

WaterSure Application Form

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

* Your water supply is metered
* You receive government benefit(s)
* Have three or more children under the age of 19 living at the same address for whom Child Benefit is claimed
* You or someone you live with has a medical condition that requires the use of lots of water

When you are on this scheme, if your actual metered bill is lower than the reduced charge, we will only charge you the lower amount.

WaterSure is an annual cap which **you must re-apply for every 12 months** from your application date. The charges will be subject to change each financial year starting in April.

## How to Apply

1. Fill in this application form and return it to us with the necessary supporting evidence.
2. The person named on the water bill should sign this form as well as the person who receives benefits or who has a medical condition, if they are not the person named on the water bill

Once your application form has been returned to us, we will provide a decision on the outcome within 10 working days. If we require any further information, we will contact you. If your application is unsuccessful, we will tell you why. If your application is successful, the reduced charges will be applied to your next bill.

# Do you need help with this form?

Call our dedicated helpline on 0345 122 6780 and one of our friendly advisors will be happy to assist you. Our opening hours are Monday to Friday 8am – 6pm or you can email us at [watersure@leeputilities.co.uk](mailto:watersure@leeputilities.co.uk)

# We can provide this information in large print, different formats, brail or in Welsh, please call us to confirm.

**Are you eligible?**

**No**

Do you have a water meter?

**Yes**

Do you or anyone in your household receive any of the following;

Council Tax Benefit Housing benefit Income Support

**No**

Income-based jobseekers allowance State pension credit

Income-related employment and support allowance Child Tax credit (other than just the family element) Working tax credit

**Yes**

Do you or anyone in your household have any of the these medical conditions?

Desquamation (flaky skin disease)

Weeping skin disease (eczema, psoriasis, varicose ulceration)

Incontinence Abdominal Stoma Crohn's disease Ulcerative Colitis

Renal Failure require home dialysis (except where the health authority contributes to the cost of the dialysis) Another medical condition which requires the use of significant additional water and can be supported with a Doctor's certificate

**No**

Does the person who receives the benefit or tax credit have 3 or more children under the age of 18?

**Yes No**

**Yes**

You are likely to be eligible for watersure, please complete the form below.

You are not eligible for this scheme.

**1 You must fill in all sections on this page and mark with an X where prompted**

|  |
| --- |
| **Who is the person named on the Water bill?**  Mr Mrs Miss Other  First Name: …  Surname: ...  Address: …  Postcode: …  Home Telephone: …  Mobile Number: …  Email address: … |
| **About benefits or tax credits**  Are you or someone in your household receiving any of the following benefits or tax credits?  (Please enter the appropriate letter for all that apply to you, in the boxes)   1. Universal Credit 2. Housing Benefit 3. Income Support 4. Income based jobseekers allowance 5. Working Tax Credit 6. Child Tax Credit 7. Pension Credit   Please provide the name and National Insurance number of the person who receives one of more of the above criteria  Name: …  National Insurance number: … |
|  |

## Note

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’)

If you are applying because of a medical condition, go to section 2. If you are applying because you have a large family, go to section 3.

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

|  |  |
| --- | --- |
| 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: | **Notes**  We need to know the name of the person with the medical condition.  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, please provide 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. If you tick ‘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.**   Please tell us who we can contact to confirm this condition (for example, a doctor or hospital consultant). |
| Which of these medical conditions do they have (Tick all that apply)  Desquamation (flaky skin disease)  Weeping skin disease (eczema, psoriasis, varicose ulceration)  Incontinence  Abdominal stoma  Renal failure where they need a home dialysis (do not tick if the health authority helps with water costs)  Crohn's disease  Ulcerative colitis  Another condition which means a lot of extra water is used,  please specify condition    Please provided the name and address of the doctor or hospital  Name: …  Full address and post code: …  Consultant who knows about this condition:      **Surgery or health centre official stamp (optional)** |

**3 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 the age of 19 living at home  I can confirm that the person who receives benefits or tax credits (named of person who provided NI number) is responsible for and claims Child Benefit for three or more children under the age of 19 who live with them permanently.  Please mark with an X to agree to the above statement  Please provide the names and dates of birth of these children | | | **Notes**  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.  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.**  **Alternatively, you can provide a copy of a recent bank statement listing your current entitlement and payments.**  If you cannot find your ‘notice to  entitlement’ to Child Benefit,  please contact the Child Benefit  Centre (see ‘Useful contacts’). |
| Names Date of Birth: (DD/MM/YY)    1)    2)    3)  4)  5) |  |  |
|  |  |  |
|  |  |  |
|  |  | |
| **Useful Contacts** | | | |
| C:\Users\dt66412\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Outlook\D5WAR4GU\Leep Logo.pngLEEP Utilities, Metro Building 2nd Floor  33 Trafford Road, Salford, Manchester M5 3NN  [**watersure@leeputilities.co.uk**](mailto:water@leeputilities.co.uk)  Phone: 0345 122 6780 | | | |
|  | | | |
| You can get replacement or up to date 'notices of entitlement' from the following authorities: | | | |
| Income Support, Jobseeker's Allowance, Pension Credit | | Department for Work and Pensions - refer to the phone book for your local office | |
| Working Tax Credit, Child Tax credit | | Tax Credits Office - Phone: 0845 300 3900 | |
| Housing Benefit, Council Tax Benefit | | Your local authority (Council) | |
| Child Benefit | | Child Benefit Office - Phone: 0845 302 1444 | |

**4 You must fill in this page**

|  |  |
| --- | --- |
| **Declaration** | **Checklist** |
| The information I have given is correct to the best of my knowledge and I | Tick as appropriate |
| understand that if I provide any information which is false, you may refuse to |  |
| consider my claim. | I’ve filled in all the parts |
| If my circumstances change and it may affect my claim, I will tell you straight | of the form which apply |
| away. | to me (parts 1, 2 and 4 |
| I give the authority who gives me benefit or tax credit permission to give you | or 1, 3 and 4) |
| any information to confirm the information I have provided. |  |
| If I have made a claim because of a medical condition, I give the medical | I have enclosed a |
| professional who knows about that condition permission to give you | photocopy of the latest |
| information about the condition and why I need to use more water, to | ‘notice of entitlement’ |
| confirm the information I have provided. | for benefit or tax credit. |
| If I pay my sewerage charges to a different company, I give you permission to |  |
| pass on the details I have provided so that you can also consider my | If I’ve ticked ‘another |
| sewerage charges under this scheme. | medical condition’ I |
|  | have enclosed a |
| **Warning** | doctor’s certificate or a |
| If you deliberately give us misleading information you are committing a | letter from a GP or |
| criminal offence and could be prosecuted. | consultant confirming |
|  | that this condition |
| I confirm the following: | needs extra water. |
| * A member of my household meets the conditions for |  |
| help under this scheme. | If I’ve completed part 2 |
| * I only use a hosepipe or watering can, to water my | I have enclosed a copy |
| garden. | of my prescription form |
| * My household does not have an auto-filling swimming | or doctor’s certificate. |
| pool or pond which holds over 10,000 litres of water. |  |
| * I do not receive any help towards the cost of water | If I’ve filled in part 3 |
| from the health authority. | I have enclosed a copy |
|  | of the latest ‘notice of |
| Print full name: …. | entitlement’ to Child |
| Date: …. | Benefit for each child. |
| 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. |  |
|  | How did you find out |
| Print full name: …. | about this scheme? |
|  | Friend/relative |
| **Send your completed form and supporting documents (see checklist) to:**  [**watersure@leeputilities.co.uk**](mailto:watersure@leeputilities.co.uk)  OR  LEEP Utilities, 2nd Floor Metro Building  33 Trafford Rd, Salford, Manchester M5 3NN | Our website |
| Citizens’ Advice  Bureau  Other |
|  |