

Application for Water Support Scheme



We will use all the personal data you provide with this application to verify your eligibility. Once eligibility has been confirmed this form will be destroyed.

Customer Details:

Title* Mr Miss Mrs Ms ***mandatory fields**

First Name*

Surname*

Address Line 1*

Address Line 2

Town* **County***

Postcode* **Telephone Number***

Do you have a water meter?* Yes No **Water Account Number**

Customer / Advice Worker Email*

Name of Advice Agency (if applicable)

Name of Advice Worker helping with this application (if applicable)

In order to apply, please answer ALL questions below by crossing (X) the applicable boxes:

Do you, or anyone in your household, receive Pension Credit (Guarantee Credit only or a combination of Guarantee Credit AND Savings Credit)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you, or anyone in your household, receive Income Related Employment and Support Allowance (ESA) or Universal Credit equivalent?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you, or anyone in your household, receive Income-Based Jobseekers Allowance (JSA) or Universal Credit equivalent?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you, or anyone in your household, receive Income Support or Universal Credit equivalent?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your Gross Annual Household Income before tax and deductions below £16,105?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you, or anyone in your household, have parental responsibility for a child under 5?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you, or anyone in your household, receive Disability Living Allowance (DLA)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you, or anyone in your household, receive Attendance Allowance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you, or anyone in your household, receive Personal Independence Payment (PIP)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you, or anyone in your household, receive Contribution-Based Employment and Support Allowance (ESA)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you, or anyone in your household, receive Incapacity Benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you, or anyone in your household, receive Severe Disablement Allowance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you, or anyone in your household, receive Industrial Injuries Disablement Benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you, or anyone in your household, aged 62 or over?	<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: The Applicant consents to SES Water using the data provided to assess eligibility and financial assistance and confirms the information provided is up to date and factually correct. The Advice Worker confirms they have seen the documentary evidence verifying the information provided is up to date and factually correct.

Date / / Applicant's Signature

Date / / Advice Worker's Signature



Application for WaterSure Plus Scheme

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. Any information provided on this form will be shared with Thames Water to prove eligibility for the scheme and provide financial assistance.

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"/>	Housing Benefit / Council Tax Benefit	<input type="text"/>	<input type="text"/>
State / Work Pension	<input type="text"/>	<input type="text"/>	Disability Living Allowance & Personal Independence Payment & Attendance Allowance	<input type="text"/>	<input type="text"/>
Pension Credit	<input type="text"/>	<input type="text"/>	Payments for mortgage, rent, discretionary housing payments and support for mortgage interest	<input type="text"/>	<input type="text"/>
Jobseekers Allowance	<input type="text"/>	<input type="text"/>	Other	<input type="text"/>	<input type="text"/>
Employment & Support Allowance	<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"/>			
Universal Credit	<input type="text"/>	<input type="text"/>			
Child Tax Credit	<input type="text"/>	<input type="text"/>			
Working Tax Credit	<input type="text"/>	<input type="text"/>			
Total Income				<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"/>	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"/>	Advice Worker's Signature	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>

Once this information has been sent to Thames Water this form will be destroyed as confidential waste. If you would like more information about the data we collect please visit our Privacy Note.