

Water Sure – Application Form

1. You must fill in this page.

Who is the person named on the water bill?

1. Mr Mrs Miss Ms Other

2. First name.....

3. Last name.....

4. Address and postcode.....

.....

.....

5. Daytime phone number.....

6. Evening or mobile number.....

7. Customer number (you can find this on your water bill)

.....

About benefits or tax credits

8. Are you or someone in your household, receiving any of the following benefits or tax credits? (Please tick all that apply)

Income Support

Income based Job Seekers Allowance

Working Tax Credit

Child Tax Credit (not just single person discount)

Housing Benefit

Council Tax Benefit (not just single person discount)

Pension credit

9. Please give the name and National Insurance number of the person who receives one or more of the above benefits or tax credits

Name.....

National Insurance Number

Notes

8. To qualify for WaterSure someone in your household must be receiving at least one of the benefits or tax credits listed.

You must provide a photocopy of the latest 'notice of entitlement' for the benefits or tax credits. The 'notice of entitlement' must be less than one year old for a benefit or less than six months old for a tax credit.

If you do not have a notice you can get a replacement by contacting your council or local benefit or tax credit office. (See useful contacts on page 3)

If you are applying because of a medical condition go to page 2

If you are applying because you have a large family go to page 3

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

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11. 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 help out with the costs)
- f) Crohn's disease
- g) Ulcerative Colitis
- h) Another condition which means they have to use a lot of water (please tell us about this condition)

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12. Please give the name and address of the doctor or hospital consultant who knows about this condition.

Name.....

Address and Postcode.....

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Surgery or health centre official stamp (optional)

Notes

10. We need to know the name of the person with the medical condition.

11. 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 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.**

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 which means that they have to use a lot of extra water
- the date the certificate or letter was issued; and the
- 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 you have 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
.....	... / ... /
.....	... / ... /
.....	... / ... /
.....	... / ... /
.....	... / ... /

(Continue on 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 of 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 under 'Useful Contacts')

Useful contacts

Water Company
Dee Valley Water PLC
Packsaddle
Wrexham Road
Rhostyllen
Wrexham
LL14 4EH

You can get replacement or up to date 'notices of entitlement' from the following authorities.

Name of benefit or tax credit	Authority
Income support – Jobseekers Allowance – Pension Credit	Department for Work & Pensions local Office Wrexham – 0845 600 3016 Cheshire – 0845 300 3900
Working Tax Credit – Child Tax Credit	Tax credits office – Phone 0845 300 3900
Housing Benefit – Council Tax Benefit	Wrexham County Borough Council Tel. 01978 292000 Chester County Council Tel: 01244 324324
Child Benefit	Tel: 0845 302 1444

4. You must fill in this page

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 you can also consider my sewerage charges under the WaterSure 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 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.

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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 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 completed part 2 I have enclosed a copy of my prescription form or doctor's certificate.

If I've filled in part 3 I have enclosed a copy of the latest 'notice of entitlement' to Child Benefit for each child.

Send your filled in form and other information (see checklist) to:

**Dee Valley Water PLC
FREEPOST WX60
Packsaddle
Wrexham
LL14 4BR**

How did you find out about WaterSure?

One of our leaflets
From a friend/relative
Our Website
Citizens Advice
Other (please state)

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