 Energy Company Obligation Flexibility Criteria

Referral Declaration Form

Referral From

|  |  |
| --- | --- |
| **Company Name** |  |
| **Address 1** |  |
| **Address 2** |  |
| **Address 3** |  |
| **Postcode** |  |
| **Contact Number** |  |

Fuel Poor Household

|  |  |
| --- | --- |
| **House Number** |  |
| **Address 1** |  |
| **Address 2** |  |
| **Address 3** |  |
| **Postcode** |  |
| **Contact Number** |  |

Declaration

|  |  |  |
| --- | --- | --- |
| **Customer meets eligibility criteria as set out within Middlesbrough Councils statement of intent and that evidence has been provided with the referral. *(Please Tick)*** | |  |
| **As referral partner, funding has been sourced and agreed prior to referral. *(Please Tick)*** | |  |
| **Customer’s referral and local authority declaration will not be sold to a third party. *(Please Tick)*** | |  |
| **Print Name** |  | |
| **Position within Referral Organisation** |  | |
| **Signed** |  | |
| **Date** |  | |

Version 1 – 6th March 2018