



South Staffordshire Water  
**Charitable Trust**

# Application Form

for South Staffs Water and Cambridge Water customers

**Completed forms should be returned to:**

**The Administrator, South Staffordshire Water Charitable Trust, Green Lane, Walsall, WS2 7PD**

The South Staffordshire Water Charitable Trust helps South Staffs Water and Cambridge Water customers who are unable to pay their water and sewerage bill because of genuine difficulties, poverty, hardship or distress. It can help if you are:

- Unemployed
- Receiving very low wages
- Have a chronic and/or serious illness
- Are being made redundant
- Suffering from a relationship breakdown or bereavement

The information required on this form about your income and expenditure is needed so that we can assess your claim. It will only be shared with those detailed in the Declaration Section at the end of this form.

If you have any problems filling it in, you can get advice from the Charitable Trust Administrator, from your local Citizens Advice Bureau, or from the StepChange Debt Charity (see contact details at the end of this form).

**We will give you a decision on a fully completed application within 10 days. If your application is unsuccessful we'll let you know why in writing. If you need to add more information on any of the following sections and there is not room, please continue on a separate sheet and attach to the main form.**

## What happens next?

If your application is accepted we will then review your payment history.

## What does this mean?

If you have made regular payments in the last 3 months (a minimum of £10 for that period), you will be assessed for a Charitable Trust grant immediately.

If you have not paid any recent payments towards your arrears you will be asked to complete\* an interim payment plan for 10 weeks before being awarded a grant under the Charitable Trust (payment plan £1 per week).

\*If the payment plan is not completed this may result in no grant payment being made.

## About you

Customer reference number (can be found on your bill): .....

Title: ..... First name: .....

Last name: ..... Date of birth: .....

Address: .....

Postcode: .....

When did you move into your home? (Month/Year) .....

Have you lived at this address for more than six years? Yes  No

If not, please supply previous address details

Address ..... Address .....

Postcode ..... Postcode .....

From ..... To ..... From ..... To .....

Are you currently working? Yes  No

Please add details of your employer name and address, and if not working, are you actively seeking employment, if not why? (Reasons for not seeking active employment could relate to ill health, disability or other hardship matters relevant to eligibility).

Best contact number: ..... Other contact number: .....

Email address (if available): .....

Number of people in the household, please include name and date of birth, continue on separate sheet if required (include children).

Name	Date of birth	Employed/ unemployed/on benefit/student	Relationship to person making the application

Are you, or is anyone in your household, disabled or diagnosed with a medical condition which requires you to use more water than normal? Yes  No

## Payments

To ensure you maintain ongoing charges after The Charitable Trust grant has been made, you may wish to set up a direct debit by completing the direct debit instruction below; or you may wish to arrange for the payments to be taken by standing order, please tick the box if you will be arranging a standing order for payment.

If you are unable to make payments by standing order or direct debit please tick here.

I/We would like to pay by Direct Debit on one of the following dates of each month: (Please tick)

1st       7th       14th       21st

Instructions to your Bank or Building Society to pay by Direct Debit. Please fill in the form and return to:  
**PO Box 7040, Green Lane, Walsall, WS1 9QG**

Reference Number (To be completed by SSW)	<input type="text"/>	Service user number	<b>940309</b>
Name(s) of Account Holder(s)	<input type="text"/>	Bank/Building Society Account Number	<input type="text"/>
		Branch Sort Code	<input type="text"/>
Name and full postal address of your Bank or Building Society	Instruction to your Bank or Building Society Please pay South Staffordshire Water PLC Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with South Staffordshire Water PLC and, if so, details will be passed electronically to my Bank/Building Society.		
Bank/Building Society _____	Signature(s) _____		
Address _____	Date _____		
Postcode _____			

## Watersure and Assure

South Staffs Water / Cambridge Water have tariffs which can help customers who are struggling to pay their water bill. We will assess your eligibility for these tariffs whilst we process your Charitable Trust application.

**Assure** is a tariff which helps some people with their bills and you don't have to be on a meter. If eligible, the Assure tariff will provide a discount on your water bill.

**Watersure** is a tariff which helps some people with their bills. You must be on a certain benefit and need to use a lot of water either for medical reasons or because your household has a certain number of school aged children, and you must be on a water meter.

If you or anyone in your household, has any of these medical conditions diagnosed by a doctor, please tick:

- |                                                                                                                                            |                                                                                                                                                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Desquamation (flaky skin disease)                                                                                 | <input type="checkbox"/> Crohn's disease                                                                                                                           |
| <input type="checkbox"/> Incontinence                                                                                                      | <input type="checkbox"/> Ulcerative colitis                                                                                                                        |
| <input type="checkbox"/> Renal failure requiring home dialysis (except where the health authority contributes to the cost of the dialysis) | <input type="checkbox"/> Another medical condition which means significant water use supported by doctor's certificate, please state in the box below what that is |

You must complete the income and outgoings on the application form and we'll complete an assessment by reviewing your financial situation.

## About your finances

### YOU WILL NEED TO PROVIDE PROOF OF ALL INCOME.

#### Household income

Please complete the below table, remember proof of this is required. Examples of proof required: 3 wage slips/ Universal Credit Statement (showing breakdown of everything received)/most recent Benefit award letters.

Income	Name of person who receives/earns this	Payment amount £	How often? E.g. weekly, monthly
<b>Wages/salary</b>			
Your take home pay			
Other take home pay			
<b>Pensions</b>			
Government/State			
Work pension			
Any other pensions			
Pension Credit (savings element)			
Pension Credit (guarantee element)			
<b>Benefits and Tax Credits</b>			
Universal Credit *minus housing element			
Income support			
Employment and Support Allowance			
Jobseekers Allowance			
Working Tax Credit			
Child Tax Credit *minus disabled child/severely disabled child element			
Child Benefits			
Other please specify			
<b>Other payments received</b>			
Rent from lodgers (not related)			
Statutory sick pay			
<b>Other income, please specify (example: Child Maintenance)</b>			

#### Why do you need help from the Charitable Trust? Why have you not been able to pay your bill(s)?

Please give us as much information as possible about your circumstances, particularly any hardship or illness which has led to your difficulties. If you have any illness or medical condition(s) your application must be accompanied by details of your condition(s). Where possible, provide dates when the condition began, details of any doctors you have consulted and any proof you may have available. Please continue on a separate sheet if necessary.

Do you have savings from bank accounts/ISA's/Premium Bonds of more than £1000? Yes  No

## About your finances (continued)

### Outgoings: Household living costs

Enter the amount you pay, including towards any arrears you may have.

Outgoings	Payment amount £	How often? E.g. weekly, monthly	Arrears amount £
Home and contents *please include amount you pay after benefit award			
Rent*			
Service charge or ground rent			
Mortgage			
Mortgage endowment			
Secured loans			
Council tax*			
Appliance/furniture rental or loan			
TV licence			
Other costs			
Utilities			
Gas			
Electricity			
Gas and electricity (dual fuel)			
Water			
Other costs			
Care and health costs			
Childcare costs			
Adult care costs			
Child maintenance or support			
Dentistry and opticians			
Other costs			
Transport and travel			
Public transport			
Hire purchase or conditional sale vehicle			
Car insurance			
Vehicle excise licence (road tax)			
MOT and on going maintenance			
Breakdown cover			
Fuel, parking, toll charges			
Other costs including taxis			
School costs			
School uniform			
Afterschool clubs/trips			
Other costs			

## About your finances (continued)

### Outgoings: Household living costs

Enter the amount you pay, including towards any arrears you may have.

Outgoings	Payment amount £	How often? E.g. weekly, monthly	Arrears amount £
<b>Pensions and insurances</b>			
Pension payments			
Life insurance			
Mortgage protection payment			
House buildings and contents insurance			
Health insurance			
Other costs			
<b>Professional costs</b>			
Professional courses			
Union fees			
Professional fees			
Other costs			
<b>Communications and leisure</b>			
Home phone, internet			
TV package including film subscription			
Mobile phone			
Pocket money			
Other costs			
<b>Food and housekeeping</b>			
Groceries (food, pet food, cleaning products)			
School meals and meals at work			
Laundry and dry cleaning			
Alcohol			
Smoking products			
Vets bills and pet insurance			
House repairs and maintenance			
Other costs			
<b>Personal costs</b>			
Clothing and footwear			
Hairdressing			
Toiletries			
Other costs			
<b>Other costs or additional loans please mention below</b>			

I have provided copies of the following documented proof, please list the documents you have sent in with this form.

If an advice worker, money adviser or Citizens Advice officer is helping you complete the form, please ask them to sign the below box confirming they've seen your proof of income.

We may need to contact them to verify their details.

Print name .....	Signature .....
Contact number .....	Organisation .....
Date...../...../.....	

Have you made payment arrangements in respect of your outstanding debts?    Yes     No

If you have answered no, please advise us how you intend to deal with them, please continue on a separate sheet if necessary.

## Declaration

I confirm that I am the bill payer and all information is complete and accurate and I will notify the Charitable Trust if any circumstances change. **I consent** to the personal data I have provided on this form being shared with South Staffordshire Water (operating as South Staffs Water and Cambridge Water) for the purposes of processing my application for the Charitable Trust. **Tick to confirm your consent:**

I give my consent for the Trust or their representatives (Echo Managed Services Limited ('Echo')) to contact the supplier of my water/sewerage service, the Department for Work and Pensions, any third party from whom I receive benefits or from whom I have received advice; or my doctor or consultant, to verify any of the details I have included in my application form, or obtain information that the Trustees consider relevant and specific to my application. **Tick to confirm your consent:**

I understand that South Staffs Water/Cambridge Water (via their third party provider Echo Managed Services Limited ('Echo')) will process my information in accordance with the South Staffordshire Water plc privacy policy (available at [www.south-staffs-water.co.uk/privacy-cookie-policy](http://www.south-staffs-water.co.uk/privacy-cookie-policy)) for the purposes of completing my application for Charitable Trust and managing my account. I understand I may be contacted directly by Echo for these purposes.

The Charitable Trust will comply with the General Data Protection Regulations in the consideration and determination of applications.

Print name: .....

Signed: ..... Date: .....

## Where to get advice

Below are some organisations who can provide free advice. Would you like us to refer you to

Stepchange? Yes  No



Online: [www.stepchange.org](http://www.stepchange.org)  
Telephone: 0800 138 1111



To find your local bureau: [www.citizensadvice.org.uk](http://www.citizensadvice.org.uk)  
Telephone: 03444 111 444



Online: [www.nationaldebtline.org](http://www.nationaldebtline.org)  
Telephone: 0808 808 4000



Online: [www.capuk.org](http://www.capuk.org)  
Telephone: 0800 328 0006  
Check postcode for coverage

## Priority Services Register

If you or someone in your household has particular requirements due to age, health, medical condition or extra communication requirements, please register below. We will process all your personal data in accordance with our privacy policy available on our website at [www.south-staffs-water.co.uk/privacy-cookie-policy](http://www.south-staffs-water.co.uk/privacy-cookie-policy).

Please tick all that apply:

- |                                                                     |                                                                            |                                                               |
|---------------------------------------------------------------------|----------------------------------------------------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/> Self-isolating due to Covid-19             | <input type="checkbox"/> Eligible for a pension                            | <input type="checkbox"/> Physical impairment/mobility issues  |
| <input type="checkbox"/> Shielding due to Covid-19                  | <input type="checkbox"/> Extra time to answer the door                     | <input type="checkbox"/> Limited sense of taste/smell         |
| <input type="checkbox"/> Audio CD                                   | <input type="checkbox"/> Family with children under 5 yrs                  | <input type="checkbox"/> Power of attorney in place           |
| <input type="checkbox"/> Auto medication                            | <input type="checkbox"/> Hearing difficulties                              | <input type="checkbox"/> Restricted hand movement             |
| <input type="checkbox"/> Bill explained over the phone              | <input type="checkbox"/> Heart or lung ventilator                          | <input type="checkbox"/> Shower/bath required for condition   |
| <input type="checkbox"/> Blind                                      | <input type="checkbox"/> Large print bill and information                  | <input type="checkbox"/> Sign language interpreter            |
| <input type="checkbox"/> Braille bill and information               | <input type="checkbox"/> Medically dependent on water                      | <input type="checkbox"/> Speech impairment                    |
| <input type="checkbox"/> Careline/telecare system                   | <input type="checkbox"/> Medicine kept in fridge                           | <input type="checkbox"/> Stair lift/hoist or electric bed     |
| <input type="checkbox"/> Chaperone visit                            | <input type="checkbox"/> Mental health condition                           | <input type="checkbox"/> Temporary life changes               |
| <input type="checkbox"/> Chronic/serious illness                    | <input type="checkbox"/> Meter reading assistance                          | <input type="checkbox"/> Temporary post-hospital recovery     |
| <input type="checkbox"/> Contact 3 <sup>rd</sup> party on my behalf | <input type="checkbox"/> Nebuliser or apnoea monitor                       | <input type="checkbox"/> Unable to answer the door            |
| <input type="checkbox"/> Deaf/hard of hearing                       | <input type="checkbox"/> Nominee service - send bills to relative to help* | <input type="checkbox"/> Unable to communicate in English     |
| <input type="checkbox"/> Dementia/cognitive development condition   | <input type="checkbox"/> Oxygen concentrator                               | <input type="checkbox"/> Water needed for religious practices |
| <input type="checkbox"/> Dialysis at home                           | <input type="checkbox"/> Oxygen tanks kept at the house                    | <input type="checkbox"/> Young adult household                |
| <input type="checkbox"/> Dialysis at hospital                       | <input type="checkbox"/> Partially sighted                                 |                                                               |

If you have another condition, which isn't in the list, please tell us a bit about it:

\*If you have ticked this option please add nominee information here:

Please add a password to your account, this helps protect you against bogus callers:

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We will process the information you provide, including in connection with your health and other sensitive information, ("**sensitive information**"):

1. to **register you** for additional assistance on our priority services register;
2. to **contact you** in the event of an incident - our third-party provider, Echo Managed Services Limited will process your information and contact you on our behalf, and we share your sensitive information with the company for this purpose;
3. to arrange with our third-party water main contractors and suppliers of emergency plumbing services to **provide assistance** in the event of an incident or repair which affects your supply - we will provide those suppliers with your contact details and the circumstances of your requirement (including specific medical conditions, if appropriate) in order that they can provide the assistance you need.

Please tick here to confirm that you consent to us processing your sensitive information as set out above:

Print name: .....

Signed: ..... Date: .....

If you'd like us to stop processing your sensitive information, and want to be removed from our Priority Services Register, please let us know at any time by emailing your request to [water@south-staffs-water.co.uk](mailto:water@south-staffs-water.co.uk) or calling 0345 60 70 456 and advising the Customer Services team.