



## WaterSure application form

This application form is specific to customers who receive their sewage service from Albion water and live in the Knowle village Fareham.

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

- 1 Your supply is metered.
- 2 The person who pays the water bill or someone else in your household receives benefit (please see page 3 for a list of which benefits qualify) or tax credit; and
- 3 There are either:
  - a) three or more children under the age of 19 living in the household for whom the person receiving the above benefit also claims Child Benefit: 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 scheme are:

**£278.00 for sewerage charges for the period  
1st April 2024 to 31st March 2025.**

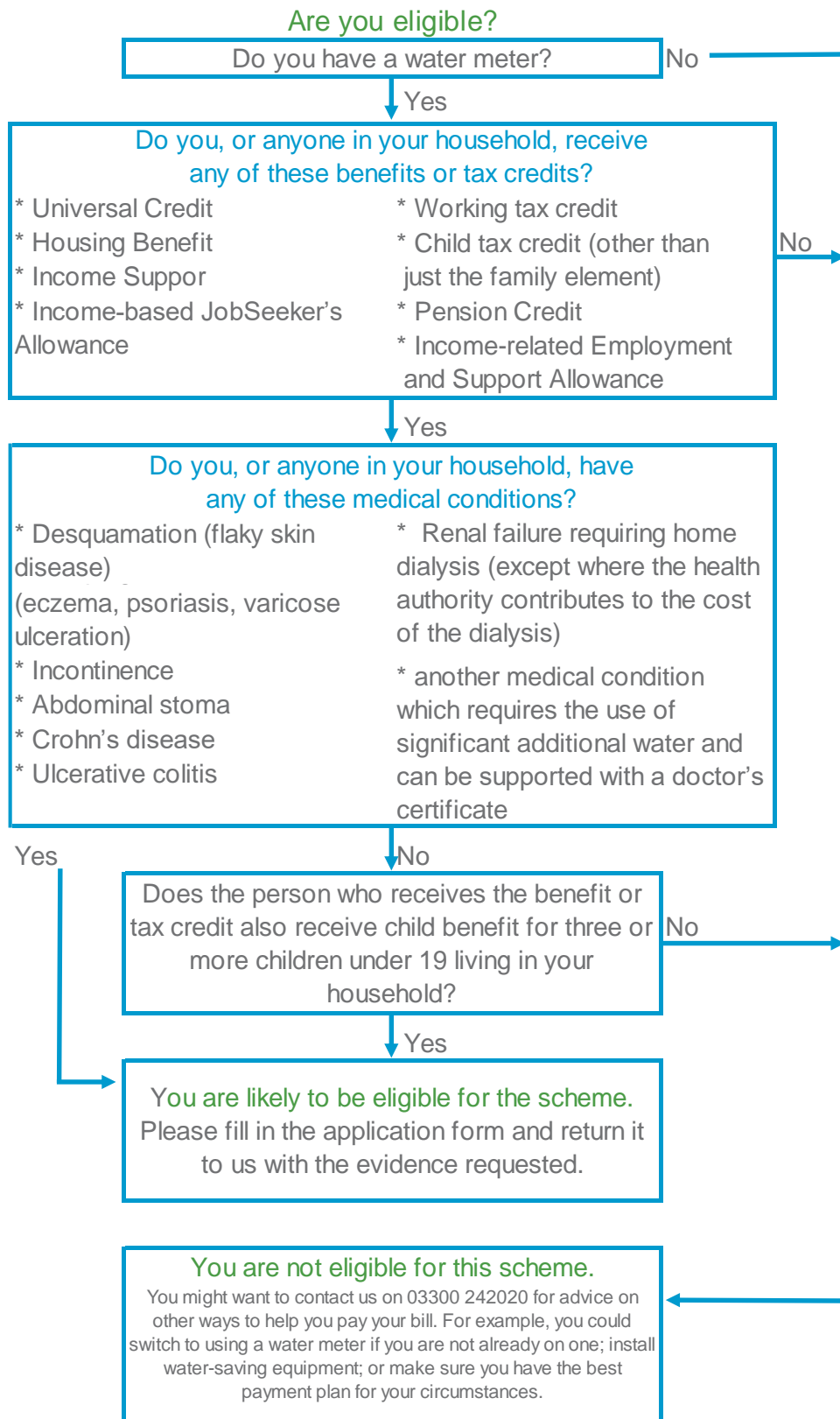
If your current charges are more than this, you may be entitled to pay the reduced charge. Once on the scheme, if your actual metered bill is lower than the reduced charge, we will only charge you the lower amount.

## How to apply

- 1 Fill in this application form and return it to us with the necessary supporting evidence in the envelope we have provided. If you need help with this form, please phone us.
- 2 The person named on the sewerage 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).
- 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.

## Do you need help with this form?

Call our Customer Service helpline: [03300 242020](tel:03300242020) Monday to Friday, 8.30am to 5.30pm We can provide this information in large print or different formats if you ask. Please call us for details.



Please note: you do not qualify for the scheme 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.

You Must fill in this page.

1. Mr  Mrs  Miss  Ms  Other
2. First name \_\_\_\_\_
3. Last name \_\_\_\_\_
4. Address and Postcode \_\_\_\_\_  
\_\_\_\_\_
5. Daytime phone number \_\_\_\_\_
6. Evening phone number \_\_\_\_\_
7. Albion water customer number (You can find this on your bill).  
\_\_\_\_\_

#### About benefits or tax credits

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

Income Support

Income-based Jobseeker's Allowance

Working Tax Credit Child Tax Credit (not just the family part)

Housing Benefit

Council Tax Benefit (not just single person discount)

Pension Credit

9. Please give the name and National Insurance number of the person who receives one or more of the above benefits or tax credits.

Name \_\_\_\_\_

National insurance number  
\_\_\_\_\_

#### Notes

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

You must provide a photocopy of the latest 'notice of entitlement' for the benefits or tax credits. The 'notice of entitlement' must be less than one year old for a benefit or less than six months old for a tax credit.

If you do not have a notice you can get a replacement by contacting your council or local benefit or tax credit office. (See 'Useful contacts' on page 5.)

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.

Fill in this page if you are applying because of a medical condition.

**Medical conditions needing extra water use.**

10. 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

\_\_\_\_\_

11 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 (please tell us the name of this condition)

12 Please give the name and address of the doctor or hospital consultant who knows about this condition.

Name: \_\_\_\_\_

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

Surgery or health centre official stamp (optional)

**Notes**

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

11. Please tell us the medical conditions the person has by ticking all the relevant boxes. **Important - If you tick one of the named conditions listed at a) to g), please give us a copy of your repeat prescription form or a doctor's certificate** explaining your condition and why you need to use extra water. You can ask for copies of these from your surgery, clinic or hospital. **If you do not have the prescription or certificate, please provide some other evidence that you have the condition and why you need to use extra water.**

or if you tick h) 'Another condition' you must include a doctor's **certificate or letter from a GP or hospital consultant**. The letter or certificate must say:

- the name of the patient;
- the condition they have which means they have to use a lot of extra water;
- the date the certificate or letter was issued; and
- the name, position and address of the GP or consultant.

12. Please tell us who we can contact to confirm this condition (for example, a doctor or hospital consultant).

Fill in this page if you are applying because you have a large family.

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

13 I confirm that the person who receives benefits or tax credits (named at question 9) is responsible for, and claims Child Benefit for, three or more children under 19 who live with them permanently. Please tick.

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

Name	Date of birth
_____	.../.../....
_____	.../.../....
_____	.../.../....
_____	.../.../....
_____	.../.../....

(Continue on a separate sheet of paper if necessary.)

### Notes

13. You should tick this box if the person receiving benefits is responsible for and claims Child Benefit for three or more children who live at the address on the water bill.

14. Please provide the full name and date of birth for each child.

**You must provide a copy of the latest 'notice of entitlement' to Child Benefit for each child you list here.**

If you cannot find your 'notice to entitlement' to Child Benefit, please contact the Child Benefit Centre (see 'Useful contacts' below).

### Useful Contacts

Albion Water Ltd	Customer Services, Clearwater House, Castlemills, Biddisham BS26 2RE Phone: 03300 242020
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You can get replacement or up to date 'notices of entitlement' from the following authorities:

Name of benefit or tax credit	Authority
Income Support • Jobseeker's Allowance • Pension Credit	Department for Work and Pensions local office - telephone number in local directory
Working Tax Credit • Child Tax Credit	Tax Credits Office Phone: 0345 300 3900
Housing Benefit • Council Tax Benefit	Your local authority (council)
Child Benefit	Child Benefit Office Phone: 0300 200 3100

You must fill in this page.

### 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 the authority who gives me benefit or tax credit permission to give you any information to confirm the information I have provided. If I have made a claim because of a medical condition, I give the medical professional who knows about that condition permission to give you information about the condition and why I need to use more water, to confirm the information I have provided.

**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 this 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 they are not the person named on the water bill). We need this signature for data protection purposes.

### 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).

\*I have enclosed a photocopy of the latest 'notice of entitlement' for benefit or tax credit.

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

\*If I've completed part 2, I have enclosed a copy of my prescription form or doctor's certificate.

\*If I've filled in part 3, I have enclosed a copy of the latest 'notice of entitlement' to Child Benefit for each child.

### How did you find out about this scheme?

One of our leaflets

From a friend or relative

Our website Citizens' Advice

A member of Albion Water staff

Other (please state)

\_\_\_\_\_

Send your filled-in form and other information (see checklist) to: Customer Services, Clearwater House, Castlemills, Biddisham, BS26 2RE