

Maylons Lane\*, Limebrook Park, London Road\*, Ashingdon Road\*, Marsh Road\*, Fossetts Way\*

We can help you if you have a low-income and your water is supplied by a meter. We can help by putting a limit on your charges for water and sewerage services, as long as you meet the following conditions.

- 1 The person who pays the water bill or someone else in your household receives **benefit** (please see page 3 for a list of which benefits qualify) or **tax credit**; and
- 2 There are either:
  - 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; or
  - b) you or someone living in your household has a **medical condition** that means they use a lot of extra water.

This year, the reduced charges for the scheme are:

**£227.29 for water charges and £236 for sewerage charges for the period 1 April 2021 to 31 March 2022.**

**\*These are WATER ONLY sites. Customers will receive bills for water from IWNL and bills for sewerage services direct from Anglian Water**

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.

If accepted for the scheme we will contact you at periodic intervals to ensure you are still eligible. You should however contact us immediately if your circumstances change, such as you cease to be eligible.

### **How to apply**

- 1 Fill in this application form and return it to us with the necessary supporting evidence in the envelope we have provided. 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 any 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.

**Call our helpline: 02920 028 711**  
**Monday to Friday, 8am to 8pm and Saturday, 9am to 1pm**

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

# Are You Eligible?

Do you have a water meter?

No

Yes

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

- Council Tax Benefit
- Housing Benefit
- Income Support
- Income-based Job Seeker's Allowance
- Working Tax Credit
- Pension Credit
- Universal Credit
- Child Tax Credit (except for families in receipt of the family element only)
- Income Related Employment and Support Allowance

No

Yes

Do you or anyone in your household have any of these medical conditions?

- Weeping skin disease (eczema, psoriasis, varicose ulceration)
- Kidney/Renal failure requiring dialysis at home (except where a contribution is made by the health authority towards the cost of water used)
- Crohn's Disease
- Ulcerative colitis
- Desquamation (flaky skin disease)
- Incontinence
- Abdominal stomas
- Any other condition that necessitates significant extra use of water

Yes

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 this scheme**

You might want to contact us on **02920 710 711** 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 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 Post Code: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Daytime Phone Number: \_\_\_\_\_
6. Evening or Mobile Phone Number: \_\_\_\_\_
7. Customer Number (you can find this on your water bill) \_\_\_\_\_

## About benefits or tax credits

8. Are you or someone in your household receiving any of the following benefits or tax credits? (Please tick all that apply.)

- a) Council Tax Benefit
- b) Housing Benefit
- c) Income Support
- d) Income-based Job Seeker's Allowance
- e) Working Tax Credit
- f) Pension Credit
- g) Universal Credit
- h) Child Tax Credit (except for the family element only)
- i) Income Related Employment and Support Allowance

9. 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:

## 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.**

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 contact' on page 5.)

If you are applying because of a medical condition, go to page 4.

If you applying because you have a large family, go to page 5.

### 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

\_\_\_\_\_

11. Which of these medical conditions do they have? (Please tick all that apply.)

- a) Weeping skin disease (eczema, psoriasis, varicose ulceration)
- b) Kidney/Renal failure requiring dialysis at home (except where a contribution is made by the health authority towards the cost of water used)
- c) Crohn's Disease
- d) Ulcerative colitis
- e) Desquamation (flaky skin disease)
- f) Incontinence
- g) Abdominal stomas
- h) Any other condition that necessitates significant extra use of water (please tell us the name of this condition)
- \_\_\_\_\_

12. Please give the name and address of the doctor or hospital consultant who knows about this condition.

Name: \_\_\_\_\_

Address and Postcode: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Surgery or health centre official stamp (optional)

### 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 a) to g), please give 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.)

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

13. I can confirm that the person who receives benefits or tax credits (names at question 9) is responsible for, and claims Child Benefit for, three or more children under 19 who live with them permanently. Please tick.

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

Name	Date of Birth
_____	—/—/—
_____	—/—/—
_____	—/—/—
_____	—/—/—
_____	—/—/—

Continue on a separate sheet of paper 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.

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

### Useful Contacts

<b>Water Company</b>	<b>Independent Water Networks</b> Driscoll 2, Ellen Street, Cardiff, CF10 4BP Phone: <b>02920 028 711</b> Contact form: <a href="http://www.iwnl.co.uk">www.iwnl.co.uk</a>
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You can get replacement or up to date 'notices of entitlement' from the following authorities:

Name of benefit or tax credit	Authority
Income support. Jobseeker's Allowance. Pension Credit	Department for Work and Pensions local office Phone: <b>0800 055 6688</b>
Working Tax Credit. Child Tax Credit	Tax Credits Office Phone: <b>0345 300 3900</b>
Housing Benefit. Council Tax Benefit	Your Local Authority (Council)
Child Benefit	Child Benefit Office Phone: <b>0300 200 3100</b>

## 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 the authority who 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.

Your signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

\_\_\_\_\_

## Checklist

Tick as appropriate

I've 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 doctor's certificate or a letter from a GP or consultant confirming that this condition needs extra water.

If I've completed 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.

How did you find about about this scheme?

One of our leaflets

From a friend or relative

Our website

Citizens' Advice

Other (Please state)

\_\_\_\_\_

\_\_\_\_\_

Send your filled-in form and other information (see checklist) in the prepaid envelope we have provided to: Independent Water Networks, Driscoll 2, Ellen Street, Cardiff, CF10 4BP.