|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | | |
| Address: |  | | |
| Post Code: |  | Tel No: |  |
| Email: |  | | |
| Is your property on mains gas *(Please circle)*  Yes / No | | | |

|  |  |  |
| --- | --- | --- |
| House profile | | Response |
| House type | Detached |  |
| Semi Detached |  |
| Terrace |  |
| End Terrace |  |
| Tenure | Owner Occupier |  |
| Private Rented |  |
| Number of bedrooms | 1 |  |
| 2 |  |
| 3+ |  |
| Number of people living in the property | 1 |  |
| 2 |  |
| 3+ |  |
| Is anyone in your home aged: | 60 to 74 Years old |  |
| Over 75 Years old |  |
| How many children live in your home | 0 to 5 years |  |
| 6 to 18 years |  |
| Does at least one member of the household spend most of the day at home | Yes |  |
| No |  |
| How much loft insulation is present | None |  |
| Up to 150mm |  |
| 250mm and above |  |
| What is the wall type | System Built *(Pre Fab/No Fines/Other)* |  |
| Solid Stone / Brick |  |
| Cavity Construction |  |
| What wall insulation is present | External |  |
| Internal |  |
| Cavity |  |
| None |  |
| What heating fuel is available within the property | Mains Gas |  |
| Oil |  |
| LPG |  |
| Electric |  |
| Solid Fuel |  |
| Other |  |
| Is any member of your household on benefits?  Please list the benefits: | 1: |  |
| 2: |  |
| 3: |  |
| 4: |  |
| 5: |  |
| 6: |  |