Warm Home Discount 2016-2017 application form



Please fill in this form clearly, all in capital letters using black pen. You might be asked to send in proof of the benefits you get. Please do not send proof of benefits with this form.

Electricity accou	nt holder						
	Title (Mr, Mrs, etc)	First Name			Last Name		
Electricity account holder's name							
Supply Address Please give the full address including the post code Electricity account number							
	the benefits is th	se details an			er the electricity account holder, contour to update your account.	or	
Benefit claimant's	Title (Mr, Mrs, etc)	First Name			Last Name		
name							
Benefit claimant's dad/mm/yyyy	ate of birth						
Phone numbers		landline	landline		mobile		
Email address							
Please tell us about t	he benefit claima	nt's relation	ship to th	ne account holder			
The benefit claimant is	s the account holde	er		Other (please spe	ecify)		
The benefit claimant is the spouse/partner of the account holder							
	f you don't get th	e qualifying	benefits,	then go to Section	eed at least one main benefit, and n B . If you do, then once you've fill		
Main Benefit (you n	eed to get at leas	st one main	benefit)				
Income-based Jobseeker's Allowance				Income-related E	imployment and Support Allowance		
Income Support				Universal Credit (Universal Credit (not in work or self-employed)		
Additional Benefits	• •	•	east one	of these)			
Disability Living Allowance / Personal Independence Payment				Severe Disablement Allowance			
Incapacity Benefit				Industrial Injuries Benefit			
War Disablement Pension				Disabled Child Premium (any rate)			
Disability Premium (any rate)				Work-related activity or support group of Employment and Support Allowance			
There are children living with me who were born after 1st April 2011				Pensioner Premium (any rate) this is NOT Pension Credit – please go to Section C			
Limited capability for work element of Universal Credit (with or without a work related activity element)				Child Disability Allowance/Child Tax Credit which includes a disability element for a child living with me born on or after 1 st April 1997			

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Section B

one from t		oenefits, t	hen go to \$	least one benefit from the left column as Section C. If you do, then once you've fille							
Employment and Support Allowance (Income-related or Contribution-based)			Council Tax (not includ	x Benefit ling single occupancy Council Tax discount)							
Incapacity E	Benefit		Housing Be	enefit							
Section (Please tick Section D.	each box that's right for you. You need	to be able		least one box. If you can't do this, then go	o to						
I get Pension Credit (we cannot accept applications from persons in receipt of State Pension Only)			There are children living in my home that qualify free school meals AND were born on or before 1s April 2008								
I have a total household annual income of less than £16,190 AND get Working Tax Credits or the Universal Credit equivalent WITH a Disability Living Allowance or Personal Independence Payments?											
Section I Please tick		to get the	e main ben	efit, and at least one additional benefit.							
Main Benefit I have a total household annual income of less than £16,190 AND get Child Tax Credits OR the Universal Credit equivalent											
Additiona	al Benefits (you also need get at leas	t one of	-								
I get disability or pensioner premium (any rates)			I have a child under 8 living with me who was born after 1st April 2008								
I have a disabled child with Disability Premium living with me			I get Child Tax Credit that includes a disability or severe disability element for a child living with me born on or after 1st April 1997								
SS redSSSS	this declaration I agree to: E asking the Department for Work and P ceipt of a qualifying benefit;	ıdy been រ vant to m	paid a Warı y circumsta		n						
	Electricity Account Holder			Benefit Claimant (if a different perso	n)						
Full name			Full name								
Signature			Signature								
Date dd/mm/yyyy			Date dd/mm/yyyy								
before the your eligib completed short notice	ility, and reconfirm your consent to its u	is discoun ise. We ca Warm Ho gned form	t unless yo an only pro me Discoul as soon as	u provide us with satisfactory evidence o cess application forms that have been nt scheme for 2016/17 may have to close							
Once you've filled in the form, post it back to this address – it's freepost so you don't even need a stamp											

@

priority.services@sse.com

Or you can email us your form. Scan your form, make sure it's clear and easy to read, and remember to attach both front and back pages to your email.