

SEVERN TRENT TRUST FUND



REGISTERED CHARITY No. 1108278

Application for Financial Assistance

**BEFORE COMPLETING THIS APPLICATION FORM,
PLEASE READ THE NOTES BELOW CAREFULLY**

- Severn Trent Trust Fund can consider making a grant to meet water and/or sewerage charges due to Severn Trent Water if you are in hardship and unable to pay.
- The Trust can also help with water or sewerage charges which are collected by other companies or organisations on behalf of Severn Trent Water.
- In certain cases, the Trust can also consider giving some help to meet other essential bills, household needs or priority debts.

The Trust cannot help you with the following:

- Court Fines, Catalogue debts, credit cards, personal loans or other forms of borrowing.
- Social Fund Loans/Benefit Overpayments/Tax Credit Overpayments now being reclaimed
- The Trust cannot give you a loan or give help with bills you have already paid or items that you have already bought.

Please detach this front page and keep it for reference

FILLING IN THIS FORM

- Please answer all the questions in this application.
- When filling in the application form, it is very important that you give us as much information as possible about your circumstances, including (if applicable) dates of unemployment, illness etc.
- Information you tell us will be kept confidential and only used by Severn Trent Trust Fund, except where you give us permission to pass on relevant* information.
- If you have any difficulties in completing this form, please go to your nearest Money Advice Centre or Citizens Advice Bureau for help. Or, you can talk to us direct on 0121 355 7766
If we have not enclosed a Guidance book and you would like one, please ask.

*(*Relevant information includes, for instance, name, address and telephone number but does not include personal information such as you may provide on pages 8 & 9.)*

IN ADDITION TO THE DETAILS ON THIS FORM, WE WILL NEED:-

- **PROOF OF YOUR INCOME:** This can be by photocopies of 3 consecutive wage slips (either monthly or weekly), benefit slips or letters from the Benefits Agency showing a breakdown of your benefit entitlement/s.
- **A COPY OF YOUR MOST RECENT WATER AND/OR SEWERAGE BILL,** or at least, the name of your water and sewerage supplier and your account number.
- **COPIES OF YOUR LATEST BILLS,** if you are applying for further assistance.

WHEN WE RECEIVE YOUR APPLICATION

- You may receive a telephone call or home visit as part of our assessment process.
- When we receive your application, we will write to you, by return of post, acknowledging receipt and provide you with a reference number. Please **always** quote your reference number when contacting us. We cannot deal with queries without it. We will also let you know how long you may need to wait for a decision.
- If we are able to help you with your water/sewerage charges, a payment will be made directly to your supplier. We will write to you to inform you of this payment.
- If we are able to help you with other bills or household needs a payment will be made directly to your supplier or our designated retailer. We will inform you in writing.
- If we are unable to help you with either kind of payment, we will inform you of the decision in writing.

APPLYING TO THE TRUST FUND AGAIN

- The Trust will not normally consider more than one application from the same person. One of the Trust's aims is to help people out of immediate financial difficulties and wherever possible through debt counselling/money advice to encourage and help financial stability in the future.
- If after a period of two years since being given a grant, your financial situation has deteriorated further, you may make another application to the Trust.
- If the Trust is not able to give you a grant, you may apply again after six months.

Please note that the decision of the Trustees on your application is final.

Please detach this page and keep it for reference



FOR OFFICIAL USE ONLY	
REF No.	DATE
	DATE

CONFIDENTIAL

Severn Trent Trust Fund is an independent charity and is not part of the Water Company.

Please sign and complete this form as fully as you can and provide proof of all income.

To be able to apply for a grant your water or sewerage services must be provided by Severn Trent Water.

1 PLEASE TELL US ABOUT YOURSELF AND YOUR FAMILY

Mr Mrs Ms Miss

Your Full Name _____

Address _____

Post Code _____

Telephone _____

Date of Birth: / / Email Address: _____

Who shares your home with you? Tick all boxes that apply

I live alone Wife* Husband* Partner* Children Other*

*Please give full name(s) and occupation(s) _____

	How many								
Children 16 and under who live with you	<input type="checkbox"/> →	Ages	[]	→	[]	Relationship to you	[]		
			[]		[]		[]		
			[]		[]		[]		
Children over 16/other adults who live with you	<input type="checkbox"/> →	Ages	[]	→	[]		[]		
			[]		[]		[]		
			[]		[]		[]		

Their Occupations _____

Are you a Homeowner? or do you pay rent to: Housing Association
 Local Authority
 Private Landlord
 Other

Are you or is anyone in your household disabled? Yes No

If YES, please tell us who _____

2a WHAT WOULD YOU LIKE US TO CONSIDER HELPING YOU WITH?Payment of arrears on water and waste water charges Payment of current water and waste water charges Payment of arrears on other bills* Assistance with other costs*

* Please note that a very limited amount of money is available for other bills or household costs and therefore the Trust will only consider such help in exceptional circumstances.

2b HAVE YOU APPLIED TO THE TRUST BEFORE?Yes No Ref. No. _____

If you have applied to the Trust before and you were living at another property, please add the address below.

Post Code _____

3 PLEASE GIVE DETAILS OF YOUR WATER AND SEWERAGE ACCOUNTSDo you have a Water Meter Yes No (please tick)**A CURRENT ADDRESS**

Name of Supplier (eg Severn Trent)	Account Number	Total £ Outstanding

B PREVIOUS ADDRESS

NB: If you have arrears from a previous address and are applying for assistance please complete all the information below. Without these details, the Trust will not be able to deal with your application.

Name of Supplier	Account Number	Total £ Outstanding

Please give your previous address: _____

Post Code _____

4a PLEASE COMPLETE THE FINANCIAL STATEMENT BELOW USING WEEKLY AMOUNTS

USEFUL TIP: To change monthly figures to weekly: **multiply** by 12 (to give total annual figure) then **divide** the total by 52 (to give weekly payments).

Weekly Income | £

Weekly Expenditure | £

**IMPORTANT:
PLEASE REMEMBER TO
ENCLOSE PROOF OF ALL
INCOME**

Wages/Salary

Your Take Home Pay	
Partner's Take Home Pay	
Regular Overtime / Bonus / Commission	

Benefits

Housing Benefit	
Council Tax Benefit	
Support for Mortgage Interest	
Jobseekers' Allowance	
Income Support	
Child Benefit	
Child Tax Credit	
Working Tax Credit	
Maternity Pay / Allowance	
Bereavement Benefits	
Statutory Sick Pay	
Incapacity Benefit	
Employment Support Allowance	
Carer's Allowance	
Disability Living Allowance (care)	
Disability Living Allowance (mobility)	
Industrial Disablement Benefits	
Severe Disablement Allowance	
Attendance Allowance	

Pensions

Retirement Pension	
Pension Credit	
Occupational Pension	
Private Pension	
Annuity	
War Pension	
Partner's Pension	

Other Income

Maintenance	
Student Grant / Loan	
Income from Lodgers / Property	
Sons/Daughters Contribution	
Other Income – Please Specify:	
Educational Maintenance Allowance	

Total Weekly Income

What (if any) savings do you have

Housing Costs

Rent	
Mortgage	
Secured Loans / 2 nd Mortgage	
Council Tax	
Ground Rent / Service Charge	
Mortgage Endowment Policies / ISA	
House Contents / Buildings Insurance	

Utilities

Water/Sewerage	
Gas	
Electricity	
Coal and Other Fuels (eg Bottled Gas)	

Housekeeping

Food and General Housekeeping	
Clothing	
Subscriptions, Papers, Magazines	
Cigarettes, Sweets, Alcohol	
Washing Machine Rental / Laundrette	

Children

Childcare	
School Meals / Trips	
Nappies / Baby Items	
Children's Pocket Money	

Other Important Items

Court Fines / Orders	
Maintenance	
Life Assurance	
HP / Conditional Sale	
TV Licence	
Telephone	

Travel

Fares (eg to work / school etc)	
Car Running Costs	
Car Loan	
Motability Car	

Health

Prescriptions	
Care Costs / Special Needs	

Other Expenditure

TV / Video / Sat / Cable	
Appliance Rental	
Entertainment	
Credit / Store Cards	
Catalogues	
Loans	

Total Weekly Expenditure

4b. WHAT ARE YOUR OUTSTANDING DEBTS?

Please give details of all your debts by ticking all that apply and writing in the amount you owe. Include what you are paying weekly toward the debts and what deductions (if applicable) are taken from your benefit.

	Amounts owed	Agreed Weekly Payments*	Payments made direct from benefit
Rent	<input type="checkbox"/> £ []	£ []	£ []
Mortgage	<input type="checkbox"/> £ []	£ []	£ []
Second mortgage/secured loan	<input type="checkbox"/> £ []	£ []	£ []
Council Tax	<input type="checkbox"/> £ []	£ []	£ []
Gas	<input type="checkbox"/> £ []	£ []	£ []
Electricity	<input type="checkbox"/> £ []	£ []	£ []
Telephone	<input type="checkbox"/> £ []	£ []	£ []
Social Fund Loan	<input type="checkbox"/> £ []	£ []	£ []
Court fines	<input type="checkbox"/> £ []	£ []	£ []

Total Amount Owed £

* NB: If you are paying any of the above arrears weekly, do not forget to include them on the financial statement on page 5.

Consumer credit and other bills e.g. HP, loans credit and store cards, catalogues

Please give details	Amount Owed	Agreed Payments Weekly
	£ []	£ []
	£ []	£ []
	£ []	£ []
	£ []	£ []
	£ []	£ []
	£ []	£ []
	£ []	£ []
	£ []	£ []

Total Amount Owed £

* Please remember to include your agreed weekly payments on the financial statement on Page 5.

Continued...

OUTSTANDING DEBTS CONTINUED

- What arrangements have you or your advice worker made to deal with these debts/arrears?*

(Please continue on a separate sheet if required)

* **IMPORTANT ADVICE** IF YOU ARE COMPLETING THIS APPLICATION WITHOUT HELP FROM A MONEY ADVISOR AND/OR YOU ARE HAVING DIFFICULTY PAYING ANY OF YOUR ARREARS YOU SHOULD SEEK FREE HELP & ADVICE FROM YOUR LOCAL CITIZENS ADVICE BUREAU OR MONEY ADVICE CENTRE.

4c PAYING YOUR FUTURE WATER BILLS

	Yes		No	
Are you having your water charges deducted direct from your benefits (Please tick)	<input type="checkbox"/>	or	<input type="checkbox"/>	(If you do not receive benefits please ignore)
If 'Yes', do you want to continue paying this way? (Please tick)	<input type="checkbox"/>	or	<input type="checkbox"/>	(This will help us assess how to deal with your application)
If 'No', how do you want to pay for your future charges (Please tick)	Payment Card <input type="checkbox"/>	or	Direct Debit <input type="checkbox"/>	Deductions Direct from Benefits <input type="checkbox"/>
	↓			
	Weekly <input type="checkbox"/>			
	Fortnightly <input type="checkbox"/>			
	Monthly <input type="checkbox"/>			

FOR YOUR WATER CHARGES

Do you have.....	Yes	No
An attachment of earnings in force.....	<input type="checkbox"/>	<input type="checkbox"/>
A Charging Order against your property..	<input type="checkbox"/>	<input type="checkbox"/>
An Administration Order.....	<input type="checkbox"/>	<input type="checkbox"/>

5 WHY DO YOU NEED HELP WITH WATER AND SEWERAGE CHARGES?

Please tell us why you have not been able to pay your water and sewerage bills and give us as much information as possible about your circumstances.

Please add dates where possible and details of any particular hardship/illness/disability that affects you or your family and has led to your difficulties.

(please continue on a separate sheet if necessary)

If the Trust is able to help you with a grant please explain how you will keep up with your payments in future.

NB: IF YOU ALREADY HAVE A PAYMENT PLAN FOR YOUR WATER/SEWERAGE CHARGES YOU SHOULD CONTINUE TO MAKE PAYMENTS WHILST YOUR APPLICATION IS BEING DEALT WITH.

6a WHO IS YOUR CURRENT ENERGY SUPPLIER?

You may be eligible to apply for help from other Utility Companies.
Please tell us who is your current energy supplier:

Gas _____

Electricity _____

6b WHY DO YOU NEED HELP WITH OTHER BILLS AND COSTS?

The Further assistance budget is limited. (Please note that help with other bills and costs will only be given in very exceptional circumstances and will not normally exceed £250). Please say what you are applying for, the amount requested and how the grant will help now and in the future. We will not be able to consider the request, if you do not explain this.

NB The Trust is not able to give cash grants.

- If you are requesting help with other bills /costs, you must include a copy of your most recent bill or letter, showing how much is owed and payment details.
- Please explain why you have been unable to pay this bill and what may happen if this bill is not paid.
- If you are requesting help towards an essential household item* please tell us what you need, why you need it and how this item would make a difference to your life.

(Please note: If the Trust agrees to purchase a household item, the choice of make and type is at the discretion of the Trustees and will be restricted to a limited range from our designated suppliers.)

7 PLEASE MAKE SURE THAT YOU HAVE ENCLOSED:

- **Proof of all household income (ie yourself, partner and any other adults)**
Copies of 3 recent consecutive wage slips (either monthly or weekly), copies of Post Office/Bank Statements showing your name, address and the amounts you receive or a letter from H.M. Revenue & Customs or the Benefits Agency including the page "How your benefit was worked out".
- **A copy of your most recent water and/or sewerage bill (including a copy bill for your previous address if applicable)**
- **Copies of up to date bills if you are applying for help with other bills/household costs.**

NB: Please try to send photocopies. Any original documents sent to us will be returned in a sealed envelope by standard second class post. However, the Trust or its representatives cannot accept responsibility for loss or damage to documents during postage.

8 REFERRAL

If anyone has helped you fill in this form (for example an advice worker or a social worker) please ask them to complete their details below:

Name _____

Job title _____

Organisation _____

Address _____

Post Code _____

Signature _____

Date _____

Telephone number: _____

(including dialling code)

Email Address: _____

9 DECLARATION - (please read and sign)

I declare that the information I have given on this form is complete and correct to the best of my knowledge.

I authorise the Trust or their representatives to: (a) contact the supplier of my water/sewerage service and any referral agency, other organisation or relevant person for clarification and/or confirmation of amounts owing or other information which the Trustees consider relevant to my application, (b) provide relevant information to the water/sewerage company to enable future budgeting of water charges, and (c) provide relevant information to my energy supplier/relevant Trust Fund for the purpose of seeking additional grant aid.

Signature _____

Date _____

REMEMBER TO ENCLOSE PROOF OF INCOME

WHAT TO DO NEXT

1. You may wish to contact Severn Trent Water Limited (or other supplier of your water/sewerage services) to tell them of your application to the Trust Fund. This may delay/hold any action being taken against you whilst your application is being considered. We will automatically tell Severn Trent Water that you have applied, within a few days of receiving your application.
2. Please complete the Equal Opportunities Questionnaire below.
3. Don't forget, if you are having difficulties meeting **any** of your payments or debts we strongly recommend that, in addition to this application, you seek money advice from your local Citizens Advice Bureau or Money Advice Centre.
4. You can now send this form to the following address:-

**Severn Trent Trust Fund
FREEPOST RLZE-EABT-SHSA
Sutton Coldfield B72 1TJ**

If you are having difficulty with this form and want to talk to someone personally please telephone us on 0121 355 7766

We will write to acknowledge your application and give you a reference number to keep safe while we are dealing with the application.

NB: IF YOU HAVE A PAYMENT PLAN FOR YOUR WATER / SEWERAGE CHARGES YOU SHOULD CONTINUE TO MAKE PAYMENTS WHILST YOUR APPLICATION IS BEING DEALT WITH.

PLEASE HELP US TO HELP MORE PEOPLE

You do not have to complete the following section if you do not want to. The questions are not part of your application, however, your answers will help us to make sure that we are reaching all members of the community.

PLEASE TELL US WHERE YOU HEARD ABOUT THE TRUST FUND AND / OR WHERE YOU OBTAINED THE APPLICATION FORM.

EQUAL OPPORTUNITIES

Please tick as appropriate

Are you

male

female

What do you consider your ethnic origin to be?:

WHITE	MIXED	ASIAN OR ASIAN BRITISH	BLACK OR BLACK BRITISH
British <input type="checkbox"/>	White & Black Caribbean <input type="checkbox"/>	Indian <input type="checkbox"/>	Caribbean <input type="checkbox"/>
Irish <input type="checkbox"/>	White & Black African <input type="checkbox"/>	Pakistani <input type="checkbox"/>	African <input type="checkbox"/>
Any other <input type="checkbox"/>	White & Asian <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	Any other <input type="checkbox"/>
White background	Any other <input type="checkbox"/>	Any other <input type="checkbox"/>	Black background
	Mixed background	Asian background	
CHINESE	Chinese <input type="checkbox"/>		
	Any other <input type="checkbox"/>		
	Ethnic Group		

Please return the completed form in the envelope provided or send to:

**SEVERN TRENT TRUST FUND
FREEPOST RLZE-EABT-SHSA
SUTTON COLDFIELD
B72 1TJ**

Severn Trent Trust Fund is an independent charitable Trust. The running and development of the Trust is overseen by independent trustees drawn from throughout the region.

The Trust is a registered charity No. 1108278 and is a company limited by guarantee.
Registered in England No. 05338827.

The day to day running and management of the Trust including the assessment of grant applications is undertaken by Auriga Services Limited within guidelines and delegation set by the Trustees.

Form STTF 10/09

This paper has been sourced from an accredited mill using material from a sustainable forest.