WaterSure and WaterSure *Plus* Application form



WaterSure and WaterSure *Plus* are designed to help customers on low incomes to pay their bill.

Who is eligible?

You, or someone in your household, must be receiving one of the following:

- Income-related Employment and Support Allowance or Income Support
- Income-based Jobseeker's Allowance
- Housing Benefit
- Pension Credit
- Working Tax Credit
- Child Tax Credit (other than just the family element)
- Universal Credit

The following additional qualifying criteria applies:

WaterSure – metered customers only with one or both of the following

- Three or more children under the age of 19 living in the household, and you (or the person responsible for them) claim Child Benefit for them; or
- You or someone living in your household has a medical condition that means they use a lot of extra water.
- Eligible customer's bills will be capped.

WaterSure Plus – all customers

- Your Thames Water bill must account for 3 per cent or more of the total net household income, including any income from members of the household not named on the account.
- Eligible customers will have their total bill reduced by 50 per cent (excluding any previous charges).

How to apply

If you think you're eligible for either scheme, complete this form and we'll do the rest.

Fill in this application form and return it to us with the necessary supporting evidence in the envelope provided. If your bill is based on meter readings (see the back of your bill to check) please complete all sections, including sections 2 and 3 where appropriate.

If your bill is on a fixed rate, you only need to complete sections 1 and 4.

The person named on the water bill must sign this form. If the person who receives the benefit is not the bill payer, please include their signature too, in case we need to contact Jobcentre Plus for more information.

We will aim to give you a decision within five working days. We'll contact you if we need any more information.

If your application is not successful, we'll tell you why.

If your application is successful, we'll apply the reduced charges to your bill.

When we receive your application form and look at your circumstances, eligible customers will be placed on the scheme which saves them the most money.

Do you need help with this form?

Call our special helpline 0845 641 0068, lines are open Monday to Friday 9am to 5pm.

Please call for more details or visit thameswater.co.uk/helppaying

We can provide this information in large print.

1. About you

1. Title Mr Mrs Miss Ms other 2. First name	10. Are you, or anyone in your household, receiving any of the following benefits or tax credits? (please tick all that apply) Housing Benefit	
	Income-related Employment and Support Allowance or Income Support	
3. Last name	Income-based Jobseeker's Allowance	
4. Date of birth 5. Address	Working Tax Credit Child Tax Credit (excluding families in receipt of the family element only) Pension Credit Universal Credit 11. Please give the name(s) and National Insurance number(s) of the person who receives one or more of the above benefits or tax credits. Name	
Postcode:		
6. Daytime phone number	National Insurance number	
7. Alternative phone number	Name	
8. Email address 9. Thames Water account number (you can find this on your water bill)	National Insurance number	

Notes

To qualify for WaterSure or WaterSure *Plus* someone in your household must be receiving at least one of the benefits or tax credits listed.

You must provide a photocopy of the latest 'notice of entitlement' for the benefits or tax credits. The 'notice of entitlement' must be less than one year old.

If you do not have a notice you can get a replacement by contacting your local benefit or tax office, or send in a bank statement (no older than 3 months) clearly showing the benefit. Please note, bank statements are not accepted as proof of Employment Support Allowance or Jobseeker's Allowance).

2. Medical conditions (where appropriate)

12. Please tell us the name of the person in your household who has a medical condition that means they have to use a lot of extra water	Notes		
	We need to know the name of the person with the medical condition.		
13. Which of these medical conditions do they have? (tick all that apply)	13. Please tell us the medical conditions the person has by ticking all the relevant boxes.		
Desquamation (flaky skin disease)	Important – if you tick one of the named conditions listed, please give us a copy of your repeat prescription form or doctor's		
Weeping skin disease (eczema, psoriasis, varicose ulceration)	certificate explaining your condition and why you need to use extra water. You can ask for copies of these from your surgery,		
Incontinence	clinic or hospital. If you don't have the prescription or certificate, please provide		
Abdominal stoma	some other evidence that you have the condition and why you need to use extra		
Renal failure where they need home dialysis	water. Or, if you tick 'Another condition' you must include a doctor's certificate or		
Crohn's disease	letter from a GP or hospital consultant. The certificate or letter must say:		
Ulcerative colitis	The name of the patient		
Another condition which means they have to use a lot of extra water	 The condition they have which means they have to use a lot of extra water 		
Please tell us the name of this condition	The date the certificate or letter was issued And		
14. Please give the name and address of the	 The name, position and address of the GP or consultant. 		
doctor or hospital consultant who knows about this condition	14. Please tell us who we can contact to confirm this condition (for example, a doctor or		
Name	hospital consultant).		
Address and postcode			
	Surgery or health centre official stamp (optional)		
Postcode:			
Phone number			

3. Your family (Where your application is because you have a large family)

This section is for families with three or more children under 19 living at home.

15. I confirm that the person who receives benefits or tax credits (named at question 11) is responsible for, and claims Child Benefit for, three or more children who live with them permanently

Please tick

16. Please give the full names and dates of birth of these children (continue on a separate sheet if necessary)

Name Date of birth (DD/MM/YY) Name Date of birth (DD/MM/YY)

Notes

- 15. You should tick this box if the person receiving benefits is responsible for and claims Child Benefit for three or more children who live at the address on the water bill.
- 16. Please provide the full name and date of birth for each child. You must provide a copy of the latest 'notice of entitlement' to Child Benefit for each child you list here. Alternatively you can provide a copy of a recent bank statement listing your current entitlement to payments. If you cannot find your 'notice of entitlement' to Child Benefit, please contact the Child Benefit Centre.

4. About your finances (please include ALL household income)

Wages per week (total for house	hold)	Pensions per week (total for household)	
Your take home pay		Retirement pension	
		Partner's pension	
Your partner's take home pay		Occupational pension	
		Private pension	
Benefits/tax credits per week		·	
(total for household)		Pension credit	
Housing Benefit		Other (please specify)	
Jobseeker's Allowance		Other income per week (total for	r household)
Universal Credit		Maintenance	
Income Support		Student loan	
Child Benefit		Income from lodgers or property	
Child Tax Credit		Contribution from son/daughter	
Working Tax Credit		Contribution from any other adult	
Employment and Support Allowance		living at the property	
Council Tax Benefit		Other (please specify)	
Support for mortgage interest		Total weekly income	
Incapacity Benefit			
Disability Living Allowance (Care)			
Disability Living Allowance (Mobility)			
Severe Disability Allowance			
PIP (Mobility)			
Industrial Disablement Benefit			
Maternity pay/allowance			
Bereavement Benefit			
Statutory Sick Pay			
Attendance Allowance			

5. Important supporting documents

Checklist

So that we can consider your request quickly, please details provided so that a reduction can also remember to enclose up-to-date proof of all of be made to my wastewater charges under the the household income within your application for WaterSure *Plus* tariff. yourself, your partner, other adults and children. If you deliberately give us misleading information I've filled in all sections of the form which you are committing a criminal offence and could be apply to me prosecuted. I have enclosed a photocopy of the latest I confirm the following: Notice of Entitlement for benefit or tax credit. • A member of my household meets the conditions If I've completed section 2, I have enclosed for help under the WaterSure or WaterSure Plus a copy of my prescription form or doctor's scheme. certificate. • I only use a hosepipe or watering can to water my garden. If I've ticked 'another medical condition' I have enclosed a doctor's certificate or a letter My household does not have an auto-filling swimming pool or pond which holds over 10,000 from a GP or consultant confirming that this litres of water. condition needs extra water. • I do not receive any help towards the cost of If I've filled in section 3 I have enclosed a copy water from the health authority. of the latest Notice of Entitlement to child benefit for each child. Your signature If I've completed section 4, I've included all income for every member of the household - including those not named on the Thames Water bill. If I've completed section 4, I've provided copies of my last three wage slips or my pension statement or documents showing any other income (where appropriate). Date All documents must clearly show name and address details as well as the amounts currently being received. Signature of the person(s) receiving benefit (if different from above) 6. Declaration

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 application.

If my circumstances change, and it may affect my application, I will tell you straight away.

I authorise my benefit providers to give Thames Water any relevant information to confirm the details I've supplied.

If I have made a claim because of a medical condition, I give the medical professional who knows about the condition permission to give you information about the condition and why I need to use more water.

Please send your completed application form, along with your supporting documents, in the pre-paid envelope supplied to: Thames Water, PO Box 508, Swindon SN38 2TX

If I pay my wastewater charges to a different company, I give you permission to pass on the