

# APPLICATION FORM



## ENERGY SUPPORT GRANT

Ref:2025/1101

### ABOUT YOU

Applicant's Title	First name	Surname
Full Address		
Postcode		
Telephone		
Mobile		
Email		
Date of Birth		

### ABOUT YOUR POLIO

Have you previously supplied proof of contracting polio to the Fellowship? **YES/NO\*** (delete as applicable)  
(\*If NO, you must include an original doctor's letter or certificate with your application)

Date contracted polio

### ABOUT YOUR APPLICATION (Please add an extra sheet if you wish to provide more information)

Please describe briefly how the effects of polio or PPS increase your household energy costs.

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### ELEGIBILITY

Please tick the criteria that makes you applicable for eligibility

<b>My total annual household income (before tax) is:</b>	
<ul style="list-style-type: none"><li>Under £20,000 (Individual)</li><li>Under £30,000 (Couple)</li><li>I also have less than £6,000 in savings</li></ul>	
<b>I am in receipt of the following means-tested benefit(s):</b>	
<ul style="list-style-type: none"><li>Universal Credit</li><li>Pension Credit</li><li>Income-related ESA or JSA</li><li>Income Support</li><li>Housing Benefit / Council Tax Reduction</li><li>Working or Child Tax Credit</li><li>Other (please specify):</li></ul>	

## SUPPORTING DOCUMENTS

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In order to be eligible for the Energy Support grant we request you please provide a recent statement from your energy supplier showing:

- Your household address
- Your customer reference or account number
- The supplier's name and bank details

*(You may attach a copy or upload a scanned or photographed version. This must be a document issued by your energy supplier.)*

Energy Statement Supplied? **YES/NO** (delete as applicable)

## PAYMENT DETAILS

If this application is successful the Fellowship will make any payment directly to your energy supplier account. Please provide the details listed on your account statement below

Name of Energy Supplier (ES)								
ES Account name								
ES Sort code (6 digits)								
ES Account number (8 digits)								
Customer Reference Number								

## CONFIRMATION / ACCEPTANCE

**BY SIGNING THIS APPLICATION FORM YOU CONFIRM YOU HAVE READ, UNDERSTOOD AND ACCEPT THE GRANT APPLICATION TERMS AND CONDITIONS.**

**ASK TO SEE OUR PRIVACY STATEMENT OR GO TO [WWW.BRITISHPOLIO.ORG.UK/PRIVACYPOLICY](http://WWW.BRITISHPOLIO.ORG.UK/PRIVACYPOLICY)**

To the best of my knowledge and belief, the information on this form is correct. If the information in the application changes in any way I will inform the British Polio Fellowship immediately.

Signed (applicant)			Date	
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If you are signing on behalf of the applicant what is your status / relationship to the applicant?

Signed (on behalf of applicant)	Status Date		

When completed, please email or post the form:

**The British Polio Fellowship, CP House, Otterspool Way, Watford, Herts WD25 8HR  
Telephone: 0800 043 1935 Email: [info@britishpolio.org.uk](mailto:info@britishpolio.org.uk)**

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