

**APPLICATION FOR FLEXIBLE ELIGIBILITY – Energy Company Obligation (ECO) Regulations  
2020-2022 (ECO3)**

*(Please tick boxes as appropriate throughout this form)*

**PART I**

1. Applicant's Name ..... Title: Mr/Mrs/Miss/Other.....  
 Address .....  
 .....  
 Telephone Nos. .... Email .....

2. Applicant's Date of Birth .....

3. Please give the following details of the property to which the application relates:

Address: .....

Property type (Please circle what best describes your property)				
House	Mid Terrace	End Terrace	Semi detached	Detached
Bungalow	Mid Terrace	End Terrace	Semi detached	Detached
Maisonette	1 or 2 external walls		3 external walls	
Flat	1 or 2 external walls		3 external walls	
Mobile home				

Property age?.....

4. Do you live in the property as your only or main residence? Yes  No

5. (a) Do you have an owner's interest in the property? Yes  No

(b) Are you a tenant? Yes  No

6. If you are a tenant at the property, please give details of your landlord

Landlord's Name ..... Title: Mr/Mrs/Miss/Other.....

Address .....  
 .....

Telephone Nos. (Home) ..... (Mobile) .....

## PART II

### Household income

Household annual income	Household annual housing cost	Annual Income after housing cost	How verified	Verified by

### Qualifying Criteria

Householder qualification	Action		Tick Box
Fuel Poverty	Go to Part III	Household income after housing costs less than maximum qualifying household income	
Vulnerable and low income	Go to Part IV	Household income after housing costs less than £21,352 and meets criteria for vulnerable to cold/damp	

**PART III**  
**Fuel Poverty**

Identify the closest property type in table

<b>solid wall house</b>	<b>cavity wall house</b>	<b>solid wall bungalow</b>	<b>cavity wall bungalow</b>
Detached 4 Bed	Detached 4 Bed		
Detached 3 Bed	Detached 3 Bed	Detached	Detached
Semi-detached 4 Bed	Semi-detached 4 Bed		
Semi-detached 3 Bed	Semi-detached 3 Bed	Semi-detached	Semi-detached
Mid Terraced	Mid Terraced	Mid Terraced	Mid Terraced
End Terraced	End Terraced	End Terraced	End Terraced

Identify the heating/fuel type in table

<b>Gas fired central heating</b>	<b>Oil fired central heating</b>	<b>Electric Storage Heaters</b>	<b>No Central heating, all Electric, Solid Fuel, LPG fired central heating</b>
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Maximum qualifying income after housing costs from Table 1 in Statement of Intent

**PART IV**  
**Client Vulnerability and Low Income**

1) A member of the household is:

Details	Tick Box	Proof seen	Print and Signed	Dated	Action
Aged over 60 (Proof of Age and address of person)					Go to signed declaration
Children under 5 or in education and pregnant mothers (Proof of age of child/Further education or Maternity details)					

**Or a member of the household has:**

Health Condition - The following require a signed declaration by doctor or health practitioner to confirm any health related issues	YES	NO
i. Respiratory disease (COPD, asthma)		
ii. Cardiovascular disease (e.g. ischaemic heart disease, cerebrovascular disease)		
iii. Moderate to severe mental illness (e.g. schizophrenia, bipolar disorder)		
iv. Substance misusers		
v. Dementia		
vi. Neurobiological and related diseases (e.g. fibromyalgia, ME)		
vii. Cancer		
viii. Limited mobility		
ix. Haemoglobinopathies (sickle cell disease, thalassaemia)		
x. Severe learning disabilities		
xi. Autoimmune and immunodeficiency diseases (e.g. lupus, MS, diabetes, HIV)		

**Signed declaration by doctor or health practitioner to confirm any health related issues i-xi, or clinic notice or specific medication**

Condition	Evidence provided	Verified by	Dated

*To be completed in respect of all applications*

**DECLARATION**

**WARNING: if you knowingly make a false statement you may be liable to prosecution.**

I declare that to the best of my knowledge the details I have provided are correct.

Date: ..... Signed: .....