



WARM WALES  
CYMRU GYNNES

ARBED

# SELF ASSESSMENT FORM

Please answer every question as accurately as possible and return the form in the envelope provided ASAP. Please be aware that the funding available is limited at this present time so reply immediately to avoid disappointment. Any assistance you require completing the form please don't hesitate to contact one of the supporting partners.

## PART A

Title (Mr/MRS/MISS/MS/DR):

First Name:

Last Name:

Telephone:

Date:

Address:

Postcode:

### OFFICE USE

County:  Ward:

UPRN:  Maxim:

Logical:

1. Are you the householder/partner?

Yes  No

2. Are you or your partner over 60 years old?

Yes  No

3. Are you or your partner over 70 year's old?

Yes  No Date of Birth ...../...../.....

4. Is anyone under 16 living at your home?

Yes  No

5. Please tell us the number of people in your household who are:

Retired   
Full time carer   
Working over 20 hours per week   
Working under 20 hours per week   
In full time education   
Pre school child   
Not working due to ill health   
Unemployed

If you would like us to use a password when contacting you, please write it in the box.

6. Who do you buy your gas and electricity from?

Please write the company name below.

Gas  Electricity

7. Have you joined the priority service register to receive special services from your energy supplier?

Yes  No

8. Please enter a ✓ if you or your partner claim any of the following benefits:

Income Support   
Housing Benefit   
Pension Credit   
Income Support with Disability Premium   
Housing Benefit with Disability Premium   
Council Tax Benefit with Disability Premium   
Working Tax Credit with Disability Premium   
Council Tax Benefit (not 25% discount)   
Income Based Job Seeker's Allowance   
Working Tax Credit (and household income after tax and NI <£16,010)   
Child Tax Credit (and household income after tax and NI <£16,010)   
Attendance Allowance   
Disability Living Allowance   
War Disablement Pension with Constant Attendance Allowance

If you would like to receive a free Real Time Energy Display Unit to provide you with near accurate real time information on your household electricity usage and costs please sign below.

Signed:

## PART B

1. Please put a ✓ in a box to show when your home was built:

- |                                      |                                    |                                    |
|--------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> Before 1900 | <input type="checkbox"/> 1965-1975 | <input type="checkbox"/> 1996-1997 |
| <input type="checkbox"/> 1900-1918   | <input type="checkbox"/> 1976-1980 | <input type="checkbox"/> 1998-2002 |
| <input type="checkbox"/> 1919-1944   | <input type="checkbox"/> 1981-1990 | <input type="checkbox"/> Post 2002 |
| <input type="checkbox"/> 1945-1964   | <input type="checkbox"/> 1991-1995 |                                    |

2. Please put a ✓ in a box to show who owns your house:

- |   |  |
|---|--|
| <input type="checkbox"/> Owner occupier | <input type="checkbox"/> Council rented      |
| <input type="checkbox"/> Private rented | <input type="checkbox"/> Housing Association |

3. Please put a ✓ in a box to show what type of home it is:

- |                                |                                     |
|--------------------------------|-------------------------------------|
| <input type="checkbox"/> House | <input type="checkbox"/> Bungalow   |
| <input type="checkbox"/> Flat  | <input type="checkbox"/> Maisonette |

4. Please tell us how your home is situated in relation to others:

- |                                      |  |                                      |
|--------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Detached    | <input type="checkbox"/> Semi-detached   | <input type="checkbox"/> End terrace |
| <input type="checkbox"/> Mid-terrace | <input type="checkbox"/> Flat in a block |                                      |

5. Floor Level (for flats and maisonettes only)

- |                                    |                                    |                                       |
|------------------------------------|------------------------------------|---------------------------------------|
| <input type="checkbox"/> Top Floor | <input type="checkbox"/> Mid Floor | <input type="checkbox"/> Ground Floor |
|------------------------------------|------------------------------------|---------------------------------------|

6. How many storeys does your home have?

(e.g. usually a house has two and a flat or bungalow has 1)

7. How many bedrooms does your home have?

8. What type of glass is in your windows?

- |   |   |
|---|---|
| <input type="checkbox"/> Single glazing | <input type="checkbox"/> Double glazing |
| <input type="checkbox"/> Mixed glazing  |   |

9. What type of frames do you have?

- |                                |                                       |
|--------------------------------|---------------------------------------|
| <input type="checkbox"/> Wood  | <input type="checkbox"/> Plastic/UPVC |
| <input type="checkbox"/> Metal |                                       |

10. What type of roof does your home have?

- |                                       |   |
|---------------------------------------|---|
| <input type="checkbox"/> Pitched Roof | <input type="checkbox"/> Other dwelling above |
| <input type="checkbox"/> Flat Roof    |   |

11. What is the depth of the loft insulation?

- |                                  |                                   |                                     |
|----------------------------------|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> None    | <input type="checkbox"/> 4"/100mm | <input type="checkbox"/> 10"/250mm  |
| <input type="checkbox"/> 1"/25mm | <input type="checkbox"/> 6"/150mm | <input type="checkbox"/> 12"/300mm  |
| <input type="checkbox"/> 2"/50mm | <input type="checkbox"/> 8"/200mm | <input type="checkbox"/> Don't know |

12. Please provide details of your external walls?

- |                                      |                                       |                                      |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Solid brick | <input type="checkbox"/> Timber frame | <input type="checkbox"/> Solid stone |
| <input type="checkbox"/> Cavity wall | <input type="checkbox"/> Don't know   |                                      |

13. Are the walls insulated?

- |                                    |                                      |                                     |
|------------------------------------|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Insulated | <input type="checkbox"/> Uninsulated | <input type="checkbox"/> Don't know |
|------------------------------------|--------------------------------------|-------------------------------------|

14. Please put a ✓ in a box to show your main heating system

- |  |   |
|--|---|
| <input type="checkbox"/> Standard boiler         | <input type="checkbox"/> Storage heaters    |
| <input type="checkbox"/> Condensing boiler       | <input type="checkbox"/> Warm air system    |
| <input type="checkbox"/> Combi boiler            | <input type="checkbox"/> Room heaters/fires |
| <input type="checkbox"/> Condensing combi boiler |   |

15. What fuel does your main heating system use?

- |   |  |                               |
|---|--|-------------------------------|
| <input type="checkbox"/> Gas  | <input type="checkbox"/> Oil             | <input type="checkbox"/> Wood |
| <input type="checkbox"/> Coal   | <input type="checkbox"/> LPG/Bottled Gas |                               |
| <input type="checkbox"/> Electricity – on peak (Standard Tariff)      |  |                               |
| <input type="checkbox"/> Electricity – off peak (Econ 7 or Super Ten) |  |                               |

16. Please ✓ the boxes which show which controls your heating system has

- |  |   |
|--|---|
| <input type="checkbox"/> No controls               | <input type="checkbox"/> Heater/Fire thermostat |
| <input type="checkbox"/> Programmer                | <input type="checkbox"/> Room thermostat        |
| <input type="checkbox"/> Radiator valve thermostat | <input type="checkbox"/> Don't know             |

17. If your main heating is storage heaters please ✓ one of the boxes

- |  |   |
|--|---|
| <input type="checkbox"/> Manual charge control | <input type="checkbox"/> Automatic charge control |
|--|---|

18. How is your water heated?

- |   |  |
|---|--|
| <input type="checkbox"/> By the same boiler           | <input type="checkbox"/> Instant heater (electric)     |
| <input type="checkbox"/> Instant heater (gas)         | <input type="checkbox"/> Immersion (off-peak electric) |
| <input type="checkbox"/> Immersion (on-peak electric) | <input type="checkbox"/> Don't know                    |

19. If you have a hot water cylinder, has it:

- |   |  |
|---|--|
| <input type="checkbox"/> No insulation        | <input type="checkbox"/> Factory fitted foam |
| <input type="checkbox"/> Loose fitting jacket | <input type="checkbox"/> Don't know          |

20. If you have cylinder insulation, is it:

- |                                  |                                     |
|----------------------------------|-------------------------------------|
| <input type="checkbox"/> None    | <input type="checkbox"/> 4"/100mm   |
| <input type="checkbox"/> 1"/25mm | <input type="checkbox"/> 6"/150mm   |
| <input type="checkbox"/> 2"/50mm | <input type="checkbox"/> Don't know |

21. What fuel does your cooker hob (rings) use?

- |                                      |                               |
|--------------------------------------|-------------------------------|
| <input type="checkbox"/> Gas         | <input type="checkbox"/> Coal |
| <input type="checkbox"/> Electricity | <input type="checkbox"/> Wood |
| <input type="checkbox"/> Oil         | <input type="checkbox"/> LPG  |

22. Approximately how many energy saving light bulbs do you have in your household?

- |  |   |
|--|---|
| <input type="checkbox"/> None              | <input type="checkbox"/> 75% about three quarters |
| <input type="checkbox"/> 25% about quarter | <input type="checkbox"/> 100% all                 |
| <input type="checkbox"/> 50% about half    | <input type="text"/> or give number               |

Please remember to sign, your form cannot be processed without a signature

Signature\*

\*I give permission for the information on this form to be used by Warm Wales Cymru Gynnes CBC for the purpose of this project. The information may be recorded by Npower and The Energy Savings Trust and used for reporting to Ofgem under the current Carbon Emissions Reduction Target regulations. This information will not be given to other companies or agencies and will be held or used in accordance with the Data Protection Act 1998.