



South Staffs Water

# WaterSure

## Application Form

WaterSure can help you if you have a low-income and your water is supplied by a meter. We can put a limit on your charges for water and sewerage services, as long as you meet the conditions set out below. Our billing year runs from April to March. If you apply for the WaterSure tariff part way through the year, and are eligible for it, we will pro rata the bill for the remainder of the year.

To be eligible you must meet the following conditions:

1. Your water supply must be metered
2. The property must be your only home or your principal one
3. Where the property is used for other purpose(s) as well as for your home, the other purpose(s) must not be the principal use of the premises
4. If you water the garden, all watering equipment must be hand held i.e. no use of sprinklers
5. If you have a swimming pool or pond with a capacity of over 10,000 litres, that is automatically re-filled, it must not be in use.
6. The person who pays the water bill, or someone else in your household, receives benefit (please see list of which benefits qualify) or tax credit; and
7. There are:
  - 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; and/or
  - b) you, or someone living in your household, has a medical condition that means you/they use a lot of extra water.

This year, the reduced charges for the scheme are:

**£182.32 for water and £215.68 for sewerage charges  
for the period 1 April 2024 to 31 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 a **photocopy** of the necessary supporting evidence to **South Staffs Water, Green Lane, Walsall, WS2 7PD**. If you need help with this form, please phone us.
2. The person named on the water 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 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 us on, 0345 60 70 456**

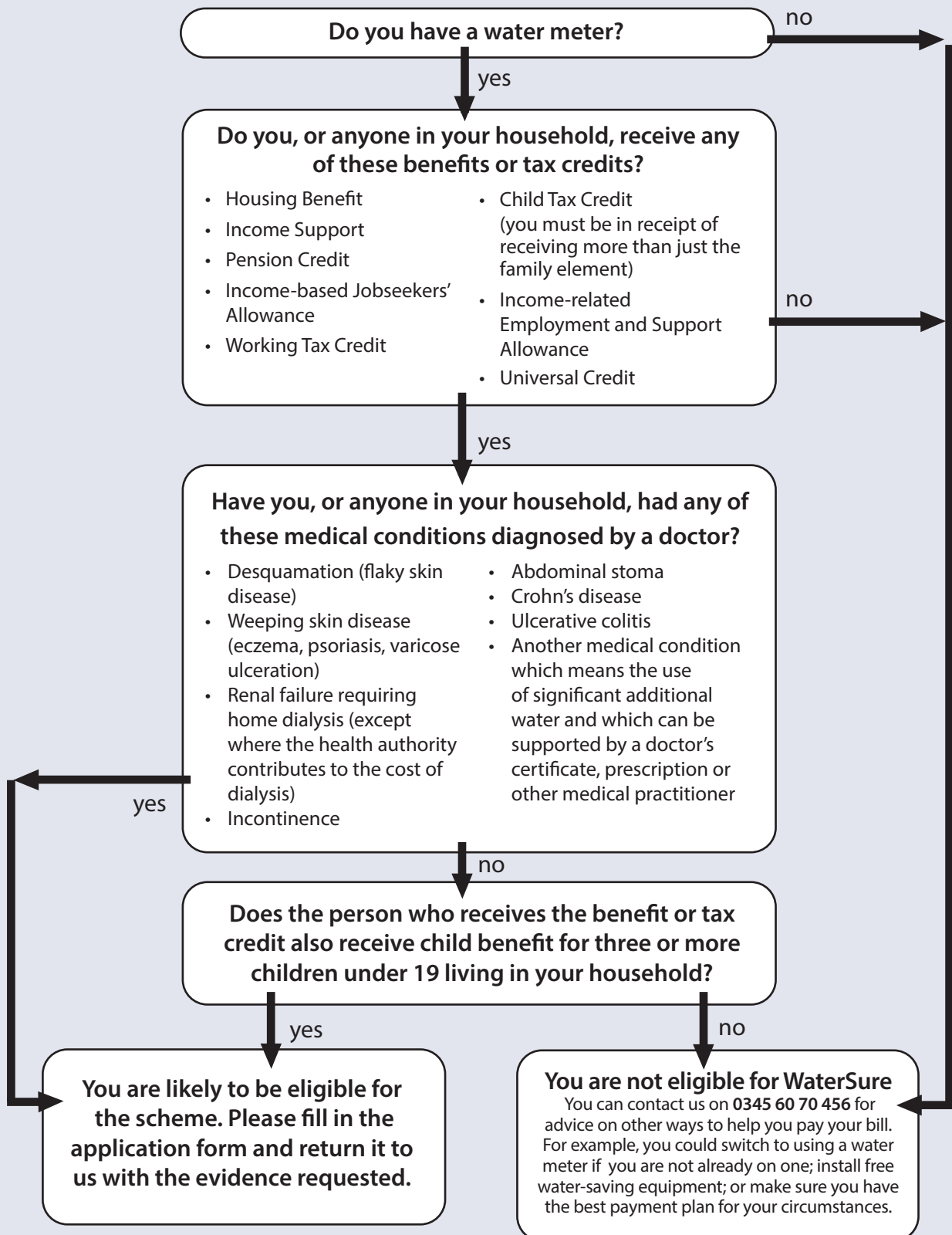
Monday to Friday, 8am to 6pm

Saturday, 8am to 1pm

We can provide this information in large print or different formats if you ask. Please call us for details.

Official Use  
Customer Reference

# Are you eligible?



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.

# 1 You must fill in this page.

## Who is the person named on the water bill?

1. Mr  Mrs  Miss  Ms  other
2. First name:.....
3. Last name:.....
4. Address and postcode:.....  
.....  
.....
5. Daytime phone number:.....
6. Evening or mobile phone number:.....
7. Customer Reference (you can find this on your water 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   | <input type="checkbox"/> |
| Income-related Employment & Support Allowance  | <input type="checkbox"/> |
| Income-based Jobseeker's Allowance   | <input type="checkbox"/> |
| Working Tax Credit   | <input type="checkbox"/> |
| Child Tax Credit (you must be in receipt of receiving more than just the family element) | <input type="checkbox"/> |
| Housing Benefit  | <input type="checkbox"/> |
| Pension Credit   | <input type="checkbox"/> |
| Universal Credit   | <input type="checkbox"/> |

## 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 and must contain the claimant's name and address.**

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.

### Medical conditions needing extra water use

9. 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

.....

10. Which of these medical conditions do they have?

**Please tick all that apply**

- Desquamation (flaky skin disease)
- Weeping skin disease (eczema, psoriasis, varicose ulceration)
- Incontinence
- Abdominal stoma
- Renal failure where they need home dialysis (do not tick if the health authority helps with water costs)
- Crohn's disease
- Ulcerative colitis
- Another condition which means they have to use a lot of extra water (please tell us the name of this condition).....

10a. Is your condition a long term or terminal illness?

- Yes  
 No

### Notes

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

## 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 19 living at home.

11. 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 box

12. 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

11. 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.

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

**You must provide a copy of your latest child tax credit award (which must include details of the children listed here) or a copy of a recent bank statement (which must be less than 3 months old) which shows your current entitlement to child benefit and the payment you receive.**

## 4 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 straightaway.

I give permission for my information to be processed by South Staffordshire Water Plc, and its appointed representatives both within the UK and abroad and South Staffordshire Plc and its associated subsidiaries.\*

I give the authority which 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.

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 sewerage charges under this scheme.

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.
- I will be added to the priority services register for the medical condition outlining dependency on water.

Signature (of bill payer): .....

Date: .....

Signature of the person receiving the benefit or who has the medical condition (if they are not the person named on the water bill or their guardian if under 18 years of age). We need this signature for data- protection purposes.

Signature: .....

Date: .....

\*Please refer to our Privacy Policy at [www.south-staffs-water.co.uk](http://www.south-staffs-water.co.uk) to understand how we may use your personal information.