

Application for Support



Please read the following instructions before completing the application form:

- Please give us as much information as possible. We want to make sure you're getting the right support tailored to your circumstances.
- Sign the declaration form in Section 6. We can't process your application if this section is incomplete.
- Provide the appropriate evidence by following the instructions in Section 7.
- Please return your completed application form and photocopies of supporting evidence in an envelope to:

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

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 here to quickly complete this form online



Need help? Scan here to talk to us on WhatsApp



You can also talk to us on our website:
bournemouthwater.co.uk

Call us on:
01202 590059

Section 1: Your information

Customer number (on your water bill)

Title

Mr Mrs Miss Mrs Other _____

First name

Last name

Address

Postcode

Home phone number

Mobile phone number

Email address

Are you a tenant or home owner?

Tenant Home owner

How many people live in your household?

Adults Children under 14 Children 14 and over

Meter reading (optional) Date

Section 2: Your household income.

Please, provide information on your household income. We will use your details to assess if you are eligible for our support tariffs.

To make sure you're on the right scheme, please complete the full application form. Please include all income and total rent or mortgage you pay.

	Weekly (£)	Monthly (£)	4-weekly (£)	Yearly (£)
A. What is your household income				
Your salary or wages (take-home pay)				
Your partner's or any other adults salary or wages (takehome pay)				
B. What is your other income?				
Maintenance or child support				
Rent from border or lodger				
Contributions from others living with you (non-dependants)				
C. What is your other income from Benefits or Tax Credits? (Include everyone in your household)				
Universal Credit - Standard Allowance element				
Universal Credit - Housing element				
Universal Credit - Other elements				

	Weekly (£)	Monthly (£)	4-weekly (£)	Yearly (£)
C. (continued) What is your other income from Benefits or Tax Credits? (Include everyone in your household)				
Jobseeker's Allowance Is it income based? (circle) Yes/No				
Income Support				
Working Tax Credit				
Child Tax Credit Is it just the family element? (circle) Yes/No				
Child Benefit				
Employment and Support Allowance Is it income-based? (circle) Yes/No				
Statutory Sick Pay				
Carer's Allowance				
Housing Benefit				
State pension(s)				
Private or work pension(s)				
Pension Credit Is it the Guaranteed element? (circle) Yes/No				
Other (Please Specify)				

	Weekly (£)	Monthly (£)	4-weekly (£)	Yearly (£)
D. Housing Costs				
Rent (the difference you have to pay on top of any housing benefit or Universal Credit Housing element you receive)				
Mortgage (the difference you have to pay on top of any help, i.e. benefit(s) you receive)				

Have you had a recent benefit entitlement check?

(circle) Yes/No

If you would like us to do this for you, please tick here

OR scan the QR code to use our online calculator to check which benefits you could get.



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.

Please fill in your information.

If someone in your household is receiving any of the benefits listed in Section 2.C, please provide their full name.

Fill in this section if you have 3+ children under 19
(Large family)

Does the person in your household who receives the benefits also receive child benefit for three or more children under 19 living in your household?

(circle) Yes/No

What are the children's full names? (Continue on another sheet if needed)

Full name

Date of birth

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

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

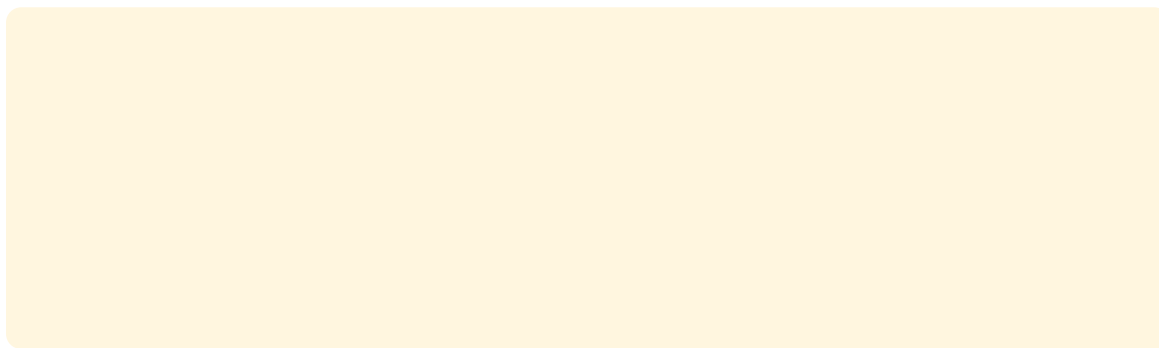
Which of the following medical conditions do they have?
(Tick all that apply)

- 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 (except where the health authority helps pay)
- f. Crohn's disease
- g. Ulcerative colitis
- h. Another medical condition which requires the use of a lot of additional water. Please tell us the name of this condition:

If you filled in either part of Section 3, 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

If you do not meet these conditions, please explain why:



Providing evidence

For Section 3, providing the below evidence will allow us to process your application quicker. If you don't provide it with your application, you may be contacted to provide it in the future.

1. If you are applying due to a large family, please provide photocopies or clear photos of the latest notice of entitlement to Child Benefit for each child you have named above (The notice must be less than one year old)
2. If you are applying due to a medical condition listed above (a-g), please provide photocopies or clear photos of the evidence below:
 - A copy of your repeat prescription with the date it was issued OR
 - A doctor's letter explaining your condition and why you need to use extra water with the date it was issued(If you do not have these, please provide other evidence that you have the condition and why you need to use extra water)

3. If you have another medical condition not listed above (h), please provide a letter from a GP or hospital consultant
- The letter must include: the name of the patient and address, the condition you have means you have to use a lot of water, the date the letter was issued, and the name, position and address of the GP or consultant

Section 4: Debt

If you are struggling to pay your water bill or have debt with us, please provide more information regarding your circumstance as we may be able to help you.

Please provide dates and details of any particular hardship, illness, or extraordinary circumstance that has affected you or your family.

Do you have other debts that you want support with? The organisations below offer free independent debt advice.



Section 5: Payment plans

We offer a range of payment plans to help spread the cost of your bill. If you would like a plan, complete one of the sections below.

A. Direct Debit				
Please fill in your information below and we'll collect your payment every month				
Name(s) of Account Holder(s) <input type="text"/>				
Bank/Building Society Account Number <input type="text"/>				
Branch Sort Code <input type="text"/>				
I/We would like to pay by Direct Debit on one of the following dates of each month	1st	8th	15th	22nd
B. Standing Order				
Please add your customer reference number when setting this up so we can match the payment to your account. You can set up a standing order with your bank, please use the details below:				
Name: BOURNEMOUTH WATER				
Account Number: 02397455				
Sort Code Number: 30-00-00				
C. Flexible Payment Plan				
Please tick which plan you would be interested in.	Weekly	Fortnightly	Monthly	Other (please specify)

D. WaterDirect

You can pay us directly from your benefits if you have a balance of £50 or more.

You will have to provide information on the person receiving the benefit:

Full Name

National Insurance Number

Section 6: Declaration

Important: You must fill out this section

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 the 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 my 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, my letter gives you permission to pass on the details I have provided so that you can also consider my sewerage charges under the WaterSure scheme.

The information you provide is kept on a secure register restricted to only those employees of Bournemouth Water and our partners who need to know it. It is not disclosed to anyone else under any circumstances.

By signing this form, you agree for a water meter to be installed if possible, as this can help you manage your water usage.

Warning: If you deliberately give us misleading information you are committing a criminal offence and could be prosecuted.

Your signature:

Date:

Additional signatures

Signature of the person receiving the benefit(s) in Section 2.C. (If they are not the person named on the water bill)

Signature:

Date:

Signature of the person who has the medical condition in Section 3. (If they are not the person named on the water bill)

Signature:

Date:

Section 7: Providing evidence

By providing evidence, we will be able to process your application quicker. If you do not send in supporting evidence, we may not be able to provide the appropriate support tailored to your circumstances.

Please note that we may contact you to provide evidence for audit purposes.

If you are receiving the benefits or tax credits in Section 2.C, please provide photocopies or clear photos of the evidence below:

- a. The last entitlement notice(s) from your benefits or tax credits (The notice(s) must be less than one year old for a benefit and less than six months old for a Tax Credit)
- b. The last bank statements for you and all other adult family members in your household

*If your housing costs are NOT shown on your bank statement, include photocopies or photos of your Housing Benefit Award Letter

If you filled out Section 3 due to a large family or medical condition, please also provide the evidence listed at the bottom of page 8

Section 8: Priority Services (optional)

Our Priority Service Register is a free support service available for anyone living within our region that could benefit from a bit of extra help.

1. So that we can provide you with the best support, please tell us which of the below applies to you or someone in your household?

- | | |
|--|---|
| <input type="checkbox"/> Additional presence preferred | <input type="checkbox"/> Oxygen use |
| <input type="checkbox"/> Blind | <input type="checkbox"/> Partially sighted |
| <input type="checkbox"/> Careline/telecare | <input type="checkbox"/> Pensionable age |
| <input type="checkbox"/> Chronic serious illness | <input type="checkbox"/> Physical impairment |
| <input type="checkbox"/> Cognitive impairment - including dementia | <input type="checkbox"/> Poor sense of smell/taste |
| <input type="checkbox"/> Development condition | <input type="checkbox"/> Restricted hand movement |
| <input type="checkbox"/> Dialysis feeding pump and automated feed | <input type="checkbox"/> Speech impairment |
| <input type="checkbox"/> Families with children under 5 | <input type="checkbox"/> Stair lift/hoist/electric bed |
| <input type="checkbox"/> Hearing impairment | <input type="checkbox"/> Temporary - life changes |
| <input type="checkbox"/> Heart lung ventilator | <input type="checkbox"/> Temporary - post hospital recovery |
| <input type="checkbox"/> Medically dependent - showering/bathing | <input type="checkbox"/> Temporary - young adult householder (under 18) |
| <input type="checkbox"/> Medically water dependent | <input type="checkbox"/> Unable to answer door |
| <input type="checkbox"/> Medicine refrigeration | <input type="checkbox"/> Unable to communicate in English |
| <input type="checkbox"/> Mental health | Preferred language: |
| <input type="checkbox"/> Oxygen concentrator | <input type="text"/> |

2. Where we would normally contact customers in a written format, how would you like to be contacted?

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Standard format is fine | <input type="checkbox"/> Home visit |
| <input type="checkbox"/> Large print | <input type="checkbox"/> Phone call |
| <input type="checkbox"/> Braille | <input type="checkbox"/> Sign Live UK |
| <input type="checkbox"/> Different language as stated above | <input type="checkbox"/> Relay UK |

3. Would you like us to send your bill to a carer, family member or friend?
(circle) Yes/No

Please provide the information of the person you would like us to send your bill to: (Please get their permission before)

Full name

Address

Postcode

Useful contacts

You can get replacements or up to date notices of entitlement from the following authorities:

Name of benefit or tax credit	Authority
<ul style="list-style-type: none">• Income Support• Employment and Support Allowance• Pension Credit• Universal Credit	Your local Jobcentre Plus office Jobcentre Plus: 0800 169 0310 Pension Service: 0800 731 0469 Universal Credit: 0800 328 5644 or log in to your account at universal-credit.service.gov.uk/sign-in
<ul style="list-style-type: none">• Working Tax Credit• Child Tax Credit	Tax credits office: 0345 300 3900
<ul style="list-style-type: none">• Housing Benefit	Your local authority (council)
<ul style="list-style-type: none">• Child Benefit	Child Benefit Office Phone: 0300 200 3100