

Office Use Only

Date Received:

Ref No:

SEVERN TRENT TRUST FUND

Date Received:

Tel: 0121 355 7766

Help with Severn Trent Water Charges



1 PLEASE TELL US ABOUT YOURSELF

Title Mr/Mrs/Miss/Ms/Other [] Full Name []

Address [] []

Postcode [][][][][][][][] Telephone [] Date of Birth []

Email [] National Insurance No. []

(Your NI number may be passed to Severn Trent Water to help with future budgeting e.g. Water Direct)

Are you a homeowner? YES [] NO []

or do you pay rent to Housing Association [] Local Authority [] Private Landlord [] Other []

2 WHO SHARES YOUR HOME WITH YOU?

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

*Please give full names for each adult [] [] [] []

How many children 16 and under live with you? [] What is the age of each child and their relationship to you? []

How many children over 16 live with you? [] What is the age of each child over 16 and their relationship to you? []

Are you or anyone in your household disabled? [] If YES, please tell us who []

If you would like to know more about Severn Trent's Access Scheme for customers with individual needs please tick this box []

3 HAVE YOU APPLIED TO THE TRUST BEFORE?

If you have applied to the Trust before please tell us when []

What was your address at the time? [] []

Postcode [][][][][][][][]

4 WHAT WOULD YOU LIKE US TO CONSIDER HELPING YOU WITH?

To apply you must receive your water and/or sewerage services from Severn Trent Water

Payment of arrears on water and sewerage charges

Reduction on current water and sewerage charges

Payment of arrears on other bills

Assistance with other costs

5 PLEASE GIVE US DETAILS OF YOUR WATER AND SEWERAGE ACCOUNTS

Account number (you can find this on your water bill)

Total outstanding

£

Do you have a water meter?

YES

NO

If you are applying for help with arrears from a previous address, please add the address details below

Postcode

Account number

6 PAYING YOUR WATER BILLS

Are your water charges deducted direct from your benefits?

YES

NO

If 'NO' please choose the method you would like to pay your future charges by:

Payment Card

Direct Debit

Deducted From Benefits

Please Choose The Frequency:

Weekly

Fortnightly

Monthly

If you have a payment plan in place you should continue to make payments whilst your application is being dealt with.

7 ARE YOU IN DEBT WITH ANY OF THE FOLLOWING?

	Arrears	Weekly payment/offer		Arrears	Weekly payment/offer
Rent	<input type="text"/>	<input type="text"/>	HP agreements	<input type="text"/>	<input type="text"/>
Mortgage	<input type="text"/>	<input type="text"/>	Catalogues	<input type="text"/>	<input type="text"/>
Other secured loans	<input type="text"/>	<input type="text"/>	Store/credit cards	<input type="text"/>	<input type="text"/>
Council tax	<input type="text"/>	<input type="text"/>	Loans	<input type="text"/>	<input type="text"/>
Gas	<input type="text"/>	<input type="text"/>	Social Fund Loan	<input type="text"/>	<input type="text"/>
Electricity	<input type="text"/>	<input type="text"/>	Telephone	<input type="text"/>	<input type="text"/>
Court fines	<input type="text"/>	<input type="text"/>	Other - please specify	<input type="text"/>	<input type="text"/>

8 TELL US ABOUT YOUR FINANCIAL SITUATION - PLEASE INCLUDE ALL HOUSEHOLD INCOME

Advice agencies may submit the British Bankers Association or Money Advice Trust
Approved full Common Financial Statement

INCOME	WEEKLY FIGURES	OUTGOINGS	WEEKLY FIGURES
Wages/Salary		Housing Costs	
Your take home pay		Rent	
Partner's take home pay		Mortgage	
Benefits/Tax Credits		Secured loans/2nd mortgage	
Housing benefit		Council tax	
Council tax support		Life/building/contents insurance	
Support for mortgage interest		Other - please specify	
Jobseeker's allowance		Utilities	
Universal credit		Water/wastewater	
Income support		Gas	
Child benefit		Electricity	
Child tax credit		Coal and other fuels	
Working tax credit		Housekeeping	
Maternity pay/allowance		Food & general housekeeping	
Bereavement benefits		Clothing	
Incapacity benefit		Children	
Employment and support allowance		Child care	
Statutory sick pay		School meals etc.	
Disability living allowance (care)		Maintenance	
PIP (daily living)		Travel	
Disability living allowance (mobility)		Car costs	
PIP (mobility)		Fares - train/bus	
Carer's allowance		Motability car	
Severe disability allowance		Health	
Attendance allowance		Care costs/special needs	
Industrial disablement benefits		Other Outgoings	
Pensions		TV licence	
State pension		Sky/cable	
Pension credit		Appliance rental	
Private pension		Telephone (inc. mobiles)	
Occupational pension		Loans (inc. store cards, catalogues & HP)	
Partners pension		Other - Please specify	
Other - please specify		Other Income	
Maintenance		Maintenance	
Student grant loan		Student grant loan	
Income from lodgers or property		Income from lodgers or property	
Son's/daughter's contribution		Son's/daughter's contribution	
Contribution from any other adult living at the property		Contribution from any other adult living at the property	
Other - please specify		Other - please specify	
TOTAL WEEKLY INCOME		TOTAL WEEKLY OUTGOINGS	
	£		£
What (if any) savings do you have?			

9 WHO IS YOUR CURRENT ENERGY SUPPLIER?

Gas Electricity

10 PLEASE TICK ALL BOXES 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
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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
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6) Do any of the following apply do 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
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11 HELP WITH WATER AND SEWERAGE ARREARS

TO BE COMPLETED ONLY IF YOU ARE APPLYING FOR HELP TOWARDS WATER AND SEWERAGE ARREARS. THIS SECTION DOES NOT NEED TO BE COMPLETED IF YOU ARE APPLYING FOR HELP WITH CURRENT CHARGES ONLY.

Please give as much information as possible about your circumstances. Tell us why you have been unable to pay, add dates where possible and details of any particular hardship/illness or disability that affects you and your family and has led to your difficulties.

Continue on a separate sheet if necessary

12 IF YOU ARE APPLYING FOR HELP WITH OTHER HOUSEHOLD BILLS OR AN ESSENTIAL HOUSEHOLD ITEM, PLEASE TELL US WHAT YOU NEED AND WHY YOU NEED HELP.

Important: Please include a copy of the bill you want help with, without this, we won't will be able to consider your request.

Please note: If the Trust agrees to purchase a household item for you, you won't be able to choose the make and type, the Trustees will choose it from a range available to the Trust.

13 PARTNERSHIP PAYMENT SCHEME

To help you with your water arrears the Trustees may offer an arrangement under our 'Partnership Payment Scheme'. This means that if you pay an agreed amount **regularly for 13 weeks on the dates specified**, the Trust will make a grant available; this will be paid directly to Severn Trent Water to help you bring your account up to date. If you agree to be considered for this scheme please sign below:

Signature Date

14 DECLARATION

I declare that the information 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/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

15 IMPORTANT SUPPORTING DOCUMENTATION

So that we can consider your application quickly, please remember to enclose up to date **PROOF OF ALL THE 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.

- **If you are working:** please enclose copies of your last three up to date pay slips.
- **If you are receiving benefits:** please enclose a copy of your latest benefit award letter

If you cannot find the necessary proof of income as shown above you can provide a copy of your latest bank statement showing the amounts received.

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

Name Job title

Organisation

Address

Postcode

Telephone Email

Signature Date

17 PLEASE HELP US TO HELP MORE PEOPLE

Please tell us where you heard about the Trust Fund and where you got the application form from.

18 EQUAL OPPORTUNITIES

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.

Are you? Male Female

What do you consider your ethnic origin to be?

WHITE

British

Irish

Any other White background

MIXED

White & Black Caribbean

White & Black African

White & Asian

Any other mixed background

ASIAN OR ASIAN BRITISH

Indian

Pakistani

Bangladeshi

Any other Asian background

BLACK OR BLACK BRITISH

Caribbean

African

Any other Black background

CHINESE

Chinese

Any other Ethnic Group

OTHER

Any other

19 PLEASE USE THIS SPACE TO ADD ANY FURTHER INFORMATION YOU WISH TO TELL US.

Please return the completed form to:

**SEVERN TRENT TRUST FUND
FREEPOST RLZE-EABT-SHSA
Sutton Coldfield
B72 1TJ**

Severn Trent 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.

Severn Trent Water Charitable Trust Fund is a registered charity and is a company limited by guarantee.

Registered in England No: 05338827

Registered Charity No: 1108278