

WaterSure Application Form

WaterSure can help you if you have a low income and your water is supplied by a meter. We can put a limit on your charges for water and sewerage services, as long as you meet the conditions set out below. Our billing year runs from April to March. If you apply for the WaterSure tariff part way through the year, and are eligible for it, we will pro rata the bill for the remainder of the year.

To be eligible you must meet the following conditions:

- 1. Your water supply must be metered
- 2. The property must be your only home or your principal one
- 3. Where the property is used for other purpose(s) as well as for your home, the other purpose(s) must not be the principal use of the premises
- 4. If you water the garden, all watering equipment must be hand held i.e. no use of sprinklers
- 5. If you have a swimming pool or pond with a capacity of over 10,000 litres, that is automatically re-filled, it must not be in use.
- 6. The person who pays the water bill, or someone else in your household, receives benefit (please see list of which benefits qualify) or tax credit; and
- 7. There are:
 - a) three or more children under the age of 19 living in the household for whom the person receiving the above benefit also claims Child Benefit; and/or
 - b) you, or someone living in your household, has a medical condition that means you/they use a lot of extra water.

This year, the reduced charges for the scheme are:

£192.64 for water and £323.00 for sewerage charges (£274.00 without surface water drainage) for the period 1 April 2025 to 31 March 2026.

If your current charges are more than this, you may be entitled to pay the reduced charge. Once on the scheme, if your actual metered bill is lower than the reduced charge, we will only charge you the lower amount.

HOW TO APPLY

- 1. Fill in this application form and return it to us with a **photocopy** of the necessary supporting evidence to **Cambridge Water, PO Box 7040, Green Lane, Walsall, WS1 9QG**. If you need help with this form, please phone us.
- 2. The person named on the water bill should sign this form as well as the person who receives benefit or who has a medical condition (if they are not the person named on the water bill).
- 3. We will try to give you a decision within 10 working days. We will contact you if we need more information.
- 4. If your application is not successful we will tell you why.
- 5. If your application is successful, we will apply the reduced charges to your next bill.

Do you need help with this form? Call us on, 0345 60 70 456

Monday to Friday, 8am to 6pm Saturday, 8am to 1pm We can provide this information in la

We can provide this information in large print or different formats if you ask. Please call us for details.

Official Use Customer Reference

Are you eligible?

Do you have a water meter?

Do you, or anyone in your household, receive any of these benefits or tax credits?

- · Housing Benefit
- Income Support
- Pension Credit
- Income-based Jobseekers' Allowance
- · Working Tax Credit
- Child Tax Credit
 (you must be in receipt of
 receiving more than just the
 family element)

no

no

- Income-related Employment and Support Allowance
- · Universal Credit

yes

Have you, or anyone in your household, had any of these medical conditions diagnosed by a doctor?

- Desquamation (flaky skin disease)
- Weeping skin disease (eczema, psoriasis, varicose ulceration)
- Renal failure requiring home dialysis (except where the health authority contributes to the cost of dialysis)
- Incontinence

- Abdominal stoma
- Crohn's disease
- Ulcerative colitis
- Another medical condition which means the use of significant additional water and which can be supported by a doctor's certificate, prescription or other medical practitioner

yes

L no

Does the person who receives the benefit or tax credit also receive child benefit for three or more children under 19 living in your household?

yes

no

You are likely to be eligible for the scheme. Please fill in the application form and return it to us with the evidence requested.

You are not eligible for WaterSure

You can contact us on **0345** 60 **70** 456 for advice on other ways to help you pay your bill. For example, you could switch to using a water meter if you are not already on one; install free water-saving equipment; or make sure you have the best payment plan for your circumstances.

Please note: you do not qualify for the scheme if you water your garden with a non-handheld appliance such as a sprinkler or domestic irrigation system, or if you have an auto-fill swimming pool or pond with a capacity of over 10,000 litres.

1 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. Address and postcode: |
| |
| |
| 5. Daytime phone number: |
| 6. Evening or mobile phone number: |
| 7. Customer Reference (you can find this on your water bill) |
| |
| |

| Al | bout benefits or tax credits | |
|----|--|-------|
| \$ | 3. Are you, or someone in your household, receiving and the following benefits or tax credits? Please tick all that apply Income Support Income-related Employment & Support Allowance Income-based Jobseeker's Allowance Working Tax Credit Child Tax Credit (you must be in receipt of receiving more than just the family element) Housing Benefit Pension Credit Universal Credit | ny of |
| | | |
| | | |

Notes

8. To qualify for this scheme, 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 and must contain the claimant's name and address.

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')

If you are applying because of a medical condition, go to section 2. If you are applying because you have a large family, go to section 3.

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

Medical conditions needing extra water use **Notes** We need to know the name of the person with the 9. Please tell us the name of the person in your medical condition. household who has a medical condition that 10. Please tell us the medical means they have to use a lot of extra water conditions the person has by ticking all the relevant boxes. Important: If you tick one 10. Which of these medical conditions do they have? of the named conditions Please tick all that apply listed at a) to g), please • Desquamation (flaky skin disease) give us a copy of your · Weeping skin disease (eczema, psoriasis, repeat prescription form or a doctor's certificate varicose ulceration) explaining your condition Incontinence and why you need to use Abdominal stoma extra water. You can ask for · Renal failure where they need home copies of these from your dialysis (do not tick if the health authority surgery, clinic or hospital. If you do not have the helps with water costs) prescription or certificate, · Crohn's disease please provide some other · Ulcerative colitis evidence that you have the • Another condition which means they condition and why you need to use extra water. have to use a lot of extra water (please tell us the name of this condition)..... Is your condition a long term or terminal illness? Yes No Fill in this page if you are applying because you have a large family. Notes This section is for families with three or more children under 19 living at home. 11. You should tick this box if

| 11. I confirm that the person who receives benefits tax credits (named at question 9) is responsible and claims Child Benefit for, three or more child under 19 who live with them permanently. Please tick box | | | |
|--|---|--|--|
| 12. Please give the full names and these children | Please give the full names and dates of birth of these children | | |
| Name: | Date of birth: | | |
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| | _ / _ / _ | | |
| | _ / _ / _ | | |
| | // | | |
| (Continue on a separate sheet of pap | er if necessary.) | | |

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

You must provide a copy of your latest child tax credit award (which must include details of the children listed here) or a copy of a recent bank statement (which must be less than 3 months old) which shows your current entitlement to child benefit and the payment you receive.

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 straightaway.

I give permission for my information to be processed by South Staffordshire Water Plc, and its appointed representatives both within the UK and abroad and South Staffordshire Plc and its associated subsidiaries.*

I give the authority which gives me benefit or tax credit 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 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, I give you permission to pass on the details I have provided so that you can also consider my sewerage charges under this scheme.

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

I confirm the following:

- A member of my household meets the conditions for help under this 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.
- I will be added to the priority services register for the medical condition outlining dependency on water.

| Signature (of bill payer): |
|--|
| Date: |
| Signature of the person receiving the benefit or who has the medical condition (if they are not the person named on the water bill or their guardian if under 18 years of age). We need this signature for data protection purposes. |
| Signature: |
| Date: |
| *Please refer to our Privacy Policy at www.cambridge-water.co.uk to understand how we may use your personal information. |