

WaterSure application

Please fill in this form for help with the cost of your water bill.

This information is required to assess your claim and will not be used for any other purpose.

WaterSure can help you if you have a low income and your water is measured by a meter. If you meet the conditions we can put a limit on your charges for water and wastewater.

Cambridge Water is a trading name of South Staffordshire Water Plc
Registered office: Green Lane, Walsall, WS2 7PD
Registration number: 2662742
VAT number: 834 8467 94

For office use only: F / M
Applied: Signed:

You must fill in this page

Who is the person named on the water bill?

- 1 Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other
- 2 First name
- 3 Last name
- 4 Postal address
- Post code
- 5 Daytime telephone number
- 6 Evening telephone number
- 7 Mobile phone number
- 8 Email address
- 9 Account reference number

About benefits or tax credits

10 Are you, or someone in your household, receiving any of the following benefits or tax credits? You **must** receive one of the following benefits to qualify for WaterSure (please tick all that apply).

- Income Support ☐
- Income-based Jobseeker's Allowance ☐
- Working Tax Credit ☐
- Child Tax Credit (not just the family part) ☐
- Housing Benefit ☐
- Pension Credit ☐
- Income-related Employment and Support Allowance ☐

11 Please give the name and National Insurance number of the person who receives one or more of the above benefits or tax credits.

Name

National Insurance number

What to do once you have completed this page:

If you are applying because of a medical condition, go to page 2.

If you are applying because you have a large family, go to page 3.

Notes

- 10 To qualify for WaterSure, 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 for a benefit or less than six months old for a tax credit.
- If you do not have a notice you can get a replacement by contacting your council or local benefit or tax credit office. (See 'Useful contacts' on page 3).
- We are unable to accept provisional tax credit notices as they do not confirm entitlement.

Fill in this page if you are applying because of a medical condition

Medical conditions needing extra water use

- 10** 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:

Name

- 11** Which of these 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
(do not tick if the health authority helps with water costs) ☐
- f) Crohn's disease ☐
- g) Ulcerative colitis ☐
- h) Another condition which means they have to use a lot of extra water
(please tell us the name of this condition) ☐

- 12** Please tell us the name and address of the doctor or hospital consultant who knows about this condition.

Name

Address

Post code

Notes

- 10** We need to know the name of the person with the medical condition.

- 11** Please tell us the medical conditions the person has by ticking all the relevant boxes.

Important - If you tick one of the named conditions listed at a) to g), please send us a copy of your repeat prescription form or a doctor's certificate explaining your condition and why you need to use extra water.

You can ask for copies of these from your surgery, clinic or hospital. If you do not have the prescription or certificate, please provide some other evidence that you have the condition and why you need to use extra water.

or **If you tick h) 'Another condition' you must include a doctor's certificate or letter from a GP or hospital consultant.** The letter or certificate must say:

- the name of the patient;
- the condition they have which means they have to use a lot of extra water;
- the date the certificate or letter was issued; and
- the name, position and address of the GP or consultant.

- 12** Please tell us who we can contact to confirm this condition (for example, a doctor or hospital consultant).

Surgery or health centre official stamp (optional)

Fill in this page if you are applying because of a large family

Families with three or more children under 19 living at home

13 I confirm that I, or a member of my household, receives benefits or tax credits (named at question 9) and claims Child Benefit for three or more children under 19 who live with us permanently. Please tick ☐

14 Please give the full names and dates of birth of these children

Name

Date of birth

Please continue below if necessary

Notes

13 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.

14 Please provide the full name and date of birth for each child.

If you cannot find your 'notice to entitlement' to Child Benefit, please contact the Child Benefit Centre. (see 'Useful contacts').

You must provide:

- A copy of the latest 'notice of entitlement' to Child Benefit for each child you list here

or

- A recent bank statement listing your current entitlement and payment

Failure to do so may result in a delay to your application.

Useful contacts

Contact us:

Cambridge Water
PO Box 7040
Green Lane
Walsall
WS1 9QG

www.cambridge-water.co.uk

Telephone: 01223 706050

Fax: 01223 214052

Email: info@cambridge-water.co.uk

You can get replacement or up to date 'notice of entitlement' from the following authorities:

| Name of benefit or tax credit | Authority |
|---|--|
| Income Support, Job Seeker's Allowance, Pension Credit, Universal Credit, Income-related Employment and Support Allowance | Contact your local Job Centre Plus office or benefits office |
| Working Tax Credit, Child Tax Credit | Tax Credits helpline: 0845 300 3900 |
| Housing Benefit | Contact your local authority (council) for details |
| Child Benefit | Child Benefit helpline: 0845 302 1444 |

4. You must fill in this page

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 claim.

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

I give permission to the authority that provides my benefit or tax credit to give you any further information to support my application.

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 information about the condition and why I need to use more water, to confirm the information I have provided.

If I pay my wastewater charges to a different company, I give you permission to pass on the details I have provided so that you can also consider my wastewater charges under the WaterSure scheme.

I confirm the following:

- A member of my household meets the conditions for help under the WaterSure scheme.
- 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.

Your signature

Date

| | | | | | |
|---|---|---|---|---|---|
| D | D | M | M | Y | Y |
|---|---|---|---|---|---|

Signature of the person receiving benefit or who has the medical condition (if they are not the person named on the water bill). We need this signature for data protection purposes.

Send your filled-in form and other information (see checklist) to:

Cambridge Water
PO Box 7040
Green Lane
Walsall
WS1 9QG

www.cambridge-water.co.uk
Telephone: 01223 706050

Our customer services department is open from 8.30am to 5pm Monday to Friday excluding public holidays. We're open 24 hours a day for emergency calls.

Checklist

Tick as appropriate

- ☐ I have filled in all the parts of the form which apply to me (parts 1, 2 and 4 **or** 1, 3 and 4).
- ☐ I have enclosed a photocopy of the latest 'notice of entitlement' for benefit or tax credit.
- ☐ If I've ticked 'another medical condition' I have enclosed a copy of a doctor's certificate or a letter from a GP or consultant confirming that this condition needs extra water.
- ☐ If I've filled in part 2, I have enclosed a copy of my prescription form or doctor's certificate.
- ☐ If I've filled in part 3, I have enclosed a copy of the latest 'notice of entitlement' to Child Benefit for each child.

OR

- ☐ If I've filled in part 3, I have enclosed a recent bank statement listing my current entitlement and payment.

How did you find out about WaterSure?

- ☐ One of our leaflets
- ☐ From a friend or relative
- ☐ Our website
- ☐ Citizens' Advice
- ☐ On my water bill
- ☐ From a Cambridge Water employee
- ☐ Other

Remember to enclose copies of supporting evidence with your application form