

Ref: THA
 Date received:
 Ref No:
 Telephone: 0800 111 4680

CUSTOMER ASSISTANCE FUND REQUEST FORM



ALTERNATIVELY YOU CAN APPLY ONLINE AT www.applytw.org.uk

Date of Birth

D	D	M	M	Y	Y
---	---	---	---	---	---

N I Number

--	--	--	--	--	--	--	--	--	--

If you have successfully applied in the last year it is highly unlikely that you will be awarded a further grant.

1. PLEASE TELL US ABOUT YOURSELF *If your details are different, please amend below* *(Please fill boxes as appropriate)*

Name Mr Mrs Miss Ms Other

Address
 Postcode

Telephone Email

2. WHO SHARES YOUR HOME WITH YOU? *(Please fill boxes as appropriate)*

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

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

How many children 16 and under live with you? Age of each child under 16

How many other adults or children over 16 live with you? Age of each child over 16

How many adults are: Employed Unemployed

Are you or anyone in your household disabled? If YES, please tell us who

Are you a home owner? Yes No or do you pay rent to: Housing Association Local Authority
 Private Landlord Other

If you would like to know more about Thames Water Priority Services please tick this box.

3. PLEASE GIVE US DETAILS OF YOUR WATER AND WASTE WATER ACCOUNTS *(Please fill boxes as appropriate)*

Do you have a water meter? *(please tick)* Yes No

Thames Water Account number (you can find this on your water bill) Total amount outstanding
 £

If you are not billed by Thames Water please add in the box below the name of your water company as shown on your bill and your account number

If you are applying for help with arrears from a previous address, please add the address details below

Postcode Account No:

4. PAYING YOUR WATER BILLS

(Please tick boxes as appropriate)

Are your water charges deducted direct from your benefits? Yes No

If 'NO' how do you want to pay for your future charges?

Payment Card Direct Debit Deducted From Benefits

Do you prefer to pay:

Weekly Fortnightly Monthly

5. ARE YOU IN ANY DEBT WITH ANY OF THE FOLLOWING?

(Please fill boxes as appropriate)

	Amount of Arrears	Weekly payment/offer
Rent	£	£
Mortgage	£	£
Secured Loan	£	£
Council Tax	£	£
Gas	£	£
Electricity	£	£
Court Fines	£	£

	Amount of Arrears	Weekly payment/offer
HP Agreements	£	£
Catalogues	£	£
Store/credit cards	£	£
Loans	£	£
Telephone	£	£
Other (Please specify)	£	£
Other (Please specify)	£	£

IMPORTANT ADVICE: If you are completing this application without help from a money adviser and/or you are having difficulty paying any of your arrears, you can get free help and advice from your local Citizens Advice or other advice centres.

6. ENERGY SUPPLIER INFORMATION?

Who is your current energy supplier?

Gas

Electricity

We may be able to make you aware of other organisations who can help you save money on your energy bills.

7. HAVE YOU APPLIED FOR ANY HELP WITH YOUR THAMES WATER/WASTE WATER CHARGES BEFORE?

If you have applied for help with your water debt before please tell us when and from what address if this is different from your current address.

Date applied (approx)

Address
Postcode:

If you have previously applied in the past 12 months it is highly unlikely your application will succeed.

8. TELL US ABOUT YOUR FINANCIAL SITUATION - PLEASE INCLUDE ALL HOUSEHOLD INCOME

Advice/referral agencies may submit ALL pages from a Standard Financial Statement.

INCOME <small>Proof must be enclosed</small>		WEEKLY FIGURES	OUTGOINGS	WEEKLY FIGURES
WAGES/SALARY			HOUSING COSTS	
Your take home pay			Rent	
Partner's take home pay			Mortgage	
BENEFITS/TAX CREDITS			Secured loans/2nd mortgage	
Housing benefit			Council tax	
Council tax support			Life/building/contents insurance	
Support for mortgage interest			Other - <i>please specify</i>	
Jobseeker's allowance	Contribution based Income based		UTILITIES	
Universal credit			Water/waste water	
Income support			Gas	
Child benefit			Electricity	
Child tax credit			Coal and other fuels	
Working tax credit			HOUSEKEEPING	
Maternity pay/allowance			Food & general housekeeping	
Bereavement benefits			Clothing	
Incapacity benefit			Laundrette	
Employment and support allowance	Contribution based Income based		Pet Costs	
Carer's allowance			CHILDREN	
Disability living allowance (care)			Child care	
PIP (daily living)			School meals etc.	
Disability living allowance (mobility)			Child maintenance	
PIP (mobility)			TRAVEL	
Statutory sick pay			Car costs (<i>inc. MOT, Tax & fuel</i>)	
Severe disability living allowance			Fares - train/bus	
Attendance allowance			Motability car	
Industrial disablement benefits			HEALTH	
PENSIONS			Care costs/special needs	
Retirement pension			OTHER OUTGOINGS	
Partner's pension			TV licence	
Occupational pension			Sky/cable/internet	
Private pension			Cigarettes/alcohol	
Pension credit			Appliance rental	
Other pension - <i>please specify</i>			Telephone (<i>inc. mobiles</i>)	
OTHER INCOME			Loans (<i>inc. credit/store cards & catalogues</i>)	
Maintenance			HP payments	
Student grant/loan			Benefit overpayments	
Income from lodgers or property			Other - <i>Please specify</i>	
Son's/daughter's contribution			PLEASE CONFIRM FREQUENCY OF AMOUNTS IF NOT SHOWN WEEKLY	
Contribution from other adult at property			TOTAL WEEKLY INCOME	£
Other - <i>please specify</i>			<i>What (if any) savings do you have?</i>	£
			TOTAL WEEKLY OUTGOINGS	£

9. PLEASE TELL US WHY YOU HAVE NOT BEEN ABLE TO PAY YOUR WATER/WASTE WATER BILL?

Please give as much information as possible about your circumstances. Add dates where possible and details of any particular hardship/illness or disability that affects you and your family and has led to your difficulties*

* You can continue on back of form if required (Section 15)

10. IF SOMEONE HAS HELPED YOU TO COMPLETE THIS FORM, PLEASE ASK THEM TO ADD THEIR DETAILS

Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other <input type="checkbox"/>	Name	<input type="text"/>
Job Title	<input type="text"/>				Organisation	<input type="text"/>	
Address	<input type="text"/>						
	<input type="text"/>					Postcode	<input type="text"/>
Telephone	<input type="text"/>			Email	<input type="text"/>		

If you are from an Advice Agency and you are unable to enclose proof of income, by signing this statement you are confirming you have seen and verified all the applicants proof of income. Please note: Copies of this evidence may be requested at anytime.

Signature:

Date:

11. WHAT HAPPENS NEXT?

When we receive your application, we will contact you and provide you with a unique reference number. Please keep this reference number safe. You will need to quote it if you contact us.

If my application is not successful... what can I do?

We suggest that you telephone the water company to discuss what other options are available or you may benefit from some help from an advice agency. There is a whole range of organisations such as Citizens Advice, Local Authorities and Social Landlords who can provide free independent and confidential advice on your finances and can ensure that you are obtaining all the benefits and other income you are entitled to.

12. IMPORTANT INFORMATION

So that we can consider your request you must enclose up to date proof of all the household income with your application.

We will need to see proof of all money received for yourself, partner, any other adults and children.

All documents must be dated within the last 3 months and clearly show name and address details as well as amounts received.

- If you receive Universal Credit, all pages which show the breakdown of your entitlement must be sent.
- The letter which shows the benefits you receive must be less than one year old, or less than six months old if it is for tax credits and also show your weekly payment.
- If providing wage slips please send copies of 3 recent consecutive wage slips.
- You may also provide a copy of your latest bank statement(s).

PLEASE DO NOT SEND ORIGINAL DOCUMENTS AS THEY WILL NOT BE RETURNED

Do not forget if you have a payment plan in place you should continue to make payments whilst your application is being dealt with.

BEFORE SUBMITTING THIS APPLICATION, PLEASE TICK THAT YOU HAVE:

1. Fully completed the application form where applicable.
2. Signed section 14 and read the declaration.
3. Enclosed all proof of income and supporting documentation.

Your application may be declined if you do not send us all your proof of income.

For support completing the form or any questions you can:

Call us on 0800 111 4680 between 8:30am – 5:00pm Monday to Friday

Email us at: contact@twcaf.org.uk

13. DECLARATION

I declare that the information I have given in this form is complete and correct to the best of my knowledge.

I authorise Thames Water Utilities Ltd or their representatives to: (a) contact the supplier of my water/waste water 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) consider alternative support schemes and/or 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.

To see our Privacy Policy, please refer to our website at www.thameswater.co.uk/legal/privacy

If you would like us to send you a copy of our Privacy Policy, please let us know.

Signature:

Print Name:

Date:

14. OTHER SUPPORTING INFORMATION

PLEASE RETURN THE COMPLETED FORM TO:
Thames Water Customer Assistance Fund
FREEPOST RSAJ-BXEA-LKLT
Sutton Coldfield
B72 1TJ