

# Southern Water Trust Fund



REGISTERED CHARITY No. 1119696

## Application for Financial Assistance

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

- Southern Water 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 meet other essential bills, household needs or priority debts.

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.

Please detach this front page and keep it 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 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 0845 270 0897

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

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

- **PROOF OF YOUR INCOME:** This can be by photocopies of 3 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, the name of your water and sewerage supplier and your account number.
- **COPIES OF YOUR LATEST BILLS,** if you are applying for further assistance.

## 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 your supplier. We will write to you to inform you of this payment.
- If we are able to help you with other bills or household needs a payment will be made directly to your supplier or 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 detach this page and keep it for reference



|                       |      |
|-----------------------|------|
| FOR OFFICIAL USE ONLY |      |
| REF No.               | DATE |
|                       | DATE |

# CONFIDENTIAL

Please answer the following questions on this and the next 7 pages. Most of the questions can be answered:

- by putting a tick in a box like this ☒

OR

- by writing in a number or an amount like this [100]

## 1 PLEASE TELL US ABOUT YOURSELF AND YOUR FAMILY

Mr ☐ Mrs ☐ Ms ☐ Miss ☐

Your Full Name

Address

Post Code

Telephone

Date of Birth:     /     /

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) \_\_\_\_\_

Children under 16 who live with you ☐ → Write how many [     ] → ages [     ]  
[     ]  
[     ]

Children over 16/other adults who live with you ☐ → Write how many [     ] → ages [     ]  
[     ]  
[     ]

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 ☐

Have you applied to the Trust before?     Yes ☐     No ☐     Ref. No. \_\_\_\_\_

## 2 WHAT WOULD YOU LIKE US TO CONSIDER HELPING YOU WITH?

Payment of arrears on water and sewerage charges ☐

Payment of current water and sewerage charges ☐

Payment of arrears on other bills\* ☐

Assistance with other costs\* ☐

\* Please note that a very limited amount of money is available for other bills or household costs and therefore the Trust will only consider such help in exceptional circumstances. You may be entitled to additional help from other utility companies.

Who is your current: Gas Supplier \_\_\_\_\_

Electricity Supplier \_\_\_\_\_

## 3 PLEASE GIVE DETAILS OF YOUR WATER AND SEWERAGE ACCOUNTS

Do you have a Water Meter Yes ☐ No ☐ (please tick)

### A CURRENT ADDRESS

| Name of Supplier<br>(eg. Southern Water) | Account Number | Total £<br>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 £<br>Outstanding |
|------------------|----------------|------------------------|
|                  |                |                        |

Please give your previous address: \_\_\_\_\_

\_\_\_\_\_

Post Code \_\_\_\_\_

**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).

# **IMPORTANT: PLEASE REMEMBER TO ENCLOSE PROOF OF ALL INCOME**

**Weekly Income**
**£**
**Wages/Salary**

|                                       |  |
|---------------------------------------|--|
| Your Take Home Pay                    |  |
| Partner's Take Home Pay               |  |
| Regular Overtime / Bonus / Commission |  |

**Benefits**

|  |  |
|--|--|
| Housing Benefit                        |  |
| Council Tax Benefit                    |  |
| Jobseekers' Allowance                  |  |
| Income Support                         |  |
| Child Benefit                          |  |
| Child Tax Credit                       |  |
| Working Tax Credit                     |  |
| Maternity Pay / Allowance              |  |
| Bereavement Benefits                   |  |
| Statutory Sick Pay                     |  |
| Incapacity Benefit                     |  |
| Carer's Allowance                      |  |
| Disability Living Allowance (care)     |  |
| Disability Living Allowance (mobility) |  |
| Industrial Disablement Benefits        |  |
| Severe Disablement Allowance           |  |
| Attendance Allowance                   |  |

**Pensions**

|                      |  |
|----------------------|--|
| Retirement Pension   |  |
| Occupational Pension |  |
| Private Pension      |  |
| Annuity              |  |
| War Pension          |  |
| Partner's Pension    |  |
| Pension Credit       |  |

**Other Income**

|                                   |  |
|-----------------------------------|--|
| Maintenance                       |  |
| Student Grant / Loan              |  |
| Income from Lodgers / Property    |  |
| Son's / Daughter's Contribution   |  |
| Other Income – Please Specify:    |  |
| Educational Maintenance Allowance |  |
|                                   |  |
|                                   |  |
|                                   |  |

**Total Weekly Income**
**What (if any) savings do you have**
**Weekly Expenditure**
**£**
**Housing Costs**

|  |  |
|--|--|
| Rent                                     |  |
| Mortgage                                 |  |
| Secured Loans / 2 <sup>nd</sup> Mortgage |  |
| Council Tax                              |  |
| Ground Rent / Service Charge             |  |
| Mortgage Endowment Policies / ISA        |  |
| House Contents / Buildings Insurance     |  |

**Utilities**

|                                       |  |
|---------------------------------------|--|
| <b>Water/Sewerage</b>                 |  |
| Gas                                   |  |
| Electricity                           |  |
| Coal and Other Fuels (eg Bottled Gas) |  |

**Housekeeping**

|                                     |  |
|-------------------------------------|--|
| Food and General Housekeeping       |  |
| Clothing                            |  |
| Subscriptions, Papers, Magazines    |  |
| Cigarettes, Sweets, Alcohol         |  |
| Washing Machine Rental / Laundrette |  |

**Children**

|                         |  |
|-------------------------|--|
| Childcare               |  |
| School Meals / Trips    |  |
| Nappies / Baby Items    |  |
| Children's Pocket Money |  |

**Other Important Items**

|                       |  |
|-----------------------|--|
| Court Fines / Orders  |  |
| Maintenance           |  |
| Life Assurance        |  |
| HP / Conditional Sale |  |
| TV Licence            |  |
| Telephone             |  |

**Travel**

|                                 |  |
|---------------------------------|--|
| Fares (eg to work / school etc) |  |
| Car Running Costs               |  |
| Car Loan                        |  |
| Motability Car                  |  |

**Health**

|                            |  |
|----------------------------|--|
| Prescriptions              |  |
| Care Costs / Special Needs |  |

**Other Expenditure**

|                          |  |
|--------------------------|--|
| TV / Video / Sat / Cable |  |
| Appliance Rental         |  |
| Entertainment            |  |
| Credit / Store Cards     |  |
| Catalogues               |  |
| Loans                    |  |

**Total Weekly Expenditure**

 PLEASE ENSURE YOU HAVE GIVEN WEEKLY AMOUNTS.

SEPARATE FINANCIAL STATEMENTS WILL NOT BE ACCEPTED

#### 4b. 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="text"/> £ [            ] | £ [            ]        | £ [            ]                  |
| Mortgage                     | <input type="text"/> £ [            ] | £ [            ]        | £ [            ]                  |
| Second mortgage/secured loan | <input type="text"/> £ [            ] | £ [            ]        | £ [            ]                  |
| Council Tax                  | <input type="text"/> £ [            ] | £ [            ]        | £ [            ]                  |
| Gas                          | <input type="text"/> £ [            ] | £ [            ]        | £ [            ]                  |
| Electricity                  | <input type="text"/> £ [            ] | £ [            ]        | £ [            ]                  |
| Telephone                    | <input type="text"/> £ [            ] | £ [            ]        | £ [            ]                  |
| Social Fund Loan             | <input type="text"/> £ [            ] | £ [            ]        | £ [            ]                  |
| Court fines                  | <input type="text"/> £ [            ] | £ [            ]        | £ [            ]                  |

|                   |   |
|-------------------|---|
| 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 | Amount Owed<br>£ [            ] | Agreed Payments<br>£ [            ] |
|---------------------|---------------------------------|-------------------------------------|
|                     | £ [            ]                | £ [            ]                    |
|                     | £ [            ]                | £ [            ]                    |
|                     | £ [            ]                | £ [            ]                    |
|                     | £ [            ]                | £ [            ]                    |
|                     | £ [            ]                | £ [            ]                    |
|                     | £ [            ]                | £ [            ]                    |
|                     | £ [            ]                | £ [            ]                    |
| Total Amount Owed   | £ [            ]                |                                     |

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


## OUTSTANDING DEBTS CONTINUED

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

(Please continue on a separate sheet if required)

\* **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 & ADVICE FROM YOUR LOCAL CITIZENS ADVICE BUREAU OR MONEY ADVICE CENTRE.

### 4c PAYING YOUR FUTURE WATER BILLS

|  |   |    |                          |  |
|--|---|----|--------------------------|--|
|  | Yes   |    | No                       |  |
| Are you having your water charges deducted direct from your benefits | (Please tick) <input type="checkbox"/>  | or | <input type="checkbox"/> | (If you do not receive benefits please ignore)               |
| If 'Yes', do you want to continue paying this way?                   | (Please tick) <input type="checkbox"/>  | or | <input type="checkbox"/> | (This will help us assess how to deal with your application) |
| If 'No', how do you want to pay for your future charges              | Payment Card  |    | Direct Debit             | Deductions Direct from Benefits                              |
|  | (Please tick) <input type="checkbox"/>  | or | <input type="checkbox"/> | or <input type="checkbox"/>                                  |
|  |  |    |                          |  |
| Weekly   | <input type="checkbox"/>  |    |                          |  |
| Fortnightly  | <input type="checkbox"/>  |    |                          |  |
| Monthly  | <input type="checkbox"/>  |    |                          |  |
| Do you have.....   | Yes   |    | No                       |  |
| An attachment of earnings in force.....                              | <input type="checkbox"/>  |    | <input type="checkbox"/> |  |
| A Charging Order against your property..                             | <input type="checkbox"/>  |    | <input type="checkbox"/> |  |
| An Administration Order.....   | <input type="checkbox"/>  |    | <input type="checkbox"/> |  |

## 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 the 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.



## 6 WHY DO YOU NEED HELP WITH OTHER BILLS AND COSTS?

The Further Assistance budget is limited. (Please note that help with other bills and costs will only be given in very exceptional circumstances and will not normally exceed £250). Please say what you are applying for, the amount requested and how the grant will help now and in the future. We will not be able to consider the request, if you do not explain this.

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

- If you are requesting help with other bills /costs, you must include a copy of your most recent bill or letter, showing how much is owed and payment details.
- Please explain why you have been unable to pay this bill and what may happen if this bill is not paid.
- 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 (ie yourself, partner and any other adults)** ☐

Copies of 3 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)** ☐

- **Copies of up to date bills if you are applying for help with other bills/household costs.** ☐

**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 \_\_\_\_\_

Post Code \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Telephone number: \_\_\_\_\_

(including dialling code) \_\_\_\_\_

## 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: (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 for the purpose of seeking additional grant aid.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**REMEMBER TO ENCLOSE PROOF OF INCOME**

## WHAT TO DO NEXT

1. Contact Southern Water (or other supplier of your water/sewerage services) 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.
2. You may wish to 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 Trust Fund**  
**FREEPOST RRGK-ZCGH-GSKE**  
**Worthing**  
**BN13 3NX**

If you are having difficulty with this form and want to talk to someone personally please telephone us on 0845 270 0897

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<br>ASIAN<br>BRITISH |                          | BLACK OR<br>BLACK<br>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"/> |
| Any other      | <input type="checkbox"/> | White & Asian           | <input type="checkbox"/> | Bangladeshi                  | <input type="checkbox"/> | Any other                    | <input type="checkbox"/> |
| White          |                          | Any other               | <input type="checkbox"/> | Any other                    | <input type="checkbox"/> | Black                        |                          |
| background     |                          | Mixed                   |                          | Asian                        |                          | background                   |                          |
|                |                          | background              |                          | background                   |                          |                              |                          |
| <b>CHINESE</b> |                          | Chinese                 | <input type="checkbox"/> |                              |                          |                              |                          |
|                |                          | Any other               | <input type="checkbox"/> |                              |                          |                              |                          |
|                |                          | Ethnic Group            |                          |                              |                          |                              |                          |

Please return the completed form in the envelope provided or send to:

**SOUTHERN WATER TRUST FUND  
FREEPOST RRKG-ZCGH-GSKE  
WORTHING  
BN13 3NX**

Southern Water 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.

The day to day running and management of the Trust including the assessment of grant applications is undertaken by Auriga Services Limited within guidelines and delegation set by the Trustees.