

## Heating System Service and Repair Grant - Discretionary Grant

### What help is available?

Domestic oil, gas and electric heating system servicing and repairs up to the value of £750 including VAT. **This grant will not fund, or part fund, a new heating system.**

### Eligibility

To be eligible for Heating System Service and Repair Grant – Discretionary Grant you must:

- Be an owner occupier
- Be aged 18 years old or above
- Be in receipt of a means tested benefits or
- Have a total gross household income not in excess of £31,000 and savings of less than £16,000.

Please return this form and any documents to:

**The Housing Team, Voreda House, Portland Place, Penrith, Cumbria CA11 7BF or email [better.homes@westmorlandandfurness.gov.uk](mailto:better.homes@westmorlandandfurness.gov.uk)**

Please note that the Council will process your enquiry once this form and any proofs have been received.

Application date:	
Name:	
Address:	
Do you own your own home?	Yes/No
Date of Birth:	
Telephone Number:	
Email Address:	

If someone else is handling this application on your behalf please complete section below:

Name:
Address:
Telephone number:
Relationship:
Email:

Do you receive any of the following means tested benefits? Please indicate which you receive and provide evidence of your award

**Please tick:**

Housing Benefit	
Income Support	
Income Based Job Seekers Allowance	
Child/Working Tax Credit	
Guarantee Pension Credit (excluding Savings Credit)	
Income related Employment and Support Allowance	
Universal Credit	
Council Tax Reduction	

If you are not in receipt of any of the above benefits please confirm your income and savings using the table below:

	<b>You</b>		<b>Partner/joint owner</b>	
	Amount	Frequency	Amount	Frequency
Earnings (gross)				
State Retirement Pension				
Occupational Pension				

	<b>You</b>		<b>Partner/joint owner</b>	
	Amount	Frequency	Amount	Frequency
Child Tax Credit				
Working Tax Credits				
Other Income (including any benefits not listed above)				
Total savings				

Please forward evidence of all income and capital you have declared. This can include:

- Copy of householder/s payslip/s (The last 2 months received)
- Copy of householder/s P60s (12-24 months)
- Copy of householder/s accounts if self employed
- Copy of self-assessment / tax return (if within past 3 months) if self employed
- Copy of bank statement/s or building society statements for all accounts held (3 months for highlighting income or evidencing capital)
- Copy of state retirement pension letter
- Copy of occupational pension letter

Energy Efficiency	Please tick:
Please indicate if your heating system is one of the following:	Oil Gas Electric Other
What is the make and model of your boiler and when was it installed approximately:	
Has your boiler been serviced in the last 12 months? If yes, please state the approximate date and who carried out the work.	
Is the heating system covered by a service/repair plan?(ie one which covers boiler repairs and includes an annual service)	
Please provide brief details of any problems that you are having with your boiler/heating system.	

Any other information to support your application.

- I understand I must advise Westmorland and Furness Council once I know who my contractor will be.
- I understand that it is my responsibility to pay the contractor directly, after completion of the work, and that the Heating System Service and Repair Grant will reimburse me directly the cost of the service and/or repair following receipt of a valid invoice up to a maximum of £750.
- I understand that the contractor is required to be Hetas or Gas Safe registered.
- I have attached proof of the income and/or disability benefit I receive.
- It may be possible to speed up your application by accessing information held about you by other Council departments and organisations. I give consent to the Council to obtain information already held about me, myself or my property.

I am the applicant for the grant and I declare that, to the best of my knowledge, the information I have given is correct.

Signature of applicant:	
Date:	

**Please note if you knowingly make a false statement, you may be liable for prosecution.**

This application will not be valid until the necessary supporting information has been provided.