

Application for Support

Please read the following instructions before completing the application form

- Please give us as much information as possible, we want to make sure you're getting the right support tailored to your circumstances.
- Sign the declaration form in section 6. We cannot process your application if this section is incomplete.
- Provide the appropriate evidence by following the instructions in Section 7.
- Please return your completed application form and photocopies of supporting evidence in an envelope to:
Freepost plus RSAL-SLKZ-AHGY, PO Box 4762, Worthing, BN11 9NT

Important Note: If you do not have a water meter, by submitting this application form you authorise us to arrange for one to be installed if possible

Section 1. Fill in your information

| | | | | | |
|---|---------------------------------|------------------------------------|-------------------------------|-----------------------------|--------------------------------|
| Customer number (on your water bill) | <input type="text"/> | | | | |
| Title | Mr <input type="checkbox"/> | Mrs <input type="checkbox"/> | Miss <input type="checkbox"/> | Ms <input type="checkbox"/> | Other <input type="checkbox"/> |
| First Name | <input type="text"/> | | | | |
| Last Name (Surname) | <input type="text"/> | | | | |
| Address | <input type="text"/> | | | | |
| | <input type="text"/> | | | | |
| | <input type="text"/> | | | | |
| Postcode | <input type="text"/> | | | | |
| Home phone number | <input type="text"/> | | | | |
| Mobile phone number | <input type="text"/> | | | | |
| Email address | <input type="text"/> | | | | |
| Are you a tenant or homeowner? | Tenant <input type="checkbox"/> | Homeowner <input type="checkbox"/> | | | |
| How many people live in your household? | Adults | <input type="text"/> | | | |
| | Children under 14 | <input type="text"/> | | | |
| | Children 14 and over | <input type="text"/> | | | |
| Meter reading (optional) | <input type="text"/> | Date | <input type="text"/> | | |

Are you interested in our WaterCare+ scheme?

Our Free WaterCare+ scheme can help by:

- Checking you're getting all the benefits you're entitled to
- Carrying out a home water and energy audit and suggesting simple ways to reduce your usage
- Fixing dripping taps or leaking cisterns and installing simple water-saving devices

Tick here and we will contact you



Scan here to quickly complete your application on our website



Do you need help with this form?

Message us instantly through Web chat or WhatsApp by visiting southwestwater.co.uk/contact-us or call us on 0344 346 1010



You can also scan here to speak with us over WhatsApp!



To make sure you're on the right scheme please complete the full application form

Please include all income and total rent or mortgage you pay

Section 2. Provide information on your household income. We will use your details to assess if you are eligible for our support tariffs.

| | Weekly £ | Monthly £ | 4 weekly £ | Yearly £ |
|---|-------------|--------------|---------------|-------------|
| A. What is your household income? | | | | |
| Your salary or wages (take-home pay) | | | | |
| Your partner's or any other adult's salary or wages (take-home pay) | | | | |
| B. What is your other income? | | | | |
| Maintenance or child support | | | | |
| Rent from border or lodger | | | | |
| Contributions from others living with you (non-dependants) | | | | |
| C. What is your other income from Benefits or Tax Credits? (Include everyone in your household) | | | | |
| Universal Credit - Standard Allowance element | | | | |
| Universal Credit - Housing element | | | | |
| Universal Credit - Other elements | | | | |
| Jobseeker's Allowance - Is it income based? (circle) Yes/No | | | | |
| Income Support | | | | |
| Working Tax Credit | | | | |
| Child Tax Credit - Is it just the family element? (circle) Yes/No | | | | |
| Child Benefit | | | | |
| Employment and Support Allowance Is it income-based? (circle) Yes/No | | | | |
| Statutory Sick Pay | | | | |
| Carer's Allowance | | | | |
| Housing Benefit | | | | |
| State pension(s) | | | | |
| Private or work pension(s) | | | | |
| Pension Credit - Is it the Guaranteed element? (circle) Yes/No | | | | |
| Other (Please Specify) | | | | |
| D. Housing Costs | | | | |
| Rent (the difference you have to pay on top of any housing benefit or Universal Credit Housing element you receive) | | | | |
| Mortgage (the difference you have to pay on top of any help, i.e. benefit(s) you receive) | | | | |

Section 3. If you have a large family or someone in your household has a medical condition that requires extra water use, you may be eligible for a capped tariff. Please fill in your information.

Is someone in your household receiving any of the benefits listed in section 2.C?

Provide their full name

Fill in this section if you have 3+ children under 19 (Large family)

Does the person in your household who receives the benefits also receive child benefit for three or more children under 19 living in your household? (circle) Yes/No

What are the children's full names? (Continue on another sheet if needed)

Full Name

Date of Birth

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |

Fill in this section if you, or anyone in your household, has a medical condition that requires extra water use

What is the full name of the person in your household with a medical condition?

Which of the following medical conditions do they have? (Tick all that apply)

- a. Desquamation (flaky skin disease)
- b. Weeping skin disease (eczema, psoriasis, varicose ulceration)
- c. Incontinence
- d. Abdominal stoma
- e. Renal failure where they need home dialysis (except where the health authority helps pay)
- f. Crohn's disease
- g. Ulcerative colitis
- h. Another medical condition which requires the use of a lot of additional water. Please tell us the name of this condition:

Important Note:

If you have filled in this section, please tick to confirm the following:

- I only use a hosepipe or watering can to water my garden
- My household does not have an auto-filling swimming pool or pond which holds over 10,000 litres of water
- I do not receive any help towards the cost of water from the health authority

If you do not meet these conditions, please explain why:

If you've filled in this section, providing the evidence below will allow us to process your application quicker. You may also be contacted to provide this evidence in the future.

1. If you are applying due to a **large family**, please provide photocopies or clear photos of the latest notice of entitlement to Child Benefit for each child you have named above (The notice must be less than one year old)
2. If you are applying due to a **medical condition listed above (a-g)**, please provide photocopies or clear photos of the evidence below:
 - A copy of your repeat prescription with the date it was issued OR a doctor's letter explaining your condition and why you need to use extra water with the date it was issued (if you do not have these, please provide other evidence that you have the condition and why you need to use extra water)
3. If you have **another medical condition not listed above (h)**, please provide a letter from a GP or hospital consultant
 - The letter must include: the name of the patient and address, the condition you have means you have to use a lot of water, the date the letter was issued, and the name, position and address of the GP or consultant

Section 4. If you are struggling to pay your water bill or have debt with us, please provide more information regarding your circumstance as we may be able to help you

Important Note:

Please provide dates and details of any particular hardship, illness, or extraordinary circumstance that has affected you or your family

Do you have other debts that you want support with? The organisations below offer free independent debt advice



* Continue on a separate sheet if necessary

Section 5. We offer a range of payment plans to help spread the cost of your bill. If you would like a plan, complete one of the sections below

| A. Direct Debit | | | | |
|---|------------------------------------|---|-------------------------------------|----------------------------------|
| Please fill in your information below and we'll collect your payment every month | | | | |
| Name(s) of Account Holder(s) <input type="text"/> | | | | |
| Bank/Building Society Account Number <input type="text"/> | | | | |
| Branch Sort Code <input type="text"/> | | | | |
| I/We would like to pay by Direct Debit on one of the following dates of each month | 1st <input type="checkbox"/> | 8th <input type="checkbox"/> | 15th <input type="checkbox"/> | 22nd <input type="checkbox"/> |
| B. Standing Order | | | | |
| Please add your customer reference number when setting this up so we can match the payment to your account. You can set up a standing order with your bank, please use the details below: | | | | |
| Name: SOUTH WEST WATER LTD. Account Number: 02397455 Sort Code Number: 30-00-00 | | | | |
| C. Flexible Payment Plan | | | | |
| Please tick which plan you would be interested in | Weekly <input type="checkbox"/> | Fortnightly <input type="checkbox"/> | Monthly <input type="checkbox"/> | Other, please specify: |
| | | | | |
| D. WaterDirect | | | | |
| You can pay us directly from your benefits if you have a balance of £50 or more | | | | |
| You will have to provide information on the person receiving the benefit: | | | | |
| Full Name <input type="text"/> | | | | |
| National Insurance Number <input type="text"/> | | | | |

Section 6. Declaration (You must fill in this section)

The information I have given is correct to the best of my knowledge and I understand that if I provide any information which is false, you may refuse to consider my claim. If my circumstances change and it may affect my claim, I will tell you straight away.

I give the authority who gives me benefit or tax credit the permission to give you any information to confirm the information I have provided. If I have made a claim because of a medical condition, I give the medical professional who knows about that condition permission to give you my information about the condition and why I need to use more water, to confirm the information I have provided. If I pay my sewerage charges to a different company, my letter gives you permission to pass on the details I have provided so that you can also consider my sewerage charges under the WaterSure scheme.

The information you provide is kept on a secure register restricted to only those employees of South West Water and our partners who need to know it. It is not disclosed to anyone else under any circumstances.

By signing this form, you agree for a water meter to be installed if possible, as this can help you manage your water usage.

Warning: If you deliberately give us misleading information you are committing a criminal offence and could be prosecuted.

Your Signature.....Date.....

Signature of the person receiving the benefit(s) in Section 2.C
(If they are not the person named on the water bill)

Your Signature.....Date.....

Signature of the person who has the medical condition in Section 3
(If they are not the person named on the water bill)

Your Signature.....Date.....

Section 7. How to provide evidence

By providing evidence, we will be able to process your application quicker. If you do not send in supporting evidence, we may not be able to provide the appropriate support tailored to your circumstances. Please note that we may contact you to provide evidence for audit purposes.

If you are receiving the benefits or tax credits in Section 2.C, please provide photocopies or clear photos of the evidence below

- The last entitlement notice(s) from your benefits or tax credits (The notice(s) must be less than one year old for a benefit and less than six months old for a Tax Credit)
- The last bank statements for you and all other adult family members in your household
*If your housing costs are NOT shown on your bank statement, include photocopies or photos of your Housing Benefit Award Letter

If you filled out Section 3 due to a large family or medical condition, please also provide the evidence listed at the bottom of page 3

Have you had a recent benefit entitlement check? (circle) Yes/No

If you would like us to do this for you, please tick here

OR scan the QR code to use our online calculator to check which benefits you could get



Section 8. Would you benefit from our Priority Services? (Optional Free Service)

1. Do the following apply to you or someone living in your home?
 - a. Dependent on water (e.g. Home Dialysis)
 - b. Would find it difficult to reach alternative water supplies during a supply interruption
2. How would you like us to contact you about planned supply interruptions?
 - a. Telephone
 - b. In writing
 - c. Visit
3. Would you like us to send your bill to a carer, family member or friend?
 Please provide the information of the person you would like us to send your bill to:
 (Please get their permission before)
 Full Name
 Address and postcode
4. If you have visual impairments, we can help by offering one or more of these options:
 - a. Large print
 - b. Braille
 - c. Audio Bills
5. Do you need help reading your water meter?
 (If you ask, we can read your meter up to an extra four times a year)
6. Would you like us to send you other information in an alternative format?
 - a. Audio CD
 - b. Audio Cassette
 - c. Daisy CD
 - d. Large Print

Our Priority Service Register is a free support service available for anyone living within our region that could benefit from a bit of extra help

Useful contacts

You can get replacements or up to date notices of entitlement from the following authorities:

| Name of benefit or tax credit | Authority |
|--|---|
| Income Support, Employment and Support Allowance, Pension Credit, Universal Credit | Your local Jobcentre Plus office Pension Service: 0800 731 0469 Jobcentre Plus: 0800 169 0310 Universal Credit: 0800 328 5644 or log in to your account at universal-credit.service.gov.uk/sign-in |
| Working Tax Credit, Child Tax Credit | Tax credits office Phone: 0345 300 3900 |
| Housing Benefit | Your local authority (council) |
| Child Benefit | Child Benefit Office Phone: 0300 200 3100 |

