





# Application for WaterSure Plus Scheme to 31 March 2018

In order to apply for the Thames Water WaterSure Plus Scheme you must complete all sections on this page and the previous page. If you are only applying for SES Water's Water Support Scheme you do not need to complete this page.

## Financial Statement

Please ensure you include ALL NET MONTHLY Household Income for the entire household

Wages / Salary / Self Employed Income after tax and NI	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Housing Benefit / Council Tax Benefit	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					
State / Work Pension	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Disability Living Allowance & Personal Independence Payment & Attendance Allowance	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					
Pension Credit	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Payments for mortgage, rent, discretionary housing payments and support for mortgage interest	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					
Jobseekers Allowance	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Other	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					
Employment & Support Allowance	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Please specify what is included in 'Other' <div style="border: 1px solid black; height: 100px; width: 100%;"></div>													
Income Support	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>														
Universal Credit	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>														
Child Tax Credit	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>														
Working Tax Credit	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>														
													Total Income	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Do you, or anyone in your household, receive Child Tax Credit that includes a Disability or Severe Disability element?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you, or anyone in your household, receive Working Tax Credit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you, or anyone in your household, receive Housing Benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you, or anyone in your household, registered disabled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### Declaration to be signed by the Applicant (and Advice Worker if applicable)\*

By signing and dating this form, you are confirming that the information provided is up to date and factually correct and that authorisation applies to those Schemes specified above.

If you are an advice worker signing the form, doing so confirms that you have seen the documentary evidence verifying the applicant's entitlement to the tariff.

You agree to provide, when asked for, any further information that may be required to confirm you are eligible for the tariff to support your application.

Date	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Applicant's Signature	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>
Date	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Advice Worker's Signature	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>

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