

Southern Water Charitable Trust Fund



Southern Water Charitable Trust Fund is an independent charitable Trust. The running and development of the Trust is overseen by independent trustees.

The Trust is a registered charity No. 1119696 and is a company limited by guarantee.
Registered in England No. 6278289.

Application for Financial Assistance

**BEFORE COMPLETING THIS APPLICATION FORM,
PLEASE READ THE NOTES BELOW CAREFULLY**

- Southern Water Charitable Trust Fund can consider making a grant to meet water and/or sewerage charges due to Southern Water if you are in hardship and unable to pay.
- The Trust can also help with water or sewerage charges which are collected by other companies or organisations on behalf of Southern Water.
- In certain cases, the Trust can also consider giving some help to provide household appliances.

The Trust cannot help you with the following:

- Court Fines, catalogue debts, credit cards, personal loans or other forms of borrowing.
- Social Fund Loans/Benefit Overpayments/Tax Credit Overpayments now being reclaimed.
- The Trust cannot give you a loan or give help with bills you have already paid or items that you have already bought.
- Bankruptcy fees

Please return the completed form (no stamp required) to:

**Southern Water Charitable Trust Fund
FREEPOST RRRG-ZCGH-GSKE
Worthing
BN13 3NX**

Please keep this page for reference

FILLING IN THIS FORM

- Please answer all the questions in this application.
- When filling in the application form, it is very important that you give us as much information as possible about your circumstances, including (if applicable) dates of unemployment, illness etc.
- Information you tell us will be kept confidential and only used by Southern Water Charitable Trust Fund, except where you give us permission to pass on relevant* information.
- If you have any difficulties in completing this form, please go to your nearest Money Advice Centre or Citizens Advice Bureau for help. Or, you can talk to us direct on **0800 027 0363**.

(* Relevant information includes, for instance, name, address and telephone number but does not include personal information such as you may provide on pages 8 and 9.)

IN ADDITION TO THE DETAILS ON THIS FORM, WE WILL NEED:

- **PROOF OF YOUR INCOME:** This can be by photocopies of three consecutive wage slips (either monthly or weekly), benefit slips or letters from the Benefits Agency showing a breakdown of your benefit entitlement/s.
- **A COPY OF YOUR MOST RECENT WATER AND/OR SEWERAGE BILL,** or at least, your Southern Water account number.

WHEN WE RECEIVE YOUR APPLICATION

- You may receive a telephone call or home visit as part of our assessment process.
- When we receive your application, we will write to you, by return of post, acknowledging receipt and provide you with a reference number. Please **always** quote your reference number when contacting us. We cannot deal with queries without it. We will also let you know how long you may need to wait for a decision.
- If we are able to help you with your water/sewerage charges, a payment will be made directly to Southern Water. We will write to you to inform you of this payment.
- If we are able to help you with household appliances a payment will be made directly to our designated retailer. We will inform you in writing.
- If we are unable to help you with either kind of payment, we will inform you of the decision in writing.

APPLYING TO THE TRUST FUND AGAIN

- The Trust will not normally consider more than one application from the same person. One of the Trust's aims is to help people out of immediate financial difficulties and wherever possible through debt counselling/money advice to encourage and help financial stability in the future.
- If after a period of two years since being given a grant, your financial situation has deteriorated further, you may make another application to the Trust.
- If the Trust is not able to give you a grant, you may apply again after six months.

Please note that the decision of the Trustees on your application is final.

Please keep this page for reference

Southern Water Charitable Trust Fund



FOR OFFICIAL USE ONLY	
REF No.	DATE
	DATE

CONFIDENTIAL

Southern Water Charitable Trust Fund is an independent charity and is not part of the Water Company. Please sign and complete this form as fully as you can and provide proof of all income. To be able to apply for a grant your water or sewerage services must be provided by Southern Water.

1. PLEASE TELL US ABOUT YOURSELF AND YOUR FAMILY

Mr Mrs Ms Miss

Your full name:

Address:

Postcode: Telephone:

Date of birth: / / Email:

Who shares your home with you? Tick all boxes that apply

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

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

	How many	→	Ages	→	Relationship to you
Children 16 and under who live with you	→	→
		
		

	How many	→	Ages	→	Relationship to you
How many children over 16 or other adults who live with you	→	→
		
		

Their occupations

Are you a homeowner? **Or do you pay rent to:**

- Housing Association
- Local Authority
- Private Landlord
- Other

Are you or is anyone in your household disabled? Yes No

If YES, please tell us who

2a. WHAT WOULD YOU LIKE US TO CONSIDER HELPING YOU WITH?

- Payment of arrears on water and waste water charges
- Payment of current water and waste water charges
- Assistance with household appliances.*

* Please note that a very limited amount of money is available for household appliances and therefore the Trust will only consider such help in exceptional circumstances.

2b. HAVE YOU APPLIED TO THE TRUST BEFORE?

Yes No Ref. No.

If you have applied to the Trust before and you were living at another property, please add the address below.

.....
.....
..... Postcode:

3. PLEASE GIVE DETAILS OF YOUR WATER AND SEWERAGE ACCOUNTS

Do you have a water meter? Yes No

A CURRENT ADDRESS

Name of Supplier (e.g. Southern Water)	Account Number	Total £ Outstanding

B PREVIOUS ADDRESS

NB: If you have arrears from a previous address and are applying for assistance please complete all the information below. Without these details, the Trust will not be able to deal with your application.

Name of Supplier	Account Number	Total £ Outstanding

Please give your previous address:

.....
.....
..... Postcode:

4. TELL US ABOUT YOUR FINANCIAL SITUATION? PLEASE INCLUDE ALL HOUSEHOLD INCOME

4a. PLEASE COMPLETE THE FINANCIAL STATEMENT BELOW USING WEEKLY AMOUNTS

USEFUL TIP: To change monthly figures to weekly: multiply by 12 (to give total annual figure) then divide the total by 52 (to give weekly payments).

Weekly Income	£	Weekly Expenditure	£
IMPORTANT: PLEASE REMEMBER TO ENCLOSE PROOF OF ALL INCOME		Housing Costs	
		Rent	
		Mortgage	
		Secured Loans / 2nd Mortgage	
		Council Tax	
		Ground Rent / Service Charge	
		Mortgage Endowment Policies / ISA	
		House Contents / Buildings Insurance	
Wages/Salary		Utilities	
Your Take Home Pay		Water/Sewerage	
Your Partner's Take Home Pay		Gas	
Regular Overtime / Bonus / Commission		Electricity	
Benefits		Coal and Other Fuels (e.g. Bottled Gas)	
Housing Benefit		Housekeeping	
Council Tax Benefit		Food and General Housekeeping	
Support for Mortgage Interest		Clothing	
Jobseekers' Allowance		Subscriptions, Papers, Magazines	
Income Support		Cigarettes, Sweets, Alcohol	
Child Benefit		Washing Machine Rental / Laundrette	
Child Tax Credit		Children	
Working Tax Credit		Childcare	
Maternity Pay / Allowance		School Meals / Trips	
Bereavement Benefits		Nappies / Baby Items	
Statutory Sick Pay		Children's Pocket Money	
Incapacity Benefit		Other Important Items	
Employment Support Allowance		Court Fines / Orders	
Carer's Allowance		Maintenance	
Disability Living Allowance (care)		Life Assurance	
Disability Living Allowance (mobility)		HP / Conditional Sale	
Severe Disablement Allowance		TV Licence	
Attendance Allowance		Telephone	
Pensions		Travel	
Retirement Pension		Fares (e.g. to work / school etc)	
Pension Credit		Car Running Costs	
Private/Occupational Pension		Car Loan	
War Pension		Mobility Car	
Partner's Pension		Health	
Other Income		Prescriptions	
Maintenance		Care Costs / Special Needs	
Student Grant / Loan		Other Expenditure	
Income from Lodgers / Property		TV / Video / Sat / Cable	
Sons/Daughters Contribution		Appliance Rental	
Other Income – Please Specify:		Entertainment	
Educational Maintenance Allowance		Credit / Store Cards	
		Catalogues	
		Loans	
		Total Weekly Expenditure	
Total Weekly Income			
What (if any) savings do you have			

PLEASE ENSURE YOU HAVE GIVEN WEEKLY AMOUNTS. SEPARATE FINANCIAL STATEMENTS WILL NOT BE ACCEPTED

b. WHAT ARE YOUR OUTSTANDING DEBTS?

Please give details of all your debts by ticking all that apply and writing in the amount you owe. Include what you are paying weekly toward the debts and what deductions (if applicable) are taken from your benefit.

		Amounts owed	Agreed Weekly Payments*	Payments made direct from benefit
Rent	<input type="checkbox"/>	£	£	£
Mortgage	<input type="checkbox"/>	£	£	£
Second mortgage/secured loan	<input type="checkbox"/>	£	£	£
Council Tax	<input type="checkbox"/>	£	£	£
Gas	<input type="checkbox"/>	£	£	£
Electricity	<input type="checkbox"/>	£	£	£
Telephone	<input type="checkbox"/>	£	£	£
Social Fund Loan	<input type="checkbox"/>	£	£	£
Court Fines	<input type="checkbox"/>	£	£	£

Total Amount Owed

£

* NB: If you are paying any of the above arrears weekly, do not forget to include them on the financial statement on page 5.

Consumer credit and other bills e.g. HP, loans credit and store cards, catalogues

Please give details	Amounts owed	Agreed Weekly Payments*
.....	£	£
.....	£	£
.....	£	£
.....	£	£
.....	£	£
.....	£	£
.....	£	£

Total Amount Owed

£

* Please remember to include your agreed weekly payments on the financial statement on Page 5.

4b. WHAT ARE YOUR OUTSTANDING DEBTS? (continued)

What arrangements have you or your advice worker made to deal with these debts/arrears?*

***IMPORTANT ADVICE** If you are completing this application **without** help from a Money Advisor and/or you are having difficulty paying any of your arrears you should seek free help and advice from your local Citizens Advice Bureau or Money Advice Centre.

FOR YOUR WATER CHARGES

Do you have: (Please tick where appropriate)

	Yes		No
An attachment of earnings in force	<input type="checkbox"/>	or	<input type="checkbox"/>
A Charging Order against your property	<input type="checkbox"/>	or	<input type="checkbox"/>
An Administration order	<input type="checkbox"/>	or	<input type="checkbox"/>

4c. PAYING YOUR FUTURE WATER CHARGES

	Yes		No	
Are you having your water charges deducted from your benefits	(Please tick) <input type="checkbox"/>	or	<input type="checkbox"/>	(If you do not receive benefits please ignore)

If 'No', please tell us how you want to pay for your future charges.

Direct from your benefits (Water Direct)

(Please tick) Yes

NI Number

If you want to pay for future charges through your benefit it would be helpful if you provided your National Insurance number in the box above which will be used by Southern Water to apply for the scheme on your behalf. Please note that choosing this method of payment or not providing the number will not affect how we will assess your application for a grant.

or

Payment Card (Please tick) Yes

or

Direct Debit (Please tick) Yes

5. WHY DO YOU NEED HELP WITH WATER AND SEWERAGE CHARGES?

Please tell us why you have not been able to pay your water and sewerage bills and give us as much information as possible about your circumstances.

Please add dates where possible and details of any particular hardship/illness/disability that affects you or your family and has led to your difficulties.

(please continue on a separate sheet if necessary)

If the Trust is able to help you with a grant please explain how you will keep up with your payments in future.

NB: IF YOU ALREADY HAVE A PAYMENT PLAN FOR YOUR WATER/SEWERAGE CHARGES YOU SHOULD CONTINUE TO MAKE PAYMENTS WHILST YOUR APPLICATION IS BEING DEALT WITH.

6a. WHO IS YOUR CURRENT ENERGY SUPPLIER?

You may be eligible to apply for help from other Utility Companies.
Please tell us who is your current energy supplier:

Gas

Electricity

6b. WHY DO YOU NEED HELP WITH OTHER COSTS?

The Further Assistance Payment budget is limited. (Please note that help with household appliances will only be given in very exceptional circumstances).

NB: The Trust is not able to give cash grants.

- **If you are requesting help towards an essential household item* please tell us what you need, why you need it and how this item would make a difference to your life.**

* (Please note: If the Trust agrees to purchase a household item, the choice of make and type is at the discretion of the Trustees and will be restricted to a limited range from our designated suppliers.)

7. PLEASE MAKE SURE THAT YOU HAVE ENCLOSED:

- Proof of all household income (i.e. yourself, partner and any other adults)
Copies of three recent consecutive wage slips (either monthly or weekly), copies of Post Office/bank statements showing your name, address and the amounts you receive or a letter from H.M. Revenue & Customs or the Benefits Agency including the page "How your benefit was worked out".
- A copy of your most recent water and/or sewerage bill
(including a copy bill for your previous address if applicable)

NB: Please try to send photocopies. Any original documents sent to us will be returned in a sealed envelope by standard second class post. However, the Trust or its representatives cannot accept responsibility for loss or damage to documents during postage.

8. REFERRAL

If anyone has helped you fill in this form (for example an advice worker or a social worker) please ask them to complete their details below:

Name:

Job title:

Organisation:

Address: **Postcode:**

Signature: **Date:**

Telephone number: (including dialling code)

Email:

9. DECLARATION – (please read and sign)

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 representatives to 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,
- I consent to the personal details I have provided on this form being processed by the Trust, and its contracted Data Processors, both within and outside the European Economic Area.

Optional

- You may qualify for financial assistance and help with future budgeting from other schemes operated by Southern Water for customers experiencing difficulty or hardship. You may apply independently to Southern Water or with your consent the Trust can pass on the personal details you have provided, so that you may be considered.

Please mark the box to signify your consent

Signature: **Date:**

REMEMBER TO ENCLOSE PROOF OF INCOME

WHAT TO DO NEXT

1. You may wish to contact Southern Water to tell them of your application to the Trust Fund. This may delay/hold any action being taken against you whilst your application is being considered. We will automatically tell Southern Water that you have applied, within a few days of receiving your application.
2. Please complete the Equal Opportunities Questionnaire below.
3. Don't forget, if you are having difficulties meeting any of your payments or debts we strongly recommend that, in addition to this application, you seek money advice from your local Citizens Advice Bureau or Money Advice Centre.
4. You can now send this form to the following address:

Southern Water Charitable Trust Fund
FREEPOST RRRKG-ZCGH-GSKE
Worthing
BN13 3NX

**If you are having difficulty with this form
and want to talk to someone personally
please telephone us on 0800 027 0363**

We will write to acknowledge your application and give you a reference number to keep safe while we are dealing with the application.

NB: IF YOU HAVE A PAYMENT PLAN FOR YOUR WATER/SEWERAGE CHARGES YOU SHOULD CONTINUE TO MAKE PAYMENTS WHILST YOUR APPLICATION IS BEING DEALT WITH.

PLEASE HELP US TO HELP MORE PEOPLE

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.

PLEASE TELL US WHERE YOU HEARD ABOUT THE TRUST FUND AND/OR WHERE YOU OBTAINED THE APPLICATION FORM.

.....
.....

EQUAL OPPORTUNITIES

Please tick as appropriate **Are you:** male female

What do you consider your ethnic origin to be?

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