

Customer Verification for ECO Flex Applications

The ECO Flex single point of contact service is responsible for ensuring this Verification Form is fully completed and signed by the householder. Failure to do so will result in the application being rejected.

EDC Verification Form Ref No _____

Householder/s Details:

Name(s) _____

Address _____

_____ Postcode _____

Tel number _____

Email _____

Owner occupier or Private rented

Number of persons over age 18 with permanent residence at the above dwelling _____

Option A

Low Income Household NOT in receipt of any benefits. A Gross Household Income, not in excess of £28,000 pa before tax, (Employed, Investment and/or Pensionable income)

AND, either one of the following high costs:

- a) EPC Band E, F or G
- b) Hard to treat – solid walls
- c) No mains gas, including rural non-gas properties

Evidence of low income to include one of the following:

- Copy of householder/s payslip/s (1 from last 6 months)
- Copy of householder/s P60s (12-24 months)
- Copy of householder/s accounts balance self employed
- Copy of bank statement/s (1 month highlighting income)
- Copy of state retirement pension letter
- Copy of occupational pension letter

Option B

Low income Household Vulnerable to the Cold. A household *NOT in receipt of any benefits, with a Gross Household Income not in excess of £32,000 pa. before tax (Employed, Investment and/or Pensionable income)

AND a person has a vulnerability to the effects of living in a cold home because of a chronic health condition

***All privately rented households with an energy performance certificate (EPC) rating of E, F or G, are only permitted to receive Solid Wall Insulation, Renewable Heating or First time Central Heating (FTCH) Measures. For FTCH the property must also meet the relevant pre-conditions outlined in paragraph 4.84-4.109 Ofgem's delivery guidance.**

https://www.ofgem.gov.uk/system/files/docs/2020/02/energy_company_obligation_2018-22_eco3_guidance_delivery_v1.4_1.pdf

Evidence of low income to include one of the following:

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- Copy of householder/s P60s (12-24 months)
- Copy of householder/s accounts balance self employed
- Copy of bank statement/s (1 month highlighting income)
- Copy of state retirement pension letter
- Copy of occupational pension letter

AND, ONE OR MORE householder/s diagnosed with a chronic health condition(s), from the list below:

- Respiratory disease
- Cardiovascular disease
- Severe Asthma or Chronic Obstructive Pulmonary Disease (COPD)
- Moderate to severe mental health conditions
- Substance misusers
- Dementia
- Neurobiological and related diseases
- People with a suppressed immune system, (eg from Cancer treatment or HIV)
- Limited mobility

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- Haemoglobinopathies
- Severe learning disabilities
- Autoimmune and immunodeficiency diseases
- People with disabilities
- People who are terminally ill
- Over 65 years Child under 5
- Or pregnant
- If any of the above conditions are identified, has customer had Health Verification Form B signed by their Health Care Professional?**

Option C

Exceptional Applications

Eden District Council reserve the right to approve applications where in exceptional circumstances the gross household income slightly exceeds the income thresholds in Options A and B. Or where a resident is in need of assistance, but does not meet the eligibility routes outlines within the Statement of Intent.

Each Exceptional Application must be accompanied by a letter, outlining why an Exception is being sought.

I/we, the householder/s, understand that the agreement to install Energy Efficiency measures, is between this household and the Approved ECO Flexibility Contractor and not Eden District Council.

I/we hereby confirm receipt of the afore mentioned income.

Householder/s Signature

Date (DD/MM/YYYY): ____/____/____

I/we, the householder/s, hereby confirm all the information on this form to be correct.

AND consent to the single point of contact passing on this information to both the Energy Delivery Organisation for installation purposes and Eden District Council for monitoring purposes.

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Important: For health referrals Verification Form B must also

Office Use Only

ECO Flex Installer:

Surveyor Name _____

Company Name _____

Address _____

_____ Postcode _____

Tel number _____

Email _____

Property Details:

Property is on EPC register

If Yes, state Energy Rating:

A B C D E F G

Date of EPC (DD/MM/YYYY) ____/____/____

State all ECO Flex measures to be installed

Estimated Customer Contribution (if any)
£ _____

Assessor monthly/annual household income calculation.

To be completed for all Option B, C or D applications.

Assessor comments for Local Authority Review

Assessor Signature _____

Date (DD/MM/YYYY): ____/____/____