



Dyngor Bwrdeistref Sirol  
**Blaenau Gwent**  
County Borough Council

## Energy Efficiency Improvement Scheme Via - Energy Company Obligation (ECO) Local Authority Flexible Eligibility (LA FLEX)

### Private Sector Housing – Blaenau Gwent CBC

Public Protection Service, Blaenau Gwent County Borough Council, Municipal Offices, Civic Centre, Ebbw Vale, NP23 6XB

Ffôn / Phone: 01495 357813

E-bost /

Email: [environmental.health@blaenau.gwent.gov.uk](mailto:environmental.health@blaenau.gwent.gov.uk)

The aim of the scheme is to install energy efficiency measures in properties that are currently energy inefficient which in turn reduce households' fuel bills. This is an opportunity, if your home qualifies, for potential improvements such as a new central heating system, upgrades to the existing heating system and/or insulation measures. Blaenau Gwent CBC will be qualifying households based on information supplied on the following application form. Declarations for those who could benefit from improvements will be issued direct to the organisation chosen to deliver your installation.

Your chosen organisation from our procured list will obtain funding from Energy Companies obligated under (ECO) to deliver measures under this scheme. Companies will have a limited amount of ECO funding available and this will be utilised on a first come first serve basis.

### What Happens next?

1. You must choose and contact the preferred organisation you would like to install the improvement from the procured list of companies provided by Blaenau Gwent CBC.

They will provide you with information and assistance in completing an Application Form if you consider yourself in **fuel poverty** (spending more than 10% of income on household fuel) or a household on **Low income that are vulnerable to the effects of living in a cold home**. There is also a mechanism to include 'in-fill' properties for solid wall allowing adjacent properties to benefit from the same measures in certain circumstances. Funding is available to owner occupiers and private rented tenants.

To be eligible for inclusion of flexible eligibility in Blaenau-Gwent CBC

- i) your home must be energy inefficient; and/or
- ii) householder(s) is vulnerable to the effects of living in a cold property.

This is determined by criteria on the Application Form and requires a signed declaration by the applicant.

2. Blaenau Gwent CBC verifies your application - £150 fee applied, payable by your installer. For declaration requiring loft insulation only the fee will be reduced to £50.

The Local Authority will issue a signed declaration to the organisation of your choice from our approved list.

3. The organisation investigates potential measures for installation. The final decision on whether a household receives a measure under flexible eligibility or other ECO funding streams will be made by the organisation who you instruct. Qualification and the declaration by Blaenau Gwent CBC does not guarantee installation of any measures, as the final decision will be made by the supplier.

4. Installation of qualifying measures. If your property is considered suitable for measures then the organisation will commission the work. Permission and access will need to be provided by the owner and resident to enable the smooth delivery of works.

Please complete the following Application Form and arrange for your chosen supplier to return, with supporting evidence (where applicable) to the address, or email on the top of the form. Your application will be considered and if it is determined that you and/or your property are eligible a declaration will be issued to your chosen supplier. The declaration can only be used to obtain energy efficiency measures, e.g. heating systems and insulation from your chosen supplier while funding remains available.

**APPLICATION FOR FLEXIBLE ELIGIBILITY - Energy Company Obligation (ECO) order 2018 (ECO3)**

**PART I: Personal details**

1. Applicant's Name ..... Title:  
Mr/Mrs/Miss/Other.....

Address

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

Telephone Nos. (Home) ..... (Work)  
.....

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

Telephone Nos. (Home) ..... (Mobile)  
.....

### Part 2: Qualifying Criteria

i) Applicant must be living on low income and meet the low income threshold.

AND

ii) the property must have a rating of **E, F or G on an EPC** or have a score of **15 points or greater** in Table 2.

OR

iii) A member of the household is vulnerable to the effects of living in a cold home by meeting any of the criteria outlined in Table 3.

### Section 1: Establishing Low Income Threshold

What is your household composition?

Please include permanent householder only:

	<b>Please Tick</b>
<b>1 Adult</b>	
and 1 child	
and 2 child	
and 3 child	
and 4+ child	
<b>2 Adults</b>	
and 1 child	
and 2 child	
and 3 child	
and 4+ child	

Income here is defined as a household's disposable income after they have paid for their rent or mortgage. This comprises income from all sources, such as net earnings (after tax), income from savings and investments, pensions, all benefits (including housing benefit), and net council tax payments:

**Please confirm gross household income: (income – mortgage/rent)?**

£.....annual

£..... monthly.

**Please provide copy of all bank account statement dated within the last 3 months for each contributing householder.**

The low income threshold will also be used to determine if the household is in fuel poverty FP:

Household composition	Disposable income (income after rent or mortgage).	Monthly Household Income equivalent
<b>1 Adult</b>	£ 9,300	£775.00
and 1 child	£ 12,200	£1016.00
and 2 child	£ 15,000	£1250.00
and 3 child	£ 18,000	£1500.00
and 4+ child	£ 21,000	£1750.00
<b>2 Adults</b>	£ 15,200	£1267.00
and 1 child	£ 18,200	£1517.00
and 2 child	£ 21,100	£1758.00
and 3 child	£ 24,100	£2008.00
and 4+ child	£ 26,800	£2233.00

**Section 2 – Determine hard to heat property:**

- i) If there is an **EPC (energy performance certificate)** for the property, is it in:

Band	Tick Box	Action
F/G/E		Go to declaration
D		Go to Section 3 below

- ii) If there is **no EPC** for the property, compete the table below:

House features	Type	Points	Tick box	Score
Bedrooms	1	1		
	2	2		
	3+	3		
Household occupants	1	1		

	2	2		
	3+	3		
Loft Insulation	None	5		
	Up to 150mm	3		
	150mm and above	1		
Wall Type	System built	5		
	Solid stone/brick	3		
	Cavity construction/Unknown	1		
Wall insulation	External	1		
	Internal	1		
	Cavity	2		
	None	5		
Heating fuel	Mains gas	1		
	Oil	2		
	LPG	3		
	Electric	5		
	Solid fuel	5		
Central Heating system age	Less than 10 years old	1		
	Over ten years old	3		
	Broken system	5		
	No system	5		
			Total	

Points	Tick Box	Action
10 or greater and less than 15 points		Go to section 3 below
15 points or greater		Go to declaration

### Section 3: Household is vulnerable to the effects of living in a cold home

A member of the household is:

Details	Tick Box	Proof seen	Print and Signed	Dated	Action
Aged over 60 (Proof of Age and address of person)					Go to signed declaration
Children under 5, those in primary and secondary school education or pregnant.					

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)		

**Signed declaration by doctor or health practitioner necessary to confirm any health related issues listed above (iii – xiii).**

### DECLARATION

*To be completed in respect of all applications*

**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.

Date: ..... Signed: .....

**OUTCOME: Office use only:**

Applicant meet Low income threshold? YES / NO

Applicant in Fuel Poverty (FP)? YES / NO

Applicant considered vulnerable to the effects of living in a cold home (LIVC)? YES / NO

Declaration issued: YES/ NO

Officer .....