

WaterSure

(formerly Vulnerable Group Tariff) for low income families

1st April 2008



Dŵr Cymru
Welsh Water

April 2008
Ref no: PAB0044

The WaterSure Tariff exists to help low income families and individuals whose water is supplied by meter by limiting water charges provided they meet specific criteria:

1. The supply is metered and is a household only supply.
2. The bill payer or a member of the household is in receipt of a qualifying benefit or tax credit;

AND

3. There are either 3 or more children, under the age of 19, living in the household, for whom child benefit is claimed, or someone in the household has a medical condition that requires significant additional use of water.

This year the WaterSure Tariff charges are:

£174.00 for water and £233.00 for sewerage (£190.00 surface water abated if your surface water does not drain to the public sewer) for the period 1/4/08 to 31/3/09.

If your current charges are more than this, you may be entitled to pay the WaterSure Tariff. If your consumption is less than 115 cubic metres per year there is no financial benefit to being on this tariff.

How to apply:

1. Complete this application fully. Please read the guidance notes to help you do this. Return the completed form to us with the necessary supporting evidence (**photocopies are not acceptable**). If you need help to complete this form please call us on 0800 052 0140.
2. We will give you a decision within 10 working days. If we need further information we will contact you.
3. If your application is unsuccessful we will tell you why.
4. If your application is successful, the reduced charges will apply from the start of this year's bill, (or date of occupancy if you moved in after 1 April 2008). Note any arrears will be included in the payment plan.

Need help with this form?

Call our helpline, Monday–Friday 9am – 4.30pm 0800 052 0140

Additional Services

You may wish to register for Additional Services.

Please ring our publications request line on 0800 052 0138.

Are you eligible?

Are you a household customer on a water meter?

NO

YES

Do you, or anyone in your household, receive any of these BENEFITS OR TAX CREDITS?

- | | |
|--|--|
| <input type="checkbox"/> Income Support | <input type="checkbox"/> Pension Credit |
| <input type="checkbox"/> Income-based Job Seekers Allowance | <input type="checkbox"/> Working tax credit |
| <input type="checkbox"/> Housing Benefit | <input type="checkbox"/> Child tax credit (other than just the family element) |
| <input type="checkbox"/> Council Tax Benefit (not sole occupancy or disabled relief) | |

NO

YES

Do you, or anyone in your household, have any of these MEDICAL CONDITIONS?

- | | |
|--|--|
| <input type="checkbox"/> Desquamation (flaky skin disease) | <input type="checkbox"/> Ulcerative colitis |
| <input type="checkbox"/> Weeping skin disease (eczema, psoriasis, varicose ulceration) | <input type="checkbox"/> Renal failure requiring home dialysis (except where the health authority contributes to the cost of the dialysis) |
| <input type="checkbox"/> Incontinence | <input type="checkbox"/> Another medical condition which requires the use of significant additional water |
| <input type="checkbox"/> Abdominal stoma | |
| <input type="checkbox"/> Crohn's disease | |

YES

NO

Does the person who receives the benefit or tax credit also receive child benefit for THREE OR MORE CHILDREN under the age of 19 and in full-time education living at your address?

YES

NO

You are likely to be eligible for the scheme. Please fill in the application form and return it to us with the evidence requested.

YES

You are not eligible for this scheme.

You might want to contact us about switching to a meter or other easier ways to pay.

NO

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.

WaterSure tariff application form (2008/2009)

Please read the notes carefully before completing this form.

Section 1

The person named on the water bill

First name Mr/Mrs/Miss/Ms: Customer Reference Number:

Last name:

Full Address:

Post Code:

Daytime Telephone No: Evening Telephone No:

About benefits or tax credits in the household

Which of the following benefit(s) or tax credit(s) are received by someone in your household?

(Please tick all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Income Support | <input type="checkbox"/> Housing Benefit |
| <input type="checkbox"/> Income-based Job Seeker's Allowance | <input type="checkbox"/> Council Tax Benefit (not single occupier or disabled relief) |
| <input type="checkbox"/> Working Tax Credit | <input type="checkbox"/> Pension Credit |
| <input type="checkbox"/> Child Tax Credit (not family element only) | |

Please give the National Insurance number of the person who receives these benefits or tax credits

Your Meter

Meter number: Date:

Reading: Meter location:

Section 1

To be completed by the person named on the bill

To qualify for this scheme, someone in your household must be receiving at least one of the benefits or tax credits listed.

You must include with this application the latest 'notice of entitlement' of benefits/tax credit.

The 'notice of entitlement' must be less than 1 year old for benefits or less than 6 months old for tax credits. All documentation you send to us will be returned to you.

Section 2 - Complete either this section or Section 3 as appropriate

Medical conditions requiring extra water use

The name of the person who lives at the house and has a medical condition that requires significant additional use of water:

Which of these medical conditions do they have? (Please tick all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Desquamation | <input type="checkbox"/> Renal failure requiring home dialysis |
| <input type="checkbox"/> Weeping skin (eczema, psoriasis, varicose ulceration) | <input type="checkbox"/> Crohn's disease |
| <input type="checkbox"/> Incontinence | <input type="checkbox"/> Ulcerative colitis |
| <input type="checkbox"/> Abdominal stoma | <input type="checkbox"/> Another condition that requires extra water use (Please tell us about this below) |

(Please tell us the name of this condition):

Please describe briefly how your illness results in increased water use:

Your GP, nurse or suitably qualified medical person must date stamp, (with the hospital/surgery stamp) sign and date this box to confirm the illness ticked above as your proof:

GP/Nurse signature:
Date:

Name and address of doctor or hospital consultant:

Section 2

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

Please confirm the medical condition(s) that the person has by ticking all relevant boxes. If you receive dialysis at hospital you will not be eligible for this tariff.

IMPORTANT- we need to understand why the medical condition results in increased water use.

By asking your GP or practice nurse to sign, stamp and date this form we will not require an additional medical certificate or letter from your doctor.

Please provide details of the doctor or consultant who can confirm that you have this condition, if necessary, we may contact them directly to clarify the details you have given.

Section 3 - Complete either this section or Section 2 as appropriate

Families with three or more children at home

- I confirm that the person who receives benefits/tax credits (named in Section 1) is responsible for, and claims child benefit for, three or more children under 19 years of age, in full-time education and in permanent residence with them *(please tick box)*

Please give the full names and dates of birth of the three children under 19 who live at home and are in full-time education

Name	Date of birth
.....
.....
.....
.....

Section 4 - All applicants must complete this section

Declaration - Please read carefully before signing

I declare that the information I have given is correct to the best of my knowledge and I understand that any false information may disqualify my claim.

I will notify the Company immediately if there are any changes to the circumstances that affect my claim.

I authorise the authority that administers my benefit or tax credit to give information to Dŵr Cymru, should it be necessary, in order for the information I have provided to be verified.

If I have made a claim on the basis of a medical condition, I authorise the medical person who knows about that condition to give information about the condition and, its potential impact on water use, to Dŵr Cymru, should it be necessary, in order for the information I have provided to be verified.

I do not water my garden by other than hand-held means, or an auto-fill swimming pool or pond of over 10,000 litres capacity.

I can make a request to revert to the previous unmeasured basis of charging at any time, up to one month after the Company has issued bills for 12 months from the date my meter was fitted.

I understand that any customer who knowingly misleads the water undertaker as to their entitlement may be committing the criminal offence of obtaining pecuniary advantage by deception and/or may be committing fraud relating to the benefits and tax authorities and that this could lead to criminal proceedings.

I do not receive any contributions towards the cost of water from the Health Authority.

Signature: Date:

Please complete the application form and return it along with the necessary documentation to:

Dŵr Cymru Welsh Water
Freepost SWC 5253
CARDIFF
CF3 5GY

Section 3

You should tick this box if the person in receipt of benefits is responsible for and claims child benefit for 3 or more children who are under the age of 19, who are in full time education and who live at the address on the water bill.

Please provide the full name and date of birth for each child aged under 19.

You **MUST** enclose the latest 'notice of entitlement' to child benefit, please contact the Child Benefit Centre.

If you cannot find your 'notice to entitlement' to child benefit, please contact the Child Benefit Centre.

Checklist

- I've completed all the parts of the form that apply to me (that is parts 1, 2 and 4 or 1, 3, and 4).
- I've provided a copy of the latest 'notice of entitlement' for the benefits or tax credits.
- If I've ticked 'another medical condition' I have completed section 12 and it has been signed and stamped by my GP or Practice Nurse.
- If I've completed part 3 I've supplied a copy of the latest 'notice of entitlement' to child benefit for each child named.

If the relevant supporting documents are not enclosed your application will be refused and returned to you.

How did you find out about this scheme?

- Our staff
- Word of mouth
- Our website
- Citizen's Advice Bureau
- Consumer Council for Water