



Cosy Homes in Lancashire - Enquiry & Referral Form

Cosy Homes in Lancashire is a scheme to help house-holds access grant funds to provide free or subsidised insulation and boilers. It has been set up by local authorities in Lancashire and is being administered and delivered on their behalf by Firefly Energi. If you are interested in benefitting from the scheme, please complete this form and return it to Firefly Energi electronically or by post using the details overleaf. Please also contact Firefly Energi if you need support to complete the form.

Main Applicant									
Title		Name			Address			Postcode	
Telephone				Email			Date of birth	ו	

Property Details							
Does your home have: How is your home currently heated?							
				Gas 🗆 Electric 🗆			
	Yes	No	Not sure	Other (please specify) \Box			
Cavity Wall Insulation							
Loft Insulation							
Central Heating							
A Room in the roof				Do you need a replacement boiler?			
A working central heating system				Yes 🗆 No 🗆			
Is your home a	Is your home a						
House Flat	Bunga	low	□ Oth	er (please specify)			
When was your house built (app	roximat	ely)?					
Pre 1900 □ 1900 – 1920 □ 1920- 1983 □ Post 1983 □ Not sure □							
Do you own or rent your home?							
Owner Occupier Private Ter	nant 🗆	l Cou	ncil /Housing	Association Other Other			
If rented, please provide contact details for your: Landlord Letting Agent							
Name			Telep	hone number			
Address if known							
Email address if known							
How do you pay your energy bills?							
Direct Debit On receipt of bill Pre payment meter							
Do you have fuel debt?							
Yes No C							
When did you last change energy provider?							
Less than 6 months ago More than 6 months ago Never							

If you provide us with the following information it may help us access additional funding for you								
As the main applicant are you receiving any benefits?								
Pension Credit Guarantee								
Child Tax Credit Other (please specify)								
Please tell us if you have any health conditions								
🗆 Respiratory 🛛 Circulatory & Heart 🗆 Mobility 🗆 Arthritis 🗆 Terminal Diagnosis								
 Other (including cancer and blood disorders) 								
In the last 12 months how many of the following have been made by you? Hospital stays GP visits GP visits								
Other members of the household								
Name	DOB	Relationship	Benefits	Health condition(s)	Hospital Stays	Hospital visits	GP visits	
Name	DOB	Relationship	Benefits	Health condition(s)		-		
Name	DOB	Relationship	Benefits	Health condition(s)		-		
Name	DOB	Relationship	Benefits	Health condition(s)		-		
Name	DOB	Relationship	Benefits	Health condition(s)		-		

Third Party Referral				
Referred by:				
Name	Role/Relationship			
Contact details	Are you the person to contact regarding this referral?			
	Yes D No D			
	If no, who			

Declaration				
Referrer	Client			
To the best of my knowledge, the information that has been entered on this form is correct. I can confirm that the client named on this form has consented to their details to be shared with partner agencies for the sole purpose of accessing energy efficiency measures and other relevant advice and support available to them.	To the best of my knowledge, the information that I have provided on this form is correct. I consent to my details being shared with partner agencies for the sole purpose of accessing energy efficiency measures and other relevant advice and support available to me.			
Referrer signature	Client signature			
Date	Date			
Please return this form to	To help us to improve how we reach people, where did you hear about CHiL?			
Firefly Energi, 32 Winckley Square, Preston, PR1 3JJ Or email it as an attachment to: info@chil.uk.com				

For further information call 0330 606 1488 or e-mail info@chil.uk.com