

### WaterSure Application form

### **Thames Water Region**

King's Cross, The Bridge, Berryfields, Greenwich, Himley Village, Brent Cross, Coronation Square, South Chesterton, Hampden Fields, Church Way\*, South Chesterton, Oval Village, Tudor Nurseries\*, Nine Elms Square\*, East Riverside, Brent Cross Phase 2, Graven Hill\*

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:

£230 for water charges and £189 for sewerage charges for the period 1 April 2021 to 31 March 2022.

\*These are WATER ONLY sites. Customers on these sites will receive bills for water from IWNL and bills for sewerage direct from Thames 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

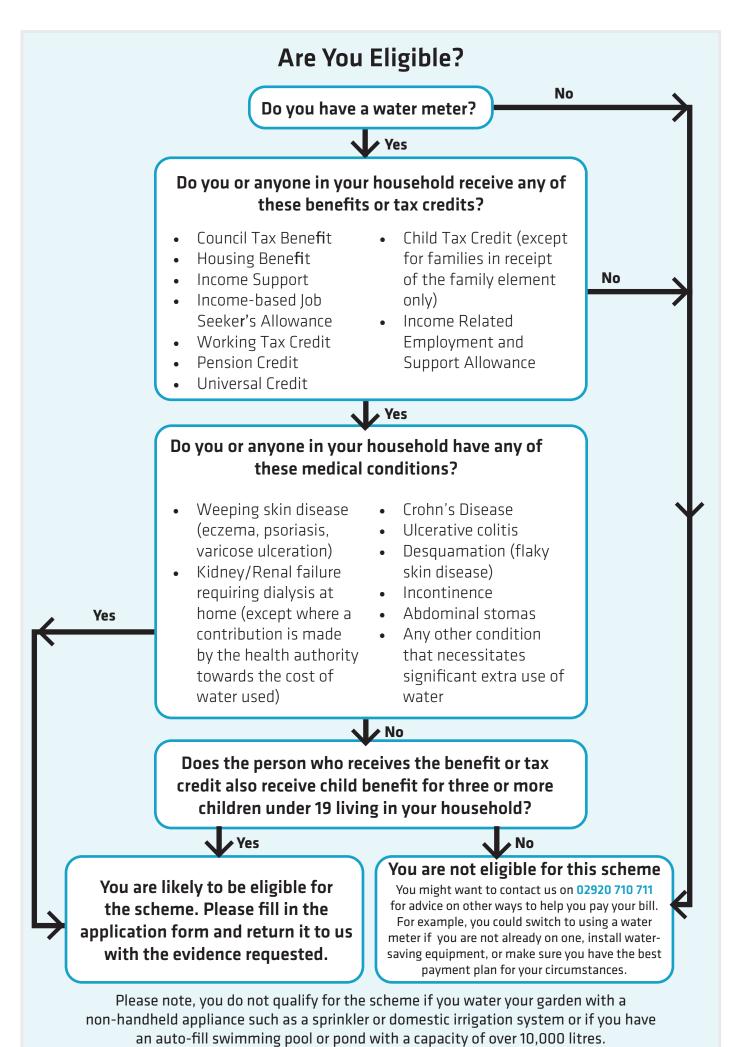
- 1 Fill in this application form and return it to us with the necessary supporting evidence in the envelope we have provided. If you need help with this form, please phone us.
- 2 The person named on the water bill should sign this form as well as the person who receives benefit or who has a medical 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.



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 Notes 8. Are you or someone in your household receiving 8. To qualify for this any of the following benefits or tax credits? scheme, someone in (Please tick all that apply.) your household must be receiving at least one of a) Council Tax Benefit the benefits or tax credits b) Housing Benefit listed. c) Income Support You must provide a d) Income-based Job Seeker's Allowance photocopy of the latest e) Working Tax Credit 'notice of entitlement' for f) Pension Credit the benefits or tax credits. g) Universal Credit h) Child Tax Credit (except for the family element only) The 'notice of entitlement' i) Income Related Employment and Support must be less than one Allowance year old for a benefit or less than six months old for a tax credit. 9. Please give the name and National Insurance number of the person who receives one or more If you do not have a notice, of the above benefits or tax credits. you can get a replacement by contacting your council Name: \_\_\_\_\_ or local benefit or tax National Insurance Number: 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.

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 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)

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#### 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**

	Independent Water Networks		
Water Company	Driscoll 2, Ellen Street, Cardiff, CF10 4BP		
	Phone: 02920 028 711		
	Contact form: www.iwnl.co.uk		

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.	Department for Work and Pensions local
Pension Credit	office Phone: <b>0800 055 6688</b>
Working Tax Credit. Child Tax Credit	Tax Credits Office Phone: 0345 300 3900
Housing Benefit. Council Tax Benefit	Your Local Authority (Council)
Child Benefit	Child Benefit Office Phone: 0300 200 3100

purposes.

Declaration	<b>Checklist</b> Tick as appropriate	
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.	I've filled in all the parts of the form which apply to m (parts 1, 2 and 4 or 1, 3 and	е
If my circumstances change and it may affect my claim, I will tell you straight away.	I have enclosed a photocop of the latest 'notice of entitlement' for benefit or	•
I give the authority who gives me benefit or tax credit permission to give you any information to confirm the information I have provided.	tax credit. If I've ticked 'another medi condition' I have enclosed	ical
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	a doctor's certificate or a letter from a GP or consult confirming that this condit needs extra water.	
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	If I've completed part 2, I have enclosed a copy of my prescription form or doctor certificate.	
Warning: If you deliberately give us misleading information, you are committing a criminal offence and could be prosecuted.	If I;ve filled in part 3, I have enclosed a copy of the late 'notice of entitlement' to Child Benefit for each child	st
<ul> <li>I confirm the following:</li> <li>A member of my household meets the conditions for help under this scheme.</li> <li>I only use a hosepipe or watering can to water my</li> </ul>		
<ul> <li>garden.</li> <li>My household does not have an auto-filling swimming pool or pond which holds over 10,000 litres of water.</li> <li>I do not receive any help towards the cost of water from</li> </ul>	How did you find about about this scheme?	out
the health authority.	One of our leaflets	
Your signature:	From a friend or relative	
Date:	Our website	
	Citizens' Advice	
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	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.