



HELP FOR HEATING FUND PRELIMINARY APPLICATION FORM

1. Full Name of Applicant: **Age:**
(Mr / Mrs / Miss / Ms / other)

Address:
..... **Postcode:**

Telephone: **Email:**

Marital status: Single Married Partnered Separated Divorced Widowed
(Please tick)

Full Name of any Partner: **Age:**
(Mr / Mrs / Miss / Ms / other)

Does anyone else live with you? Children under 18 Children over 18
Other (please specify)

2. What is your housing situation?

Is your home: Owned Council Rent Private Rent Other
(please tick)

Do you receive Housing Benefit? Yes No (if yes, how much? £..... per week)

Do you receive Council Tax Benefit? Yes No

3. What is your connection to a land-based occupation (including length of time in occupation):
(or that of the person on whom you were/are dependant)

If you or your partner are still working, please provide brief details:

4. What is your financial situation?

	Applicant	Partner
Total Income per week (include Pensions/Wages/Benefits etc.)	£.....	£.....

Total savings (include all bank accounts, savings accounts, ISAs, etc.)	£.....	£.....
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Does your income include:
(Please tick as appropriate)

	Pension Credit	Attendance Allowance	PIP/Disability Living Allowance (Care/Daily Living)	PIP/ Disability Living Allowance (Mobility)	Child Benefit	Child Tax Credit
Applicant:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partner:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Do you or anyone living with you have a disability or health problem? Yes No

If yes, please give brief details of the condition:

6. What are your energy costs?

(Please tick as appropriate)

Solid Fuel	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Approximate Spend	£.....per week or £.....per month
Gas	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Approximate Spend	£.....per week or £.....per month
Electric	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Approximate Spend	£.....per week or £.....per month
Oil	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Approximate Spend	£.....per week or £.....per month

Electricity Supplier:

Do you feel that you restrict your heating because you are worried about paying the bill?

Yes No

7. Where did you hear about RSABI?

PLEASE COMPLETE AND SIGN BELOW

In order for RSABI to be able to process your application, it has been necessary for us to ask you for personal information, such as health, finance and background. The Data Protection Act is in place to make sure that organisations do not misuse such information.

The information is treated as strictly confidential and is made available to appropriate personnel within RSABI and, in particular, the Welfare Department. The information will only be used in connection with your application for assistance.

I,

declare that the information given here is correct to the best of my knowledge and belief.

I agree that RSABI may hold and process personal data about me in the processing of my application for assistance.

Signed Date

Please do not hesitate to telephone RSABI on 0131 472 4166 if you have any questions on the completion of this Form.

Please now return this Form to:

The Welfare Manager, RSABI, The Rural Centre, West Mains of Ingliston, Newbridge, Edinburgh, EH28 8LT

If, from the information provided, RSABI considers that you may qualify for help from the RSABI Help for Heating Fund, we will arrange for one of our Case Officers to visit you to take forward your application

For office use only: issued rec'd appl sent ref.

Scottish Charity No. SC009828

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Registered Office: The Rural Centre, West Mains of Ingliston, Newbridge, Edinburgh, EH28 8LT