

Ref: BDS

Date received:

Telephone: 0300 123 0890

SEVERN TRENT TRUST FUND



APPLICATION FOR HELP WITH CURRENT CHARGE

SEVERN TRENT WATER ACCOUNT NUMBER (as shown on your water bill)

1. PLEASE TELL US ABOUT YOURSELF

Mr

Mrs

Miss

Ms

Other

Name

Address

Postcode

Date of Birth

Phone

Email

2. WHO SHARES YOUR HOME WITH YOU?

I live alone

Wife

Husband

Partner

Children

Other

Full name of each adult

How many children 16 and under live with you?

Age of each child under 16

How many children 16 and over live with you?

Age of each child over 16

Are you or anyone in your household disabled?

If YES, please tell us who

3. ARE YOU IN DEBT WITH ANY OF THE FOLLOWING?

	Amount of Arrears	Weekly payment/offer
Rent	£	£
Mortgage	£	£
Secured loan	£	£
Council tax	£	£
Gas	£	£
Electricity	£	£
Court fines	£	£

	Amount of Arrears	Weekly payment/offer
HP agreements	£	£
Catalogues	£	£
Store/credit cards	£	£
Loans	£	£
Social fund loan	£	£
Telephone	£	£
Other (please specify)	£	£

4. PLEASE SHOW ALL HOUSEHOLD INCOME AND EXPENDITURE

Advice agencies may submit their own financial statement if preferred

INCOME	WEEKLY FIGURES
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Wages/Salary

Your take home pay	
Partner's take home pay	

Benefits/Tax Credits

Housing benefit	
Council tax support	
Support for mortgage interest	
Jobseeker's allowance	
Universal credit	
Income support	
Child benefit	
Child tax credit	
Working tax credit	
Maternity pay/allowance	
Bereavement benefits	
Incapacity benefit	
Employment and support allowance	
Statutory sick pay	
Disability living allowance (care)	
PIP (daily living)	
Disability living allowance (mobility)	
PIP (mobility)	
Carer's allowance	
Severe disability living allowance	
Attendance allowance	
Industrial disablement benefits	

Pensions

State pension	
Pension credit	
Private pension	
Occupational pension	
Partners pension	
Other pension - please specify	

Other Income

Maintenance	
Student grant loan	
Income from lodgers or property	
Son's/daughter's contribution	
Contribution from other adult at property	
Other - please specify	

TOTAL WEEKLY INCOME	£
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What (if any) savings do you have?	
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OUTGOINGS	WEEKLY FIGURES
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Housing Costs

Rent	
Mortgage	
Secured loans/2nd mortgage	
Council tax	
Life/building/contents insurance	
Other - please specify	

Utilities

Water/sewerage	
Gas	
Electricity	
Coal and other fuels	

Housekeeping

Food & general housekeeping	
Clothing	

Children

Child care	
School meals etc.	
Maintenance	

Travel

Car costs	
Fares - train/bus	
Motability car	

Health

Care costs/special needs	
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Other Outgoings

TV licence	
Sky/cable	
Appliance rental	
Telephone (inc. mobiles)	
Loans (inc. store cards, catalogues & HP)	
Other - Please specify	

IT IS ESSENTIAL TO PROVIDE PROOF OF ALL HOUSEHOLD INCOME WITH YOUR APPLICATION (SEE SECTION 6 FOR DETAILS).

TOTAL WEEKLY OUTGOINGS	£
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5. PLEASE TICK ALL THAT APPLY TO YOU

- 1) Are you:
(Please tick all that apply to you)
- | | | |
|--|--|---|
| <input type="checkbox"/> Employed full-time | <input type="checkbox"/> Employed part-time | <input type="checkbox"/> Employed via an agency |
| <input type="checkbox"/> Employed below minimum wage | <input type="checkbox"/> Employed zero hours | <input type="checkbox"/> Self employed |
| <input type="checkbox"/> Retired | <input type="checkbox"/> Unemployed | <input type="checkbox"/> Student |

- 2) Are you:
(Please tick all that apply to you)
- | | | |
|--|------------------------------|-----------------------------|
| In receipt of a means tested benefit | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Waiting for a decision regarding a means tested benefit | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Appealing against a decision not to award a means tested benefit | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

- 3) Is anyone in the household:
(Please tick all that apply to you)
- | | | |
|--|------------------------------|-----------------------------|
| Receiving a disability benefit | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Waiting for a decision regarding a disability benefit | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Appealing against a decision not to award a disability benefit | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

- 4) Is anyone in the household aged between:
(Please tick all that apply to you)
- | | | |
|--------------------------------|--------------------------------|-------------------------------------|
| <input type="checkbox"/> 60-74 | <input type="checkbox"/> 75-89 | <input type="checkbox"/> 90 or over |
|--------------------------------|--------------------------------|-------------------------------------|

- 5) Do either of the following live in the household
(Please tick all that apply to you)
- | | |
|---|--|
| <input type="checkbox"/> Dependent children | <input type="checkbox"/> Elderly relatives |
|---|--|

- 6) Do any of the following apply to you:
(Please tick all that apply to you)
- | | |
|--|---|
| <input type="checkbox"/> Benefit cap | <input type="checkbox"/> Bedroom Tax (one room) |
| <input type="checkbox"/> Bedroom Tax (two rooms) | <input type="checkbox"/> Non-dependent deductions |
| <input type="checkbox"/> Local housing allowance (LHA) | |

- 7) Are you applying for a debt relief order within the next 7 days:
- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

6. IMPORTANT SUPPORTING DOCUMENTATION

So that we can consider your application quickly, please remember to provide up to date **PROOF OF ALL HOUSEHOLD INCOME** with your application for yourself, partner and any other adults and children.

All documents must clearly show name and address details as well as the amounts currently being received.

You can scan or photograph proof and return as an attachment if submitting this application via email or can enclose photocopies of documents if returning via post.

7. IF SOMEONE HAS HELPED YOU TO COMPLETE THIS FORM, PLEASE ASK THEM TO ADD THEIR DETAILS

Name	<input type="text"/>	Job Title	<input type="text"/>
Organisation	<input type="text"/>		
Address	<input type="text"/>		
	<input type="text"/>	Postcode	<input type="text"/>
Email	<input type="text"/>	Telephone	<input type="text"/>
Signature	<input type="text"/>	Date	<input type="text"/>

8. DECLARATION

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 representative to (a) contact the supplier of my water/sewerage services and any referral agency, other organisations or relevant person for clarification and/or confirmation of the 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/Advice Agency for the purpose of seeking additional grant aid or money advice. I agree that you can contact me in the future to ask about the service I have received, this helps us to improve our service for others.

Signature:

Date:

9. PLEASE HELP US TO HELP MORE PEOPLE

Please tell us where you heard about the Big Difference Scheme and where you got the application form from.

PLEASE RETURN THE COMPLETED FORM VIA EMAIL TO: OFFICE@STTF.ORG.UK

**OR POST TO:
SEVERN TRENT TRUST FUND
FREEPOST RLZE-EABT-SHSA
SUTTON COLDFIELD
B72 1TJ**

Severn Trent Water Charitable Trust Fund is an independent charitable Trust. Independent Trustees oversee the policy and development of the Trust. The day to day management of the Trust is undertaken by Auriga Services Limited within guidelines and delegation set by the Trustees.

Charity Number: 1108278

Registered in England No: 05338827

05/16