

# WATER WITHOUT THE WORRY

## WaterSure application form

WaterSure can help you if you have a low income and the water for your household is supplied by a meter. We can help by putting a limit on your charges for water and sewerage services, as long as you meet the following conditions.

- Your supply is metered.
- The person who pays the water bill or someone else in your household receives an Income Related benefit or Tax Credit (please see page 3 for a list of benefits which qualify) **and**
- **In addition to this;**
  - a) You or someone living in your household are in receipt of **Child Benefit for 3 or more children** under the age of 19; or
  - b) You or someone living in your household has a medical condition that means they use a lot of extra water.

This year, the reduced charges for the WaterSure scheme are:

For the period 1 April 2020 to 31 March 2021

£223.47 for water charges and £185.00 for your sewerage charges (if your sewerage services are provided by Thames Water). If your sewerage charges are provided by Anglian Water you will be billed direct.

If your current charges are more than this, you may be entitled to pay the reduced charge. Once on the WaterSure scheme, if your actual metered bill is lower than the reduced charges, we will only charge you the lower amount.

### How to apply

1. Fill in the application form and return it to the address detailed at the end of this form. Alternatively, you can email the form to [watersure@nwl.co.uk](mailto:watersure@nwl.co.uk). If you need help with this form, please call us.
2. The person named on the water bill should sign this form as well as the person who receives benefit or who has a medical condition (if they are not the person named on the water bill), if they are under 18 years old then you can sign on their behalf.
3. We will try to give you a decision within 10 working days. We will contact you if we need any more information.
4. If your application is not successful we will tell you why.
5. If your application is successful, we will apply the reduced charges to your next bill and write to you to confirm this.

Do you need help with this form?

Call our contact centre on **0345 782 0111**.

Monday to Friday 8.00am until 8.00pm and Saturday 8.00am until 1.00pm

**We can provide this information in large print or different formats if you ask. Please call us for details.**

Official use  
Customer reference

# Are you eligible?

**Do you have a water meter?**

**NO**

**YES**

**Do you, or anyone in your household, receive any of these benefits or tax credits?**

- Income Support
- Income-based Job Seeker's Allowance
- Housing Benefit
- Pension Credit
- Universal Credit
- Working Tax Credit
- Child Tax Credit (other than just the family element or just disability element only)
- Income-based Employment and Support Allowance

**NO**

**Do you, or anyone in your household, have any of these medical conditions?**

- Desquamation (flaky skin disease)
- Weeping skin disease (eczema, psoriasis, varicose ulceration)
- Incontinence
- Abdominal stoma
- Chron's disease
- Ulcerative colitis
- Renal failure requiring home dialysis (except where the health authority contributes to the cost of the dialysis)
- Another medical condition which requires the use of significant additional water and can be supported with a doctor's letter.

**YES**

**NO**

**Do you, or anyone in your household, receive child benefits for three or more children under 19 living in your household?**

**YES**

**NO**

**You are likely to be eligible for WaterSure. Please fill in the application form and return it to us with the evidence requested.**

**You are not eligible for WaterSure**  
You might want to contact us on **0345 782 0111** for advice on other ways to help you pay your bill. For example, you could switch to using a water meter if you are not already on one, install water saving equipment, or make sure you have the best payment plan for your circumstances.

Please note: you do not qualify for WaterSure if you water your garden with a non-handheld appliance such as a sprinkler or domestic irrigation system, or if you have an auto-fill swimming pool or pond with a capacity of over 10,000 litres.

This information is required to process your application and will not be used for any other purpose.

### Who is the person named on the water bill?

Mr  Mrs  Miss  Ms  other

First name \_\_\_\_\_

Last name \_\_\_\_\_

Address and postcode \_\_\_\_\_

\_\_\_\_\_

Email address \_\_\_\_\_

Daytime phone number \_\_\_\_\_

Evening or mobile phone number \_\_\_\_\_

Customer reference number (you can find this on your water bill) \_\_\_\_\_

### About benefits or tax credits

#### If you are not in receipt of one of the below benefits or tax credits you are not eligible for WaterSure.

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

- |  |                          |
|--|--------------------------|
| Income Support   | <input type="checkbox"/> |
| Income-based Jobseeker's Allowance   | <input type="checkbox"/> |
| Working Tax Credit   | <input type="checkbox"/> |
| Child Tax Credit (not just the family element or just disability element only) | <input type="checkbox"/> |
| Housing Benefit  | <input type="checkbox"/> |
| Pension Credit   | <input type="checkbox"/> |
| Universal Credit   | <input type="checkbox"/> |
| Income-based Employment and Support Allowance                                  | <input type="checkbox"/> |

Please give the name of the person who receives one or more of the above benefits or tax credits.

Name \_\_\_\_\_

### Notes

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

If you are applying because of a medical condition, go to page 4.

If you are applying because you have a large family, go to page 5.

### Medical conditions needing extra water use

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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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 helps with water costs)
- f) Crohn's disease
- g) Ulcerative colitis

h) Another condition, which means they have to use a lot of extra water, this has to be supported by a doctor's letter (please tell us the name of this condition.)

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### Notes

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

Please tell us the medical condition the person has by ticking all the relevant boxes.

**Important - if you tick a) to g), please give us a copy of your repeat prescription form regarding your medical condition which must be dated within one year. You can ask for copies of these from your surgery, clinic or hospital. If you do not have the prescription please provide a doctor's letter or some other evidence that you have the condition. This must also show your name and address and be dated within one year.**

**Or if you tick h) 'another condition' you must include a doctor's letter from a GP or hospital consultant.**

**The letter must:**

- **Be dated within one year.**
- **State the name and address of the patient.**
- **State the condition they have and why they need to use a lot of extra water.**
- **State the name, position and address of the GP or consultant.**

**This section is for families with three or more children under 19 living at home.**

I can confirm that someone in my household is in receipt of Child Benefit for three or more children under 19 who live with them permanently (please tick).

Please give the full names and dates of birth of these children.

Name	Date of birth
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Please provide name of person in receipt of Child Benefit

\_\_\_\_\_

**Notes**

Please provide the full name of the person in receipt of the Child Benefit and the full name and date of birth of each child.

## 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 permission for my benefit or tax credit office to confirm the details I have provided.

If I have made a claim because of a medical condition, I give the medical professional that knows about this 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 they 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 over 18 years old (if they are not the person named on the water bill). We need this signature for data protection purposes.

Your signature \_\_\_\_\_

## 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).

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

If I've ticked 'another medical condition' I have enclosed a doctor's letter from a GP or consultant confirming that this condition needs extra water.

## How did you find out about WaterSure?

One of our leaflets

From a friend or relative

Our website

Citizen's Advice

Other (please state.)

\_\_\_\_\_  
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