



Application Form – ScottishPower Hardship Fund

ALTERNATIVELY, APPLY ONLINE AT www.SEDhardship.fund

BEFORE COMPLETING THIS FORM, PLEASE CAREFULLY READ THE NOTES BELOW

WHO CAN APPLY FOR AN AWARD?

- ScottishPower currently supply your domestic energy, or
- ScottishPower recently supplied your domestic energy, or
- You have Power of Attorney and are applying on behalf of the Account Holder who currently or recently received their domestic energy supply from ScottishPower

HOW CAN THE HARDSHIP FUND HELP?

The Hardship Fund exists to relieve financial distress and hardship for ScottishPower customers who are struggling to pay their domestic energy bills.

Awards from the fund will be applied directly towards your ScottishPower arrears.

FILLING IN THE APPLICATION FORM

- Please complete ALL sections of the application form. If a section is not applicable, insert "N/A"
- You must provide us with the following:
 1. A meter reading taken on, or very close to, the date you submit your application (please see Section 2)
 2. Proof of income – all evidence must be less than 3 months old, with the exception of annual benefit letters for Works Pension, State Pension, Disability Living Allowance (DLA) and Child Benefit. These can be originals or copies. Originals will be returned immediately.
 3. Proof that you have recently sought money or debt advice from a recognised agency such as National Debtline, Citizens' Advice Bureau or StepChange, such as a letter, email or case reference number.
- If you need assistance filling in this form, you should contact a local advice centre such as a Citizens Advice Bureau or call 0808 800 0128
- Please remember that the Account Holder must sign at the end of this application form. Please note, if the Account Holder is unable to sign this application form, you may only sign on their behalf if you have a Power of Attorney and can provide evidence with this application.
- If you do not have Power of Attorney, but the Account Holder has asked for your help in completing the form please ensure the Account Holder signs the form.

SENDING IN YOUR APPLICATION AND HOW WE DEAL WITH IT

- Once completed, please send your application to Social Enterprise Direct, Brunswick House, 51 Wilson Street, Glasgow, G1 1UZ or email application@socialenterprisedirect.org.uk, the Independent Administrators of the ScottishPower Hardship Fund.
- You may receive letters, emails and telephone calls as part of our assessment process
- For how we deal with your application, please see Section 6: Terms and Conditions

Questions marked with * are mandatory

SECTION 1: ABOUT YOU

1. What is the Account Holder's full name?*

2. What is the Account Holder's date of birth?*

3. What is the Account Holder's current address (including postcode)?*

4. What is the Account Holder's contact telephone number (landline)? Please state the best days and times to discuss the ScottishPower account

5. What is the Account Holder's contact telephone number (mobile)?

Please note that failure to provide at least one telephone number will prevent your application progressing further.

6. What is the Account Holder's e-mail address?

7. What is the address that the debt relates to (if it is not the same as the Account Holder's current address)?*

8. Who shares the home with the Account Holder?*

Number of adults aged 18-65

Number of children aged 17 and under

Number of adults aged 66 and over

9. Has the Account Holder applied to the ScottishPower Hardship Fund before?*

Yes No

10. Are you the Account Holder?* Yes - please go to Section 2: Your Bills

No, Power Of Attorney – please continue to Question 11

No, I'm assisting the account Holder to complete the form –please continue to Question 11.

Only provide your details below if you are the person ScottishPower should contact to set up the repayment arrangement.

11. What is your full name?*

Please provide with your title, first name and surname.

12. What is your correspondence address if different from the Account Holder? Can you please also provide us with details of your organisation and job title, if applicable?*

13. What is your contact telephone number? (landline) Please state the best days and times to discuss the ScottishPower account

14. What is your contact telephone number? (mobile)

Please note that failure to provide at least one telephone number will prevent your application progressing further.

15. What is your e-mail address?

SECTION 2: YOUR BILLS

16. Are you currently supplied by ScottishPower?*

Yes No

If YES, please go to Question 17

If NO, please proceed to Question 26

17. What types of meters do you have?*

Standard Meters Prepayment Meters Combination of Standard and Prepayment Meters

18. Can you please state what services ScottishPower supply to you?*

Gas Electricity Both Gas and Electricity

19. Can you please provide us with your Account Number? Your Account Number can be found in the top right hand corner of your latest statement. It is a ten or eleven digit number.*

20. Can you please provide us with the value of your last bill? Your current balance is in the black box in the middle of the first page of your bill.*

21. If you are currently supplied by ScottishPower, please provide us with your current electricity meter reading?*

22. What date was this current electricity meter reading taken?*

23. If you are currently supplied by ScottishPower please provide us with your current gas meter reading?*

24. What date was this current gas meter reading taken?*

Please now go to Section 3: Eligibility

25. Were you previously supplied by ScottishPower and you were unable to pay some of your final bill?*

Yes No

If you answer NO to both Question 17 and Question 26, your application cannot proceed.

26. Can you please provide us with the Account Number of your final bill with Scottish Power? Your Account Number can be found in the top right hand corner of your final statement. It is a ten or eleven digit number.*

27. Can you please provide us with the value of your final bill with ScottishPower? Your final balance is in the black box in the middle of the first page of your bill.*

SECTION 3: ELIGIBILITY

28. Has the Account Holder obtained money or debt advice within the last 3 months?

Yes No

If YES, please provide us details of the agency you obtained advice from:

National Debtline Citizens Advice Bureau StepChange Other

If NO, please contact one of the following before submitting this application

National Debtline freephone 0808 808 4000

StepChange freephone 0800 138 1111

Citizens Advice (England) 03444 111 444

Citizens Advice (Wales) 03444 77 20 20

Citizens Advice (Scotland) 0808 800 9060

Please note that your application cannot proceed if you cannot provide proof that you have recently sought money or debt advice from a recognised agency

29. Is the Account Holder's total gross household income less than £16,190 per year?*

Yes No

30. Does the Account Holder receive any of the following?*

Income Support Income Related Employment and Support Allowance

Income Based Jobseeker's Allowance Guarantee Pension Credit

Universal Credit and are either not in work or are Self-Employed

31. Does the Account Holder have a child under 5 years of age permanently living in the house?*

Yes No

32. Does the Account Holder have a child who is entitled to free school meals?*

Yes No

33. Does the Account Holder have a child aged 18 years or under in full time education in the household?*

Yes No

34. Does the Account Holder receive Child Tax Credit or Working Tax Credit which includes (1) a disability element, (2) a severe disability element, (3) a disabled child element, (4) a severely disabled child element, or (5) a family element?*

Yes No

35. Does the Account Holder receive Income Related Benefit which includes (1) a disabled child premium, (2) a disability premium, (3) a severe disability premium, or (4) an enhanced disability premium?*

Yes No

36. Does the Account Holder receive Income Related Benefit which includes a Pensioner Premium, higher Pensioner Premium or Enhanced Pensioner Premium?*

Yes No

37. Does the Account Holder receive Income Related Benefit with a limited capability for work element, with or without a work-related activity element?*

Yes No

38. Does the Account Holder receive a disabled child element?*

Yes No

39. Does the Account Holder's annual energy spend more than 10% of their annual income?*

Yes No

40. Does the Account Holder receive (1) Disability Living Allowance, (2) Personal Independence Payments (PIP), (3) Incapacity Benefit, or (4) Attendance Allowance?*

Yes No

41. Does the Account Holder receive an exemption from NHS prescription charges? If you live in Scotland or Wales, you do not need to answer this question.*

Yes No

42. Where did you hear about the ScottishPower Hardship Fund?

ScottishPower Website ScottishPower Call Citizens' Advice National Debtline
 Support Worker Housing Association Other

SECTION 4: OTHER RELEVANT CIRCUMSTANCES

43. Can you please explain the problems which have made it difficult to pay your bills?*

44. Can you please explain if there are any other relevant circumstances within the household? For example, any disabilities, chronic or debilitating illnesses, bereavement

45. If you are still supplied by ScottishPower, please tell us how an award from the ScottishPower Hardship Fund will help you get back on track with paying your energy bills.

46. If you have previously applied to the Hardship Fund please explain why you are re-applying

SECTION 5: DECLARATION

If you answered YES to Question 16, please read the following statement and tick to confirm you have understood:

You are applying to request that your outstanding debt with ScottishPower is reduced. You must satisfy certain criteria to be eligible to receive this award. Social Enterprise Direct is the Independent Administrator of the Fund and acts on behalf of and under the instruction of ScottishPower. By completing this application form, you consent to your personal information, including information about your health, being used for the purpose of administering your application, managing your ScottishPower energy account (if you have one) and for research and analysis purposes. We must see satisfactory proof of eligibility before progressing with the application on your behalf. As part of the award, you will be expected to agree a payment plan with ScottishPower. After 3 full months of satisfactory payments, your account will be credited with the agreed amount and your payment plan will continue in operation. Please remember that if your consumption goes up or down, so will your payments. If you continue to pay in accordance with the terms of your payment plan and you provide us with regular readings then you will not accrue a new debt.

I have read and understood the above statement

If you answered YES to Question 25, please read the following statement and tick to confirm you have understood:

You are applying to request that your outstanding debt with ScottishPower is cleared. You must satisfy certain criteria to be eligible to receive this award. Social Enterprise Direct is the Independent Administrator of the Fund and acts on behalf of and under the instruction of ScottishPower. By completing this application form, you consent to your personal information, including information about your health, being used for the purpose of administering your application, managing your ScottishPower energy account (if you have one) and for research and analysis purposes. We must see satisfactory proof of eligibility before progressing with the application on your behalf. As part of the award, you may be expected to agree a payment plan with ScottishPower. After 3 full months of satisfactory payments your account will be credited with the agreed amount.

I have read and understood the above statement

Please read the following statements and confirm that you have understood:

You are applying to request that your outstanding debt with ScottishPower is reduced. You must satisfy certain criteria to be eligible to receive this award. Social Enterprise Direct is the Independent Administrator of the Fund and acts on behalf of and under the instruction of ScottishPower. Awards will be granted at the discretion of Social Enterprise Direct and ScottishPower.

By submitting this application form, you consent to your personal information, including information about your health, being used for the purpose of assessing your application. If you do not agree to this, your application cannot proceed.

I have read and consent to the above use of my data for the application

ScottishPower will hold information about you and others in your household, including health information, to allow them to take account of your needs in relation to your energy account. They may add you to their Priority Services Register so that you are entitled to services appropriate to your needs.

Do you agree to this?

ScottishPower may share Priority Services Register information with energy network and meter operators (and other relevant third parties) in your area to enable them to also take account of your needs, for example in the event of a gas leak or power cut.

Do you agree to this?

If you want to change the status of your application, please contact SED. If you want to change the status of your Priority Services Register consent, please contact ScottishPower.

SECTION 6: TERMS AND CONDITIONS

By completing and sending this completed form to Social Enterprise Direct, you hereby are agreeing to the Terms and Conditions of the Fund which can be found at

www.socialenterprisedirect.org.uk/terms

SECTION 7: SIGNATURE

The Account Holder must sign this application form. Please note, if the Account Holder is unable to sign this application form, you may only sign on their behalf if you have a Power of Attorney and can provide evidence with this application.