

# WaterSure

## Application form

We can help 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 water and sewerage services, if you meet the following conditions:

1. Your supply is **metered**
2. The person who pays the water bill or someone in your household receives **benefit** (please see page 3 for a list of benefits which qualify) or **tax credit**; and
3. Either:
  - a) The person receiving the above benefit also claims Child Benefit **for three or more children** under the age of 19 living in the household; or
  - b) you or someone 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:  
**£184.12 for water and £234.80 for sewage charges**  
**for the period 1 April 2021 to 31 March 2022**

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. If you need help with this form, please phone us on **0345 1 24 24 24**
2. The person named on the water bill should sign this form as well as the person(s) 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 5 working days. We will contact you if we need any further 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.

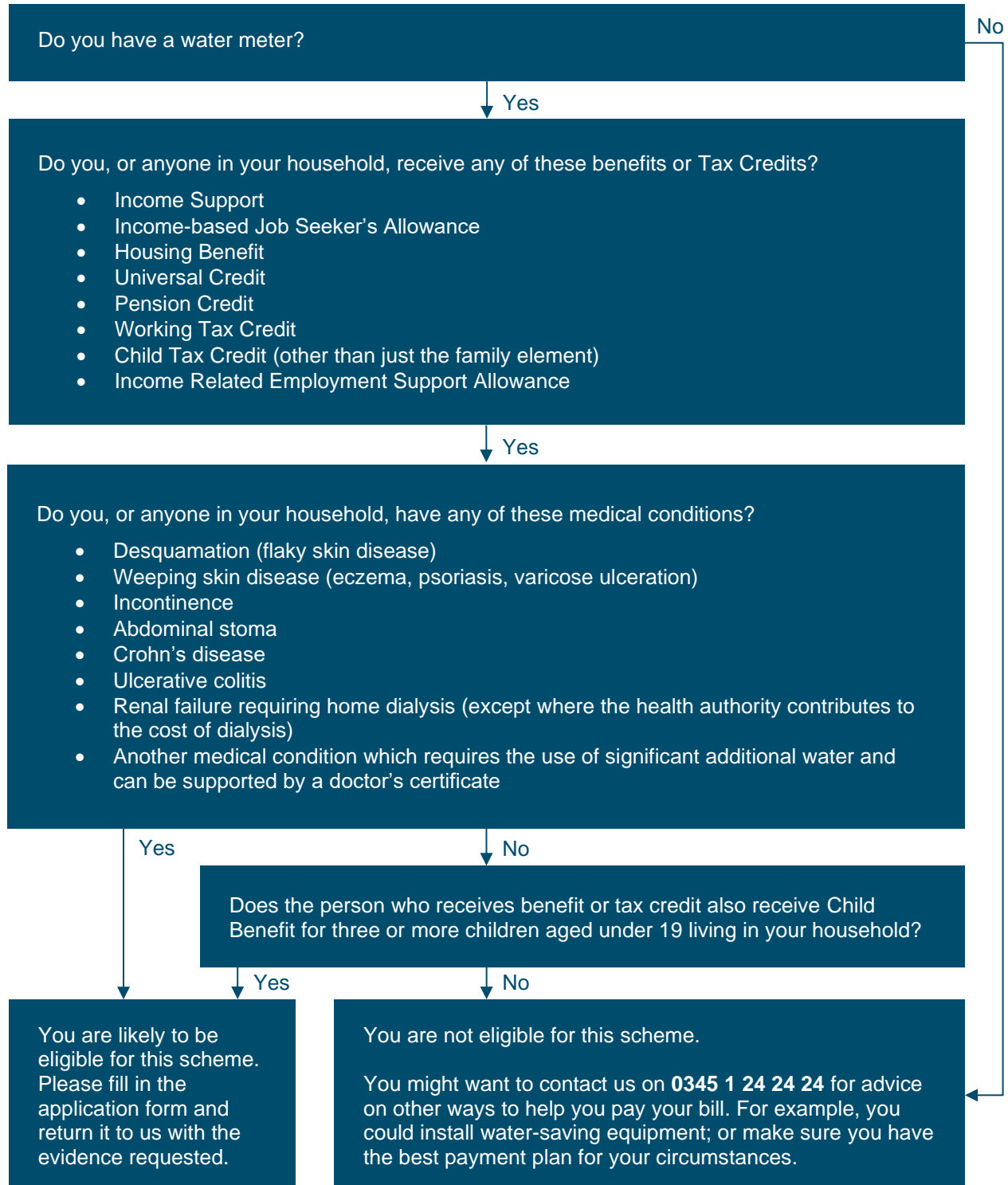
### Do you need help with this form?

Call our helpline on **0345 1 24 24 24**

Monday to Friday - 8am to 6pm, Saturday – 9am to 5pm

We can provide this information in large print or different formats, please call us for details.

## 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 liters.

## 1. You must fill in this page

Who is the person named on the water bill?	
1. Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/>
2. First Name	
3. Last Name	
4. Address and postcode	
5. Daytime telephone number	
6. Evening or mobile telephone number	
7. Customer reference number	

About benefits or tax credits									
8. Are you, or someone in your home, receiving any of the following benefits or tax credits (please tick all that apply)	Income Related ESA <input type="checkbox"/> Income Support <input type="checkbox"/> Income-based Job Seeker's Allowance <input type="checkbox"/> Working Tax Credit <input type="checkbox"/> Child Tax Credit (not just the family part) <input type="checkbox"/> Housing Benefit <input type="checkbox"/> Pension Credit <input type="checkbox"/> Universal Credit <input type="checkbox"/>								
9. Details of the person(s) who receives one or more of the above benefits or tax credits	<table border="1"> <thead> <tr> <th>Name(s)</th> <th>National Insurance number(s)</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </tbody> </table>	Name(s)	National Insurance number(s)						
	Name(s)	National Insurance number(s)							

### Notes

8. To qualify for this scheme, someone in your home must be receiving at least one of the benefits or tax credits listed. **You must provide proof of your entitlement to one of the listed benefits.** You can provide a bank statement for most of these. The bank statement must be dated within the last 3 months and show your name, address and amount for the income-based benefit you receive. We cannot accept a bank statement for Jobseeker's Allowance or ESA, the latest benefit award notice must be sent to show you receive the income-based element.

If you are applying because of a medical condition, please go to page 4.  
 If you are applying because you have a large family, please go to page 5.

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

This section is for medical conditions needing extra water		
10. Name of the person who has the medical condition		
11. Which of these medical conditions do they have? (please tick all that apply)	a) Desquamation (flaky skin disease) <input type="checkbox"/> b) Weeping skin disease (eczema, psoriasis, varicose ulceration) <input type="checkbox"/> c) Incontinence <input type="checkbox"/> d) Abdominal stoma <input type="checkbox"/> e) Renal failure requiring home dialysis <input type="checkbox"/> (do not tick if the health authority helps with water costs) f) Crohn's disease <input type="checkbox"/> g) Ulcerative colitis <input type="checkbox"/> h) Another condition which means they have to use a lot of extra water <input type="checkbox"/> Please Specify:	
9. Please give us the name and address of the doctor or hospital consultant who knows about this condition	Name:	
	Address and postcode:	

### Notes

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

11. Please tell us the medical condition(s) the person has by ticking all the relevant boxes.  
**Important: If you tick one of the named conditions listed as 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 extra water.**

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

- the name of the patient;
- the condition they have which means they need to use a lot of extra water;
- the date the certificate or letter was issued;
- 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).

### 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 aged under 19 living at home		
<b>13. Conformation</b>	I confirm that <b>Child Benefit</b> is claimed for three or more children, aged under 19, who live permanently at the address where WaterSure is being applied for. Please tick <input type="checkbox"/>	
<b>14. Please give the full names and dates of birth of these children.</b>	<b>Name</b>	<b>Date of birth (DD/MM/YY)</b>

#### Notes

13. You should tick this box if someone at the home, where you're applying, claims Child Benefit for three or more children, all under the age of 19.

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

**You must provide proof of the Child Benefit claim. You can provide a recent bank statement. This should be dated within the last 3 months and show name, address and amount of Child Benefit received. You could also provide the Child Benefit award notice, dated within the last 12 months.**

You may need to provide Child Benefit award notices if you have a split claim. However, this must still be for one family unit. You cannot apply for WaterSure if all together there are three children, but this is not to one family unit. If you care for children but do not receive Child Benefit, then you cannot claim for WaterSure at your home.

### Useful contacts

Yorkshire Water: 0345 1 24 24 24 or Customer Accounts, PO Box 52, Bradford, BD3 7TYD

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

## 4. You must fill in this page

Declaration	
<p>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.</p> <p>If my circumstances change and it may affect my claim, I will tell you straight away. I give the authority who gives my benefit or tax credit permission to give you any information to confirm the information I have provided for the next 12 months.</p> <p>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.</p> <p>If I pay my sewage 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 charge under this scheme.</p> <p><b>Warning</b> If you deliberately give us misleading information you are committing a criminal offence and could be prosecuted.</p> <p>I confirm the following:</p> <ul style="list-style-type: none"> <li>• A member of my household meets the conditions for help under this scheme.</li> <li>• I only use a hosepipe or watering can to water my garden.</li> <li>• My household does not have an auto-filling swimming pool or pond which holds over 10,000 liters of water.</li> <li>• I do not receive any help towards the cost of water from the health authority.</li> </ul>	
<b>Your signature(s)</b> (both signatures are required for joint tax credit claims)	
<b>Date</b>	
<b>Signature of the person receiving benefit or has the medical condition</b>	

Checklist (Please tick as appropriate)	How did you find out about this scheme?
<p>I've filled in all the parts of the form which apply to me (parts 1, 2 and 4 or 1, 3 and 4). <input type="checkbox"/></p> <p>I've included a copy of the latest 'notice of entitlement' for benefit or Tax Credit. <input type="checkbox"/></p> <p>If I've ticked 'another medical condition' in part 2, I've included a doctor's certificate or letter from a GP or consultant confirming that this condition needs extra water. <input type="checkbox"/></p> <p>If I've completed part 2, I've included a copy of my prescription from or doctor's certificate. <input type="checkbox"/></p> <p>If I've filled in part 3, I've enclosed a copy of my bank statement, or latest 'notice of entitlement' to Child Benefit for each child. <input type="checkbox"/></p>	<p>One of our leaflets <input type="checkbox"/></p> <p>Our website <input type="checkbox"/></p> <p>Citizens' Advice <input type="checkbox"/></p> <p>From a friend or relative <input type="checkbox"/></p> <p>Other (please state) <input type="checkbox"/></p>

You can e-mail your application and supporting proof (see checklist) to [support@yorkshirewater.co.uk](mailto:support@yorkshirewater.co.uk) or post with photocopies to **Customer Accounts, Yorkshire Water, PO Box 52, Bradford, BD3 7YD.**