Please check all that apply)**

|  |  |
| --- | --- |
| Pension Credit |  |
| Child Tax Credit, income less than £16,010 |  |
| Income based job seekers allowance |  |
| Income related employment and support allowance |  |
| Income support |  |
| Disabled child premium |  |
| Responsible for a qualifying child under 16 who lives at the property |  |
| Responsible for a qualifying child aged between 16 and 20 in full time education who lives at the property |  |
| Pension premium, higher pension premium or enhanced premium |  |
| Child tax credit that includes a disability or severe disability element |  |
| Disability premium, enhanced disability premium or severe disability premium |  |
| A work related activity or support component (only with income related ESA) |  |
| Working tax credit with income less than £16,010 |  |
| Responsible for a qualifying child under 16 who lives at the property |  |
| Responsible for a qualifying child aged between 16 and 20 in full time education who lives at the property |  |
| Receive a disabled worker element or severe disability element |  |
| Be aged 60 or over |  |
| Universal Credit – the recipient with an earned monthly take home income of £1250 or less a month in the previous 12 months |  |
| The recipient has responsibility for a qualifying child or qualifying young person (a child or disabled child on the Universal Credit Notice) |  |
| A limited capacity for work element, on the Universal Credit Notice |  |
| Or limited capacity for work and work-related activity element, on the Universal Credit Notice |  |
| The recipient is in receipt of disability living allowance (DLA) or personal independence payment (PIP) |  |
| **NOT IN RECEIPT OF ANY BENEFITS –**  REFER FOR BENEFITS CHECK IF LIKELY THAT THEY SHOULD BE |  |

**If the resident is not in receipt of one of these benefits, please complete household income and expenditure details below?**

**INCOME AND EXPENDITURE FORM**

**PLEASE INCLUDE 1 MONTHS BANK STATEMENTS (COPIES ARE ACCEPTABLE)**

**Please complete page 1 and 2 and sign the declaration**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. **Income** (weekly or monthly) | Resident and Partner | | Other Household Member(s) | |
|  | Weekly | Monthly | Weekly | Monthly |
| Wages/salary (net) | ………..……….. | ………..……….. | ………..……….. | ………..……….. |
| Pension (state/ widow's) | ………..……….. | ………..……….. | ………..……….. | ………..……….. |
| Pension (work/ private) | ………..……….. | ………..……….. | ………..……….. | ………..……….. |
| Working /child tax credit | ……….. | ……….. | ……….. | ……….. |
| disabled living allowance | ………..……….. | ………..……….. | ………..……….. | ………..……….. |
| Carer’s/ attendance allowance | ………..……….. | ………..……….. | ………..……….. | ………..……….. |
| Jobseekers allowance | ………..……….. | ………..……….. | ………..……….. | ………..……….. |
| Child benefit | ………..……….. | ………..……….. | ………..……….. | ………..……….. |
| Income support | ………..……….. | ………..……….. | ………..……….. | ………..……….. |
| Other income | ………..……….. | ………..……….. | ………..……….. | ………..……….. |
| Other financial help (child maintenance/ family/ lodgers) | ………..……….. | ………..……….. | ………..……….. | ………..……….. |
| **A. TOTAL £** | ………..……….. | ………..……….. | ………..……….. | ………..……….. |
| **B. Outgoings** (weekly or monthly) | Weekly | Monthly | Weekly | Monthly |
| Mortgage/ rent payments | ………..……….. | ………..……….. | ………..……….. | ………..……….. |
| Council tax | ………..……….. | ………..……….. | ………..……….. | ………..……….. |
| **B. TOTAL £** | ………..……….. | ………..……….. | ………..……….. | ………..……….. |
| **A Total – B Total** | **£** …………………………….. | | = Available Income | |

1. **How is the home heated?**

Central heating is defined as a heat generator (boiler) providing heat to several rooms via a heat distribution system (e.g. radiators).

|  |  |  |  |
| --- | --- | --- | --- |
|  | No heating |  | Individual fixed room heaters |
|  | Back boiler (no complete heat distribution network) |  | Portable room heaters (e.g. electric fan heaters, bar fires, oil filled radiators, bottled LPG heater) |
|  | Coal or gas fire(s)  Which, how many and where?  ………………………………………………………………………..….…. |  | Electric storage heaters  How many, what age and where?  ………………………………………………………………………..….………. |
|  | Other, please specify:  .................................................................................................................................. | | |
|  | Central heating system, please specify fuel ………………………………………..….  Additional notes  ………………………………………………………………………………………………………………………………………………………………………………………………. | | |

1. **Is mains gas already connected to the home? YES / NO**
2. **Wall insulation:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Cavity wall with insulation installed |  | Cavity wall, not insulated |
|  | Solid wall with insulation installed |  | Solid wall, not insulated |
|  | Other, please specify …......................................................................................................... | | |

1. **Loft insulation:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Less than 50mm |  | 50mm to 100mm |  | 100mm to 250mm |  | More than 250mm |

If not known how much insulation is installed why is that:

|  |  |  |  |
| --- | --- | --- | --- |
|  | No loft hatch / no access to loft |  | No loft insulation installed |
|  | As built  (i.e. some insulation installed but it has never been added to) |  | Insulation has been updated  Approximate date: .................. |
| 1. **Do you have any other issues with the property, e.g. disrepair? YES / NO** | | | | |
| Please specify  ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… | | | | |
| If the resident is a private tenant, would they like to be referred to the local authority housing standards team? **YES / NO** | | | | |
|  | | | | |

1. **Where did the resident or referrer hear about the scheme?**

....................................................................................................................................................

**Declaration**

By providing the information on this referral form the resident agrees that Lincs 4 Warmer Homes (L4WH) can hold this information on their behalf. It will be held on computer systems run by the L4WH in accordance with the Data Protection Act. It will be shared on a need to know basis with other agencies involved in delivering the Energy Efficiency Measures through L4WH and other appropriate support services, including the approved L4WH Framework installers. Please ask for further information if the resident is at all unclear. Privacy Notices covering the sharing of data between L4WH participating local authorities, Framework installers and other partners can be made available.

The resident agrees and understands that the L4WH Framework installer will be commissioned by them to undertake the work.

The resident understands that if they are a tenant, their landlord will be required to consent to the works before they can commence and may be required to contribute to the cost. If the resident is a joint owner or not the owner of the property, all owners will need to consent to the works.