|  |  |
| --- | --- |
|  | A colorful letter on a black background  Description automatically generated |
|  | **Fuel Fund Fusion 21 Referral Form** |  |
|  |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Date |  | Agent/Representative Name |
|  |  |  |
| Resident Name  |  | Organisation/Dept  |
| Resident Information |
|  |
|  |  |  |  |  |
| Home phone number | Mobile number | Email address |
|  |
| Address Post Code |
|  |  |  |  |  |
| DOB |  | Gender |  |  |
|   |
| **Debt on Account (Amount) Energy Supplier**  |
|  |  |  |
| Residents Energy Account reference number  |  | Resident Energy Bank account details |
|  |  |  |
| Benefits/ income/ Employment |  | No of people in household |
|  |  |  |
| Physical or mental health condition (Yes/No) |  | Evidence required (Energy bill must be 3 within the last 3 months |
|  |  |  |
|  |  |  |

 |  |