

HOME ENERGY QUESTIONNAIRE

Please complete this questionnaire and return to any Council or Parish Offices. Residents who complete these forms will be entitled to collect 2 free low energy light bulbs from reception. Information about saving energy will be provided to all owner occupiers.



Data Protection Act - This information will be used for statistical information in support of the Home Energy Conservation Act 1996. No personal data will be disclosed to any organisation outside the Council.

Return to: Bracknell Forest Council
Environment, Culture & Communities
Time Square
Market Street
Bracknell RG12 1JD

OCCUPANT'S DETAILS:

Title : Name:

Address:

..... Postcode:

TO ANSWER THE QUESTIONS PLEASE TICK

- Q1 In what type of home do you live?**
- | | | |
|--|---|--|
| <input type="checkbox"/> Detached house | <input type="checkbox"/> Semi-detached house | <input type="checkbox"/> Mobile home |
| <input type="checkbox"/> Mid terrace house | <input type="checkbox"/> Flat | <input type="checkbox"/> End terrace house |
| <input type="checkbox"/> Terraced bungalow | <input type="checkbox"/> Semi-detached bungalow | <input type="checkbox"/> Maisonette |
| | | <input type="checkbox"/> Detached bungalow |

Q2 How many bedrooms are there in your home? (write number)

Q3 What date was your home built? (enter date if known or tick below)

- | | | |
|--------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Before 1919 | <input type="checkbox"/> 1919 – 1944 | <input type="checkbox"/> 1945 – 1964 |
| <input type="checkbox"/> 1965 – 1975 | <input type="checkbox"/> 1976 – 1980 | <input type="checkbox"/> 1981 - 1990 |
| <input type="checkbox"/> 1991-1995 | <input type="checkbox"/> After 1995 | |

Q4 What is the main outside wall construction?

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Solid brick/stone (mainly pre-war) | <input type="checkbox"/> Cavity wall |
| <input type="checkbox"/> Timber frame | |

And are they insulated? Yes No

FLATS AND MAISONETTES ONLY:

Q5 Is your flat/maisonette on the ground floor, middle floor or top floor?

- | | | |
|---------------------------------|---------------------------------|------------------------------|
| <input type="checkbox"/> Ground | <input type="checkbox"/> Middle | <input type="checkbox"/> Top |
|---------------------------------|---------------------------------|------------------------------|

Q6 How many of the walls are there to the outside?

- | | | | |
|------------------------------|------------------------------|--------------------------------|-------------------------------|
| <input type="checkbox"/> One | <input type="checkbox"/> Two | <input type="checkbox"/> Three | <input type="checkbox"/> Four |
|------------------------------|------------------------------|--------------------------------|-------------------------------|

Q7 Does your front door open into an unheated corridor?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

Q8 How deep is the insulation in your loft?

- None 25mm (1") 50mm (2")
 75mm (3") 100mm (4") 150mm (6")
 200mm (8") or more

Q9 How many storeys (floor levels) are there in your property?

- One Two Three or more

And is one of these a room in the roof? Yes No

Q10 Do you have an attached garage or conservatory?

- Yes No

Q11 What is most of the ground floor made of?

- Wood Concrete/solid Don't know

Q12 What is the height of your main living room?

- Normal 2.4m (8'0") Low 2.0m (6'6") Cottage High 3.0m (10'0") Victorian

Q13 How many doors are there in your property that open to the outside?

- One Two Three or more

Q14 How many open fireplaces are there?

- None One Two Three or more

Q15 Do you have any secondary or double-glazing your property?

- None Some Half Most All

Q16 Do you have any draught-proofing on your doors and windows?

- None Some Half Most All

THE FOLLOWING QUESTIONS REFER TO HEATING AND HOT WATER IN YOUR HOME

Q17 What is your main type of heating?

- | | |
|--|--|
| <input type="checkbox"/> Standard boiler | <input type="checkbox"/> Old manual storage heaters |
| <input type="checkbox"/> Condensing boiler | <input type="checkbox"/> New automatic storage heaters |
| <input type="checkbox"/> Warm air | <input type="checkbox"/> Old style gas fire |
| <input type="checkbox"/> Room heater/back boiler and radiators | <input type="checkbox"/> Modern gas fire |
| <input type="checkbox"/> Standard combi | <input type="checkbox"/> Electric heaters |
| <input type="checkbox"/> Condensing combi | <input type="checkbox"/> Closed room heater (solid fuel) |
| <input type="checkbox"/> No heating | <input type="checkbox"/> Open fire/grate |

Q18 On what type of fuel does your main heating system run?

- | | | | |
|-------------------------------|------------------------------------|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> Gas | <input type="checkbox"/> LPG | <input type="checkbox"/> Oil | <input type="checkbox"/> Electric |
| <input type="checkbox"/> Coal | <input type="checkbox"/> Smokeless | <input type="checkbox"/> Anthracite | <input type="checkbox"/> Wood |

Q19 What year, approximately, was your boiler installed?

Q20 What heating controls does your main heating system have?
(you may tick more than one)

- | | |
|---|---|
| <input type="checkbox"/> Thermostatic radiator valves | <input type="checkbox"/> Programmer/time clock |
| <input type="checkbox"/> Room thermostat | <input type="checkbox"/> On/off only (no control) |

Q21 Do you have another form of heating in your home?

- | | | |
|---|---|--|
| <input type="checkbox"/> Gas coal effect in fireplace | <input type="checkbox"/> Modern gas fire | <input type="checkbox"/> Electric heater |
| <input type="checkbox"/> Open fire grate | <input type="checkbox"/> Solid fuel room heater | <input type="checkbox"/> None |

Q22 Do you have a hot water cylinder? Yes No

- | | | | |
|----------------------------|--|---------------------------|---|
| If YES, is it from? | <input type="checkbox"/> The main heating system | If NO, is it from? | <input type="checkbox"/> Combi boiler |
| | <input type="checkbox"/> On peak immersion | | <input type="checkbox"/> Multipoint (gas) |
| | <input type="checkbox"/> Off peak immersion (single) | | <input type="checkbox"/> Gas Instantaneous |
| | <input type="checkbox"/> Off peak immersion (dual) | | <input type="checkbox"/> Electric Instantaneous |

Q23 If YES, does it have a thermostat? Yes No

If YES, does it have any insulation (lagging)? None Jacket Rigid foam

If lagged, how thick is the lagging? 12mm 25mm 35mm 50mm

Q24 Who owns the property you live in ?

- | | | |
|--|---|---|
| <input type="checkbox"/> Housing Association | <input type="checkbox"/> Owner occupied | <input type="checkbox"/> Privately rented |
|--|---|---|

Q25 If privately rented, name and address of landlord:

THE FOLLOWING QUESTIONS DETERMINE YOUR ELIGIBILITY FOR GRANT AID:

Q26 Do you spend more than 10% of your income on fuel? Yes No

Q27 Are you or your partner over 60? Yes No

Q28 Is there a child under 16 in residence? Yes No

Q29 Are you in receipt of one of the following benefits?

- | | | |
|--|------------------------------|-----------------------------|
| Income Based Job Seeker's Allowance or Income Support | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Council Tax Benefit or Housing Benefit | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Child Tax Credit, or Working Tax Credit
(with an income of less than £14,200) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Disabled Living Allowance or Attendance Allowance | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Industrial Injuries Disablement Benefit or War Disablement Allowance (which includes Constant Attendance Allowance | <input type="checkbox"/> Yes | <input type="checkbox"/> No |