

# Warm Home Discount 2016-2017 application form



## Application form for third party organisations

This form is for third party organisations that are helping client/customer apply for the Warm Home Discount scheme. The customer **must** still sign the declaration to verify the application. There are separate application forms for customers applying for themselves, or customers who get Pension Credits.

Please fill in this form clearly, all in capital letters using black pen. All sections must be completed or the application will be declined. Please also include proof of benefits needed to qualify.

### Third party organisation

Name of organisation	<input type="text"/>
Name of staff member	<input type="text"/>
Position in the organisation	<input type="text"/>
Address of organisation	<input type="text"/>
Postcode	<input type="text"/>
Telephone number	<input type="text"/>
Email address	<input type="text"/>

### Client details

The client must be currently supplied electricity by SSE for us to be able to process their application for the Warm Home Discount Scheme.

Electricity account number	<input type="text"/>						
Electricity account holder's name	<table><tr><td>Title (Mr, Mrs, etc)</td><td>First Name</td><td>Last Name</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	Title (Mr, Mrs, etc)	First Name	Last Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Title (Mr, Mrs, etc)	First Name	Last Name					
<input type="text"/>	<input type="text"/>	<input type="text"/>					
Electricity account holder's address	<input type="text"/>						
Postcode	<input type="text"/>						
Client's telephone number	<input type="text"/>						
Client's email address	<input type="text"/>						

It's your responsibility to make sure the client meets the eligibility criteria and you must send proof to show this. Every application is checked and if the client is not currently supplied by us or if insufficient proof of eligibility is sent, then the application will be declined. Please confirm that the client's electricity is supplied by SSE.

Staff member's signature	<input type="text"/>
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## Benefit claimant

The person who gets the benefits is the 'benefit claimant'. This has to be either the electricity account holder, or their spouse/partner. Please fill in these details and we'll use this information to update the account.

<b>Benefit claimant's name</b>	Title (Mr, Mrs, etc)	First Name	Last Name
	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Benefit claimant's date of birth</b> dd/mm/yyyy	<input type="text"/>		

Please tell us about the benefit claimant's relationship to the account holder

The benefit claimant is the account holder	<input type="checkbox"/>	Other (please specify)	<input type="checkbox"/>
The benefit claimant is the spouse/partner of the account holder	<input type="checkbox"/>	<input type="text"/>	

## Section A

Please tick each box to tell us what benefits the benefit claimant gets. You need at least one **main benefit**, and one **additional benefit**. If the benefit claimant doesn't get the qualifying benefits, then go to **Section B**. If they do, then once you've filled in this section you can go straight to the **declaration** at the end.

### Main Benefit (you need to get at least one main benefit)

Income-based Jobseeker's Allowance	<input type="checkbox"/>	Income-related Employment and Support Allowance	<input type="checkbox"/>
Income Support	<input type="checkbox"/>	Universal Credit (not in work or self-employed)	<input type="checkbox"/>

### Additional Benefits (you will also need to get at least one of these)

Disability Living Allowance / Personal Independence Payment	<input type="checkbox"/>	Severe Disablement Allowance	<input type="checkbox"/>
Incapacity Benefit	<input type="checkbox"/>	Industrial Injuries Benefit	<input type="checkbox"/>
War Disablement Pension	<input type="checkbox"/>	Disabled Child Premium (any rate)	<input type="checkbox"/>
Disability Premium (any rate)	<input type="checkbox"/>	Work-related activity or support group of Employment and Support Allowance	<input type="checkbox"/>
There are children living with the benefit claimant who were born after 1st April 2011	<input type="checkbox"/>	Pensioner Premium (any rate) <b>this is NOT Pension Credit – please go to Section C</b>	<input type="checkbox"/>
Limited capability for work element of Universal Credit (with or without a work related activity element)	<input type="checkbox"/>	Child Disability Allowance/Child Tax Credit which includes a disability element for a child living with the benefit claimant born on or after 1 <sup>st</sup> April 1997	<input type="checkbox"/>

## Section B

Please tick each box to show what benefits the benefit claimant gets. You need at least one benefit from the left column and one from the right. If the benefit claimant doesn't get the right benefits, then go to **Section C**. If they do, then once you've filled in this section you can go straight to the **declaration** at the end.

Employment and Support Allowance (Income-related or Contribution-based)	<input type="checkbox"/>	Council Tax Benefit (not including single occupancy Council Tax discount)	<input type="checkbox"/>
Incapacity Benefit	<input type="checkbox"/>	Housing Benefit	<input type="checkbox"/>

## Section C

Please tick each box that's appropriate for the benefit claimant. You need to be able to tick at least one box. If you can't do this, then go to **Section D**.

The benefit claimant gets Pension Credit (we cannot accept applications from persons in receipt of State Pension Only)	<input type="checkbox"/>	There are children living in the benefit claimant's home that qualify for free school meals <b>AND</b> were born on or before 1st April 2008	<input type="checkbox"/>
The benefit claimant has a total household annual income of less than £16,190 <b>AND</b> gets Working Tax Credits or the Universal Credit equivalent <b>WITH</b> a Disability Living Allowance or Personal Independence Payments?			<input type="checkbox"/>

## Section D

Please tick each box that's appropriate for the benefit claimant. They need to get the **main benefit**, and at least one **additional benefit**.

### Main Benefit

The benefit claimant has a total household annual income of less than £16,190 **AND** gets Child Tax Credits OR the Universal Credit equivalent

### Additional Benefits (the benefit claimant also needs to get at least one of these)

Disability or pensioner premium (any rates)  The benefit claimant has a child under 8 living with them who was born after 1st April 2008

The benefit claimant has a disabled child with Disability Premium living with them  Child Tax Credit that includes a disability or severe disability element for a child living with the benefit claimant, born on or after 1st April 1997

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## Declaration

By signing this declaration I agree to:

- SSE asking the Department for Work and Pensions and Auriga Service Limited to confirm whether I am in receipt of a qualifying benefit;
- SSE checking to make sure I have not already been paid a Warm Home Discount payment for 2016/17;
- SSE offering other forms of assistance relevant to my circumstances at its discretion;
- SSE using the information provided by me for the purposes of internal or external audit.

Electricity Account Holder		Benefit Claimant (if a different person)	
Full name	<input type="text"/>	Full name	<input type="text"/>
Signature	<input type="text"/>	Signature	<input type="text"/>
Date dd/mm/yyyy	<input type="text"/>	Date dd/mm/yyyy	<input type="text"/>

You can write to us at the address below at any time to withdraw your consent. If you withdraw your consent before the discount is paid, you will not receive this discount unless you provide us with satisfactory evidence of your eligibility, and reconfirm your consent to its use. **We can only process application forms that have been completed in full and have a valid signature.** The Warm Home Discount scheme for 2016/17 may have to close at short notice. Please return your completed and signed form as soon as possible after downloading it.



**Careline, FREEPOST, PO Box 224, Havant, PO9 9DG**

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.