

Application for Support



Completing this application form is the first step in getting help with your bills. We'll use your information to make sure you get the best possible support for your circumstances.

Return your completed application form to:

Freepost plus RSAL-SLKZ-AHGY,
PO Box 4762,
Worthing,
BN11 9NT

By email:
customercontact@southwestwater.co.uk

Important: If you do not have a water meter, by submitting this application form you authorise us to arrange for one to be installed if possible.

Scan the code below to complete this form online:

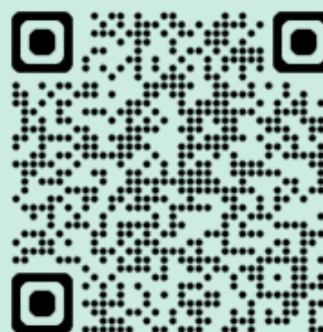


Have you had a recent Benefit entitlement check?
(please tick)

Yes ☐ No ☐

Tick if you want us to help you do this ☐

Scan this code to check online yourself:



Section 1: About you

Title

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐

Full Name

Address

Postcode

Home phone number

Mobile number

Email address

Are you a tenant or homeowner?

Tenant ☐ Homeowner ☐

How many people live in your household?

Adults Children under 14 Children 14 and over

Do you have a recent meter reading? (optional)

Meter reading

Date

Section 2: Household income and costs

Your full rent amount

Amount (£)

Frequency

Your full mortgage amount

Amount (£)

Frequency

Please note: We may contact you to provide evidence.

Household Income

If you receive **Universal Credit**, we need a full, up-to-date copy of your Universal Credit Statement. Enclose a copy with this form or email a screenshot to **customerservice@southwestwater.co.uk**

	Weekly (£)	Fortnightly (£)	4-weekly (£)	Monthly (£)
Your Salary				
Partner's Salary				
Salary for anyone aged over 19				
Other Benefits				
Child Tax Credit				
Employment & Support Allowance – contribution based				
Employment & Support Allowance – contribution based				

Continued on the next page

Section 2: Household income and costs (continued).

Other Benefits (continued)	Weekly (£)	Fortnightly (£)	4-weekly (£)	Monthly (£)
Housing Benefit				
Income Support				
Working Tax Credit				
Job Seeker Allowance - contribution based				
Job Seeker Allowance - income based				
Pension				
Your State Pension				
Partner's State Pension				
Pension Credit				
Private pension (joint amount)				
Other income				
Carers Allowance				
Child Benefit				
Child Maintenance				
Statutory Sick Pay				
Student Loan				
Rent from border or lodger				

Section 3: More about your household

If you have a large family or someone in your household has a medical condition that requires extra water use, you may be eligible for a capped tariff.

Fill in this section if you have **3+ children under 19**

☐ I confirm that the person who receives Benefits or Tax Credits is responsible for, and claims Child Benefit for, three or more children under 19 who live with them permanently.

What are the children's dates of birth? We don't need the day, only month and year. (Continue on another sheet if needed).

Example 09 / 2011

Child 1 ____ / ____

Child 5 ____ / ____

Child 2 ____ / ____

Child 6 ____ / ____

Child 3 ____ / ____

Child 7 ____ / ____

Child 4 ____ / ____

Child 8 ____ / ____

Fill in this section if you, or anyone in your household, has a medical condition that requires extra water use

This includes (but is not limited to) conditions such as desquamation, eczema, psoriasis, varicose ulceration, incontinence, abdominal stoma, renal failure requiring home dialysis (unless a health authority funds the extra water), Crohn's disease, or ulcerative colitis.

What is the full name of the person in your household with a medical condition?

☐ I confirm that the person named above has a medical condition which requires the use of additional water

Section 3: More about your household (continued)

If you have filled in this section, please tick to confirm the following:

- ☐ I only use a hosepipe or watering can to water my garden
- ☐ My household does not have an autofilling 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

Section 4: Declaration

Important: You must complete this declaration for your application to be processed.

The information I have given in this application form 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.

If my wastewater services are provided by a different company, I agree that the details I have provided can be passed on to see if my wastewater services can also

be reduced using the WaterSure scheme. The information you provide is kept on a secure register restricted to only those employees of South West Water and our partners who need to know it. It is not disclosed to anyone else under any circumstances.

By signing this declaration, you agree that South West Water can contact you and request evidence to support your claim if needed.

Your signature:

Date:

Section 4: Declaration (continued)

Additional signatures

Signature of the person receiving benefits but not named on the water bill

Your signature:

Date:

Priority Services Register

The Priority Services Register is a free service available for customers who need extra support. This may be due to age, ill health, disability, or you may have a temporary change to your personal situation. There are a range of services that we offer that can help make your life easier. Depending on your needs this can include having your meter read more regularly to having your bills in large print. See our website to learn more

southwestwater.co.uk/priority-services

If you would like us to discuss Priority Services with you then please tick here ☐

Get in touch if you need help or more information:

Helpline

0344 346 1010, Monday to Friday 8am-6pm,
Saturday 9am-1pm (closed Bank Holidays)

Online chat and WhatsApp

Scan QR code or see **southwestwater.co.uk/contact-us**

Email

customercontact@southwestwater.co.uk



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