

WaterSure Plus

Application Form

WaterSure Plus 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.

- I Your supply is metered
- 2 The person who pays the water bill or someone else in your household receives **benefit** (please see page 2 for a list of which benefits qualify) **or tax credit; AND**
- 3 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.

The reduced charges for the WaterSure Plus scheme are shown in the letter sent with this form.

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

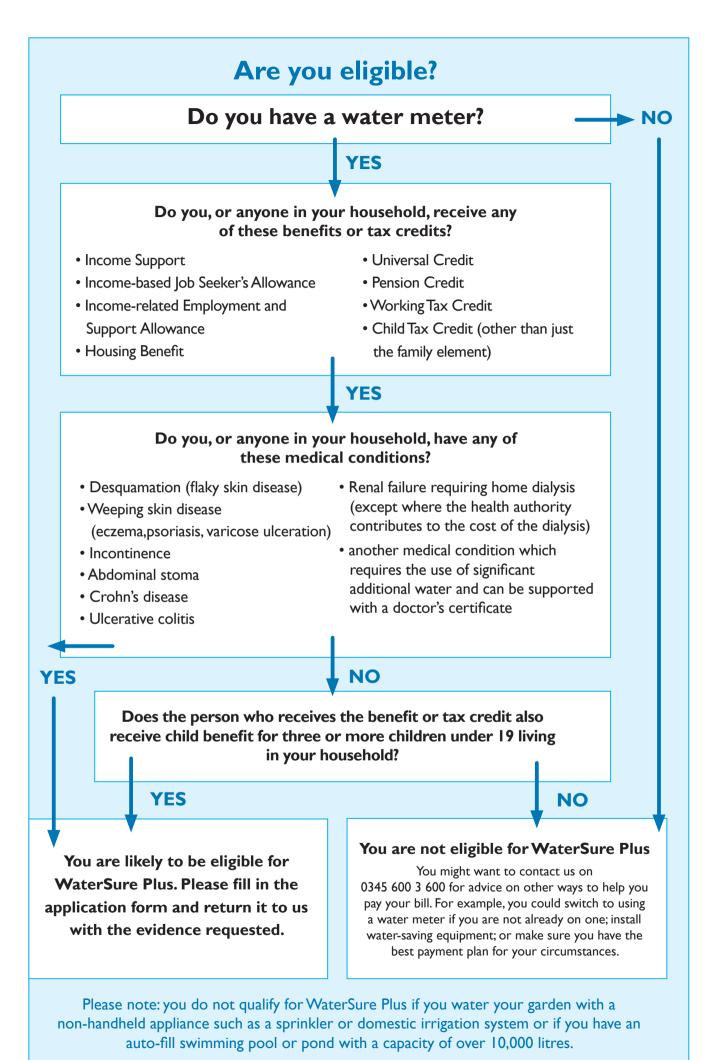
How to apply

- I 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.

Do you need help with this form? Call our special helpline, 0345 600 3 600 Monday to Friday, 8am to 6pm

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

Official use Customer reference



I. You must fill in this page

W	ho is the person named on the water bill?				
I	Mr Mrs Miss Ms Ot	her			
2	2 First name				
3	Last name				
4	Address and postcode				
5	Daytime phone number				
6	Evening or mobile phone number				
7	7 Customer reference number (you can find this on your water bill)				
8	Are you,or someone in your household, receiving any of	Notes			
0	the following benefits or tax credits? (Please tick all that apply.)	8 To qualify for WaterSure Plus,			
	Income Support	someone in your household must be receiving at least			
	Income-based Jobseeker's Allowance	one of the benefits or tax credits listed.			
	Income-related Employment and Support Allowance	Please note that incapacity			
	Working Tax Credit	benefit, personal independence payment,			
	Child Tax Credit (not just the family part)	disability living allowance, carers allowance and			
	Housing Benefit	attendance allowance ARE NOT qualifying benefits			
	Universal Credit	You must provide a			
	Pension Credit	photocopy of the latest 'notice of entitlement' for			
9	Please give the name and National Insurance number of	the benefits or tax credits. The 'notice of entitlement'			
	the person who receives one or more of the above benefits or tax credits.	must be less than one year old for a benefit or less than			
	Name	six months old for a tax credit.			
	National Insurance number	If you do not have a notice			
		you can get a replacement by contacting your council			
	Continue on a separate page if necessary	or local benefit or tax credit office. (See 'Useful			
lf yo	are applying because of a medical condition, go to page 4.	contacts'on page 5.)			
If you are applying because you have a large family, go to page 5.					

2. 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

II 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 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.
- I I 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 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 and why 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).

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

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

- 13 I confirm that the person who receives benefits or tax credits (named 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		
	//		
	//		
	//		
ontinue 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').

(Continue on a separate sheet of paper if necessary.)

Useful contacts

VATER

BRISTOL

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Bristol Water, I Clevedon Walk, Nailsea, Bristol BS48 IWA Phone: 0345 600 3 600 (Monday to Friday, 8am to 6pm)

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 • ESA • Pension Credit • Universal Credit	Department for Work and Pensions, please refer to your latest entitlement notice or the internet for the number to call.
Working Tax Credit • Child Tax Credit	Tax credits office Phone: 0345 300 3 900
Housing Benefit	Your local authority (council)
Child Benefit	Child Benefit Office Phone: 0300 200 3100

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 they can also consider my sewerage charges under the WaterSure Plus 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 the WaterSure Plus 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 named on the water bill). We need this signature for 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 completed part 2 I have enclosed a copy of my prescription form or doctor's certificate. 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 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 out about WaterSure Plus? 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: Bristol Water, I Clevedon Walk, Nailsea, Bristol BS48 IWA