

SEVERN TRENT TRUST FUND

HELP WITH OUTSTANDING SEVERN TRENT WATER CHARGES

ALTERNATIVELY YOU CAN APPLY ONLINE AT APPLYSTW.ORG.UK

Ref: STTF

Date received:

Ref No:

Telephone: 0121 355 7766

1. PLEASE TELL US ABOUT YOURSELF

If your details are different, please amend below

(Please fill boxes as appropriate)

Full Name

Address

 Postcode

Date of Birth

N.I. Number

Email *

Phone

*By providing an email address and phone number, you are giving us permission to contact you via these methods

Are you a home owner? Yes No

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

2. WHO SHARES YOUR HOME WITH YOU?

(Please fill boxes as appropriate)

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

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

How many children 16 and under live with you? Age of each child under 16 and their relationship to you

How many other adults or children over 16 live with you? 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 information on how Severn Trent's Priority Services can help customers with individual needs, please tick this box.

3. HAVE YOU APPLIED TO THE TRUST BEFORE?

* PLEASE NOTE: IF YOUR APPLICATION WAS DECLINED, REGRETTABLY RE-APPLICATIONS CANNOT BE ACCEPTED FOR 18 MONTHS

If you have applied for help with your water debt before please tell us when and from what address if this was different from your current address

Date applied
(approx.)

ADDRESS:

POSTCODE:

4. WHAT WOULD YOU LIKE US TO CONSIDER HELPING YOU WITH?*(Please tick boxes as appropriate)***To apply you must receive your water and/or sewerage from Severn Trent Water.**Payment of water and sewerage arrears Assistance with other costs **5. PLEASE GIVE US DETAILS OF YOUR WATER AND SEWERAGE ACCOUNTS***(Please fill boxes as appropriate)*Do you have a water meter? *(please tick)* Yes No

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

Total £ outstanding

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

Postcode Account No: **6. PAYING YOUR WATER BILLS***(Please tick boxes as appropriate)*Are your water charges deducted direct from your benefits? Yes No

If 'NO' how do you want to pay for your future charges?

Payment Card Direct Debit Deducted From Benefits

Do you prefer to pay:

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 ANY DEBT WITH ANY OF THE FOLLOWING?*(Please fill boxes as appropriate)*

	Amount of Arrears	Weekly payment/offer
Rent	£	£
Mortgage	£	£
Secured Loan	£	£
Council Tax	£	£
Gas	£	£
Electricity	£	£
Telephone	£	£

	Amount of Arrears	Weekly payment/offer
Court Fines	£	£
HP Agreements	£	£
Catalogues	£	£
Store/credit cards	£	£
Loans	£	£
Social fund loan	£	£
Other <i>(Please specify)</i>	£	£

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 <small>Proof must be enclosed</small>	WEEKLY FIGURES
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	
Partner's pension	
Other pension - <i>please specify</i>	
OTHER INCOME	
Maintenance	
Student grant loan	
Income from lodgers or property	
Son's / daughter's contribution	
Contribution from other adult at property	
Other - <i>please specify</i>	
TOTAL WEEKLY INCOME	£
<i>What (if any) savings do you have?</i>	£

OUTGOINGS	WEEKLY FIGURES
HOUSING COSTS	
Rent	
Mortgage	
Secured loans / 2nd mortgage	
Council tax	
Life / building / contents insurance	
Other - <i>please specify</i>	
UTILITIES	
Water / sewerage	
Gas	
Electricity	
Coal and other fuels	
HOUSEKEEPING	
Food & general housekeeping	
Clothing	
CHILDREN	
Child care	
School meals etc.	
Maintenance	
TRAVEL	
Car costs (<i>inc. MOT, Tax & fuel</i>)	
Fares - train / bus	
Motability car	
HEALTH	
Care costs / special needs	
OTHER OUTGOINGS	
TV licence	
Sky / cable	
Appliance rental	
Telephone (<i>inc. mobiles</i>)	
Loans (<i>inc. store cards & catalogues</i>)	
HP Payments	
Other - <i>Please specify</i>	
TOTAL WEEKLY OUTGOINGS	£

Do not forget to enclose proof of all household income.

Without this we may be unable to assess your application.

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 |
|--------------------------------|--------------------------------|-------------------------------------|

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 |
|------------------------------|-----------------------------|

11. HELP WITH WATER AND SEWERAGE CHARGES

TO BE COMPLETED ONLY IF YOU ARE APPLYING FOR HELP TOWARDS WATER AND SEWERAGE CHARGES.

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 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. OTHER SCHEMES TO HELP

Your application will be assessed for all available schemes that could financially help you with payment of your water and sewerage charges.

14. DECLARATION

I declare that the information I have given in 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/waste water 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) consider alternative support schemes and/or provide relevant information to the water/sewerage company to enable future budgeting of water charges, Severn Trent Water share information with credit reference agencies. The Big Difference Scheme is a non-standard arrangement to pay, to help those who need assistance with their water charges. If you are accepted onto this scheme, this information will be shared and could have an influence on your credit status and (c) provide relevant information to my energy supplier/relevant Trust Fund for the purpose of seeking additional grant aid.

To see our Privacy Policy, please refer to our website at www.sttf.org.uk/gdpr. If you would like us to send you a copy, please let us know.

Signature

Date

15. IMPORTANT SUPPORTING DOCUMENTATION

So that we can consider your application quickly, please remember to enclose 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.

- **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.

Please DO NOT send original documents, as they will not be returned.

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

Name

Job Title

Organisation

Address

Postcode

Email

Telephone

If you are from an Advice Agency and you are unable to enclose proof of income, by signing this statement you are confirming you have seen and verified all the applicants proof of income.

Signature

Date

Please note: Copies of this evidence may be requested at anytime.

17. PLEASE HELP US TO HELP MORE PEOPLE

Please tell us where you heard about the Trust Fund and/or where you obtained the application form.

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

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

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: 110827807

Please return the completed form to:

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