

2025/26 £200 Surviving Winter Grant application form (*web version*)

You may be eligible for a grant from Age UK Wiltshire (1 grant per household) if

- Are aged over State Pension age
- You have difficulty keeping warm at home – for example if you are spending over 10% of your household income on your fuel costs, or you are underheating your home or have a health condition that is made worse in the cold *and*

And 1 of the following:

- You receive a means-tested benefit (such as Housing benefit, Council tax benefit or Pension Credit) *or*
- Have household income below £361pw (single person household) / £546 per week (couples or larger households). We also consider savings you have.

How we process your application

The scheme will close when all grants are allocated, so please return your application and evidence promptly. Please send copies as we cannot guarantee return of originals.

Grants are considered on a case-by-case basis. This grant can be awarded in addition to the government's 'Winter Fuel Payment' (£100 - £300) and your electricity supplier's 'Warm Home Discount' (£150) which you may also qualify for.

We complete a free Income Maximisation Check as part of the application to ensure you are claiming any benefits and financial help you are entitled to.

Please note a household can only receive one grant from the partnership organisations per year and we will prioritise those that have not had a grant previously.

<i>Office use only</i>	<i>Complete</i>	<i>Notes</i>
IMIS with consents		
Supporting evidence (mtb /bank statement)		
SWG declaration and payment details		
Added to spreadsheet		
Confirm receipt of application		

Wiltshire Surviving Winter Grant 2025/26 application

The information I have provided is a true and accurate indication of my financial and household circumstances. I consent for my details to be shared with the grant partners: Warm & Safe Wiltshire, Wiltshire Community Foundation, Wiltshire Citizens Advice and Swindon Citizens Advice and Wiltshire Centre for Independent Living for the purpose of reporting and checking that only one grant is awarded per household for this year's campaign.

The grant is paid directly into your bank. To facilitate this, we need your account details as well as supporting evidence showing your income.

Name of account holder	
Bank Name	
Sort code	
Account number	

Fuel type(s): **Fuel costs:** £..... weekly / monthly

By signing below you are confirming that you agree for us to process your application in line with the above information.

Declaration

Your Name.....Postcode.....

Signed.....Date.....

You **MUST also provide the following:**

Supporting evidence:

If you receive Housing Benefit, Council Tax Reduction, Pension Credit: a recent benefit award letter evidencing this OR

If you do not receive a means tested benefit: a recent monthly bank statement(s) showing all income you have told us about (for ALL accounts and for ALL household members)

Money MOT - Can I get any other financial help?

We can give an indication of entitlement based on the information you provide - if you make an application it is your responsibility to ensure the information you provide is accurate and if you do receive benefit, you must inform the relevant departments of any subsequent changes to income, capital or other circumstances.

About you (Person 1)



Your name:

Do you live with a partner or spouse? Yes *-please ask them to complete the 'Person 2' form* No

Address:.....

Contact number: Email address:

Date of birth: British citizen: Yes No

National Insurance number (optional):

Gender (optional): Male Female Ethnicity (optional):

Housing type: Mortgage or owned outright
 Private tenant
 Council or Housing Association tenant
 Other:



Do you live with anyone else (apart from your partner)?

If 'yes', please give details - we may contact you for further info about this person as this can affect entitlement

Your current benefits (if applicable) – if you can specify the amount this helps us compare our calculation

Housing Benefit: £.....weekly
 Council Tax Support: £.....weekly
 Pension Credit: £.....weekly
 Attendance Allowance / Disability Living Allowance / PIP £.....weekly



A bit more about your finances

State pension: £..... weekly

Private / occupational / work pensions or annuities: £..... monthly

£..... monthly £..... monthly

Any other income, benefits or earnings £..... weekly / monthly



Description

Total capital and savings £.....

Including all current account(s), savings account(s), ISAs, investments, stocks & shares, premium bonds, savings bonds, cash. For any joint accounts, please write your share e.g. 50%

Value of any land or property you own (excl. your main home) £.....

Housing costs (if applicable)

Rent (full): £..... weekly / monthly

Service charges/ground rent: £..... weekly / monthly

Outstanding mortgage: £.....

Fuel type(s): Fuel costs: £..... weekly / monthly

We may contact you for further information – some of these charges can be factored into benefit calculations



Extra information

Do you or your partner have any armed forces connection? Yes No

Are you registered with your fuel suppliers' Priority Services Register? Yes No

This is extra support to more vulnerable households

Do you have a 'smart meter' for gas or electric? Yes No



Additional information e.g. health issues or disability, if you are a carer, if you are registered blind, or any other concerns:



Person 2 Form - About your partner that you live with *(if applicable)*

Partner's name:



Date of birth:.....

British citizen: Yes No

National Insurance number *(optional)*:

Current benefits *(if applicable)*

Attendance Allowance / Disability Living Allowance / PIP £..... weekly

A bit more about your partner's finances

State pension: £..... weekly

Private / occupational / work pensions or annuities: £..... monthly

£..... monthly

£..... monthly

Any other income, benefits or earnings £..... weekly / monthly

Description

Total capital and savings £.....

Including all current account(s), savings account(s), ISAs, investments, stocks & shares, premium bonds, savings bonds, cash. For any joint accounts, please write your share e.g. 50%

Value of any land or property you own (excl. your main home) £.....



Additional information e.g. health issues or disability, if they are a carer, if they are registered blind, or any other concerns:



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Consent Form

Using and storing your data

We need your consent to keep a record of your enquiry and personal information on our computer system. Everything you tell us is securely recorded. Keeping a record means we:

- Have a clear record of the information and advice we've given you, so if you contact us again we can refer back to it
- Can manage ongoing support to you without needing to ask you for information more than once
- Can report on the nature and impact of our service, for example the types of issues we've been asked about
- Can check the quality of our work

The information we record about you might be looked at by Age UK national auditors, when they assess the quality of our services.

You can ask to see the information we hold about you, change your preferences or withdraw your consent at any time. You can do this by writing to us, phoning or emailing. For full details - or if you'd like more information about how your data is captured, stored and used - see our Privacy Policy, which is available on request.

If you do not want us to record your details then please do not complete this form, however this may limit the help that we can provide.

Talking to others on your behalf

You can give permission for another person or organisation to speak to Age UK Wiltshire on your behalf by providing their details below. This will allow us to share your information with this person or organisation. Please check that the person is happy for us to hold these contact details.

Their name

Their relationship to youTheir telephone number.....

I agree that Age UK Wiltshire will keep a record of my enquiry and personal information, as outlined above.

Your name..... **Postcode**.....

Signed..... **Date**.....

Evaluating the service we have provided you with.

We sometimes send out questionnaires to help us develop and improve our services. Please tick if you would be happy to participate in this.

I give my consent for Age UK Wiltshire to share my name and address with the national charity, Age UK, and for Age UK to send me a FREEPOST

PTO>

customer satisfaction survey, in order to ask for my feedback on the service. I understand that I may withdraw my consent at any time contacting us and quoting reference EON Warm Homes.

Please ask anyone else in your household to sign next below only if they consent to us using their data:

To carry out the service we may need to consider your information. We will securely record your personal information in line with our data protection and privacy policy. The information we record about you might be looked at by Age UK national auditors, when they assess the quality of our services.

Name (household member 2).....

Signed..... Date.....

To carry out the service we may need to consider your information. We will securely record your personal information in line with our data protection and privacy policy. The information we record about you might be looked at by Age UK national auditors, when they assess the quality of our services

Name (household member 3).....

Signed..... Date.....

Please return your completed form to us:

Email: enquiries@ageukwiltshire.org.uk

Telephone: 0808 196 2424 (We can complete a check by taking info by phone)

Post: Age UK Wiltshire, Unit 9-10 Prince Maurice Court, Hambleton Avenue, Devizes, Wiltshire, SN10 2RT

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