

Office Use Only

Date Received:

Ref No:



Customer Assistance Fund request form

Confidential Tel: 0800 111 4680

1 PLEASE TELL US ABOUT YOURSELF AND YOUR FAMILY

Title Mr/Mrs/Miss/Ms/Other First Name Surname

Address

Postcode Telephone

Date of Birth Are you a homeowner? YES NO or do you pay rent to; Housing Assoc
Local Authority
Private landlord
Other

National Insurance number

Email

2 WHO SHARES YOUR HOME WITH YOU?

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

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

How many children 16 and under live with you? Ages of children

How many other adults or children over 16 live with you? Ages of children

Please tell us if they are: Employed Unemployed

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

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

3 HAVE YOU APPLIED FOR ANY HELP WITH YOUR THAMES WATER/WASTEWATER CHARGES BEFORE?

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

Date applied (approx) Address

Postcode

4 IMPORTANT PLEASE ENCLOSE PROOF OF ALL INCOME

YOU MUST enclose up to date **PROOF OF ALL THE HOUSEHOLD INCOME** with your application for yourself, partner, other adults and children.

All documents must clearly show name and address details as well as the amounts currently being received.

- If you are working:** please enclose copies of your last three up to date wage slips.
- If you are receiving benefits (including housing benefit):** please enclose a copy of your latest benefit award letter or a copy of your latest bank statement showing the amounts received.

5 PLEASE GIVE US DETAILS OF YOUR WATER AND WASTEWATER ACCOUNTS

Do you have a water meter? (please tick) YES NO

Thames Water Account number (you can find this on your water bill)

Total £ 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:

6 PAYING YOUR WATER BILLS

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

7 ARE YOU IN ANY DEBT WITH ANY OF THE FOLLOWING?

	Arrears	Weekly payment/offer		Arrears	Weekly payment/offer
Rent	<input type="text"/>	<input type="text"/>	HP agreements	<input type="text"/>	<input type="text"/>
Mortgage	<input type="text"/>	<input type="text"/>	Catalogues	<input type="text"/>	<input type="text"/>
Other secured loans	<input type="text"/>	<input type="text"/>	Store/credit cards	<input type="text"/>	<input type="text"/>
Council tax	<input type="text"/>	<input type="text"/>	Loans	<input type="text"/>	<input type="text"/>
Gas	<input type="text"/>	<input type="text"/>	Social Fund Loan	<input type="text"/>	<input type="text"/>
Electricity	<input type="text"/>	<input type="text"/>	Other - please specify	<input type="text"/>	<input type="text"/>
Telephone	<input type="text"/>	<input type="text"/>			
Court fines	<input type="text"/>	<input type="text"/>			

8 WHO IS YOUR CURRENT ENERGY SUPPLIER? (We may be able to make you aware of other organisations who can help)

Gas Electricity

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

Advice/referral agencies may submit the British Bankers Association/Money Advice Trust
Approved full Common Financial Statement

INCOME	WEEKLY FIGURES
Proof of this must be enclosed	

Wages/Salary

Your take home pay	
Partner's take home pay	

Benefits/Tax Credits

Housing Benefit	
Council Tax Support	
Support for Mortgage interest	
Jobseeker's Allowance	Contribution based Income based
Universal Credit	
Income Support	
Child Benefit	
Child Tax Credit	
Working Tax Credit	
Maternity pay/allowance	
Bereavement Benefits	
Statutory Sick Pay	
Incapacity Benefit	
Employment and Support Allowance	Contribution based Income based
Carer's Allowance	
Disability Living Allowance (care)	
PIP (daily living)	
Disability Living Allowance (mobility)	
PIP (mobility)	
Industrial Disablement Benefits	
Severe Disability Allowance	
Attendance Allowance	

Pensions

Retirement pension	
Partners' pension	
Occupational pension	
Private pension	
Pension Credit	
Other - please specify	

Other Income

Maintenance	
Student grant loan	
Income from lodgers or property	
Contribution from son/daughter	
Contribution from any other adult living at the property	
Other - please specify	

TOTAL WEEKLY INCOME

What (if any) savings do you have?

OUTGOINGS	WEEKLY FIGURES
Housing Costs	
Rent	
Mortgage	
Secured loans/2nd mortgage	
Council tax	
Life/building/contents insurance	
Other - please specify	
Utilities	
Water/Wastewater	
Gas	
Electricity	
Coal and other fuels	
Housekeeping	
Food & general housekeeping	
Clothing	
Children	
Child care	
School meals etc	
Child Maintenance	
Travel	
Car costs (inc. MOT, tax & petrol)	
Fares - train/bus	
Motability car	
Health	
Care costs/special needs	
Other Outgoings	
TV licence	
Sky/cable/internet	
Appliance rental	
Telephone (inc mobiles)	
Loans, credit/store cards & catalogues	
HP Payments	
Laundrette	
Other - Please specify	

DO NOT FORGET TO ENCLOSE PROOF OF ALL YOUR INCOME

TOTAL WEEKLY OUTGOINGS

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

11 FURTHER ASSISTANCE

If you need **HELP** with an essential household item or with other costs and can tell us what you need, why you need it and how it will make a difference to your life, we will refer your details to the independent charity Thames Water Trust Fund for consideration.

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

Title	Mr / Mrs / Miss / Ms / Other	<input type="text"/>	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 number	<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.

Signature	<input type="text"/>	Date	<input type="text"/>
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**Please note: Copies of this information may be requested.
IF THIS STATEMENT IS NOT SIGNED THE APPLICATION WILL BE RETURNED.**

13 DECLARATION

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

I authorise Thames Water or their representatives to: (a) contact any referral agency (including the person named in 10 above), other organisation or relevant person for clarification and/or confirmation of amounts owing or other information which is considered relevant to my application, (b) process information in this application to enable future budgeting of water charges and (c) provide relevant information to my energy supplier/relevant Fund for the purpose of seeking additional grant aid.

Signature	<input type="text"/>	Print name	<input type="text"/>	Date	<input type="text"/>
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