WaterSure Plus can help you if you are on a low income and you have a water meter. It will put a limit on your charges for water and sewerage services as long as you meet the following conditions.

1. Your supply is metered.
2. You or someone in your household receives means-tested benefits or tax credits and either:
   a) the person receiving the benefits or tax credits also receives Child Benefit for three or more children under the age of 19;
   or
   b) someone living in the household has a medical condition which causes them to use a lot of extra water.

The WaterSure Plus charges are shown in the letter sent with this form.

If you are accepted on to the scheme and your standard metered bill is lower than the WaterSure Plus charge, we will only charge you the lower amount. We will ask you to re-apply for the scheme each year.

**How to apply**

1. Fill in this application form and return it to us with your supporting evidence in the envelope we have provided.
2. We will try to give you a decision within 10 working days.
3. If your application is not successful we will tell you why.
4. If your application is successful, we will apply the reduced charges to your next bill.

Do you need help with this form? Speak to an adviser.

**0345 600 3 600**

(Monday to Friday, 8am to 8pm; Saturday, 8am to 2pm)

We can provide this information in large print or different formats. Please call us for details.
Are you eligible?

Do you have a water meter?
- yes
  - Does anyone in your household receive any of these benefits or tax credits?
    - Income support
    - Jobseeker’s allowance
    - Employment and support allowance
    - Housing benefit
    - Pension credit
    - Working tax credit
    - Child tax credit (other than just the family element)
    - Universal credit
  - yes
    - Does anyone in your household have any of these medical conditions?
      - Desquamation (flaky skin disease)
      - Weeping skin disease (eczema, psoriasis, varicose ulceration)
      - Incontinence
      - Abdominal stoma
      - Crohn’s disease
      - Ulcerative colitis
      - Renal failure requiring home dialysis (except where the health authority contributes to the cost of the dialysis)
      - Another medical condition which requires the use of significant additional water and can be supported with a doctor’s letter
    - yes
    - Does the person who receives the benefit or tax credit also receive child benefit for three or more children under 19 living in your household?
      - yes
        - You are likely to be eligible for WaterSure Plus. Please fill in the application form and return it to us with the evidence requested.
      - no
        - You are not eligible for WaterSure Plus
          - You might want to contact us on 0345 600 3 600 to talk about other ways we can help you.
  - no
  - no

You do not qualify for WaterSure Plus 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 more than 10,000 litres.
1 You must fill in this page

Who is the person named on the water bill?

1 First name ........................................................................................................................................
2 Last name ........................................................................................................................................
3 Address and postcode .......................................................................................................................  
                                                                                                      ........................................................................................................................................
                                                                                                      ........................................................................................................................................
4 Mobile number ...................................................................................................................................
5 Alternative number ..............................................................................................................................
6 Email address ....................................................................................................................................... 
7 Customer reference number (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 [ ]
   Jobseeker’s allowance [ ]
   Employment and support allowance [ ]
   Working tax credit [ ]
   Child tax credit (not just the family part) [ ]
   Housing benefit [ ]
   Pension credit [ ]
   Universal credit [ ]

9 Please give the name and National Insurance number of the person who receives the above benefits or tax credits.
   Name ................................................................................................................................................
   National Insurance number ..............................................................................................................

Notes

8 To qualify for WaterSure Plus, someone in your household must be receiving at least one of the benefits or tax credits listed. You must provide a copy of your latest entitlement to benefits or tax credits which must be less than 12 months old. All documents must show your name and address.

Benefits not accepted:
- Incapacity benefit.
- Disability living allowance.
- Carer’s allowance.
- Attendance allowance.
- Personal independence payment.

If you do not have a notice you can obtain a replacement by contacting your local council, local benefit office or the tax credit office.

If you are applying because of a medical condition, go to page 4. If you are applying because you have a large family, go to page 5.
Fill in this page if you are applying because of a medical condition

Medical conditions needing extra water use

10 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. Name: .................................................................

11 Which of these medical conditions do they have? (Tick all that apply)
   a) Desquamation (flaky skin disease)  □
   b) Weeping skin disease (eczema, psoriasis, varicose ulceration) □
   c) Incontinence □
   d) Abdominal stoma □
   e) Renal failure where they need home dialysis (do not tick if the health authority helps with water costs) □
   f) Crohn’s disease □
   g) Ulcerative colitis □

12 Do they have another condition (including mental health conditions) which means they have to use a lot of extra water? Please tell us the name of this condition.
   ........................................................................................................

Notes

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

11 You must provide a copy of your prescription form or a doctor’s certificate. If you can’t provide either of these you must provide some other evidence that you have the condition and why you need to use extra water.

12 You must provide a letter from your doctor or consultant stating why your condition causes you to use a lot of extra water.

Extra support when you need it
We want to give all our customers the best service at all times. We know that everyone’s needs are different and we can help through Priority Services.

When you sign up for Priority Services you can:

- ensure you always have easy access to water
- choose how you receive your bill and information
- ask for help with reading your meter
- set up a password for when we visit.

Priority Services is a free service and anyone living in the Wessex Water region can sign up for it. Visit wessexwater.co.uk/priorityservices or call 0345 600 3 600
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.

13 I confirm that the person who receives benefits or tax credits (named at question 10) is responsible for, and claims Child Benefit for, three or more children under 19 who live with them permanently. Please tick.

14 Please give the full names and birth month and year of these children

Name                                      Month Year
.................................................................. / ...... / ........
.................................................................. / ...... / ........
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.................................................................. / ...... / ........

(Continue on a separate sheet of paper if necessary.)

Notes

You must provide a copy of the ‘notice to entitlement’ which is less than 12 months old. Alternatively you can provide a copy of a recent bank statement showing Child Benefit payments. This must confirm your name and address.

If you cannot find your ‘notice to entitlement’ to Child Benefit, please contact the Child Benefit Helpline on 0300 200 3100.
### Declaration

If I pay my sewerage charges to a different company, I give you permission to pass on the details I have provided so that they can also consider my sewerage charges under the WaterSure Plus scheme.

I confirm the following:
- a member of my household meets the conditions for help under the WaterSure Plus scheme
- I only use a hosepipe or watering can to water my garden
- my household does not have an auto-fill swimming pool or pond which holds more than 10,000 litres of water
- I do not receive any help towards the cost of water from the health authority
- 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 straight away.

**Warning** If you deliberately give us misleading information you are committing a criminal offence and could be prosecuted.

Your signature ........................................  Date ........................

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### Checklist

- Make sure you have completed all parts of the form that apply to you.
- Don't forget to sign and date the declaration.
- Please enclose all the required evidence as we can't process your application without it.
- Return your completed form and evidence in the prepaid envelope to:
  
  **Wessex Water**  
  **1 Clevedon Walk**  
  **Nailsea**  
  **Bristol BS48 1WA**

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### How we will use your personal information

The personal information you provide in this form and within the supporting evidence will be used to process your application and assess your eligibility for WaterSure Plus. For more information about our use of your personal information and your rights please see our Privacy Notice, available at wessexwater.co.uk/privacy-policy

Your agreement for us to use information about your benefits

I am the person named in question 10 and I agree to you using the information given to process this application

Signed ........................................................  Date ........................

Your agreement for us to use information about your children

I have parental responsibility for the children named in section 3 and agree to you using the information given to process this application

Signed ........................................................  Date ........................

Your agreement for us to use information about your health

Please sign and date if you are:
- the person with the medical condition (and are 13 or over); or
- the person with either:
  - parental responsibility for the person with the medical condition (if they are under 13); or
  - legal responsibility for the health and welfare of the person with the medical condition.

I agree to you using the information given about the medical condition(s) specified in section 2 and, where applicable, sharing that information with the doctor or hospital consultant for the purposes of processing this application and assessing eligibility for WaterSure Plus.

Signed ........................................................................  Date ............................................................................

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6 of 8
Extra support when you need it

We want to give all our customers the best service at all times. We know that some of our customers may need extra consideration or support at times due to age, ill health, a disability or additional needs and we can help you through Priority Services.

Section 1

Understanding your situation
So we can make sure we can always give the best support, please tick all that apply to you.

- Nebuliser and apnoea monitor
- Heart, lung and ventilator
- Oxygen Concentrator
- Oxygen Use
- Stair lift, hoist, electric bed
- Careline/Tele-care
- Medical Refrigeration
- Water Dependent
- Dialysis, feeding pump and automated medication
- Chronic illness/Serious illness
- Blind
- Partially sighted
- Hearing Impairment or deafness
- Pensionable age
- Physical impairment
- Speech difficulties
- Restricted hand movement
- Unable to communicate in English

Please specify your first language

- Developmental condition
- Mental health
- Dementia(s)/cognitive impairment
- Unable to answer the door
- Medically dependent bathing/showering
- Poor sense of smell/taste
- Additional presence preferred
- Families with children aged five or under

Temporary
- Young adult householder (under 18)
  Date of birth (month and year)

- Post Hospital recovery*
- Life changes*

* We will keep you on the register for 12 months, after this time if we can support you in any other way please let us know.

Continued overleaf
Section 2
If you'd prefer us to deal with a nominated contact to act on your behalf for any billing, supply interruptions and/or sewerage issues please provide their details.

Contact name

Address

Postcode

Their mobile number

Their email address

Your contact's agreement for us to use and share their information (if applicable)
Are you happy for Wessex Water to contact you as described?
Yes [ ] No [ ]

Are you happy for us to share your details with the registrant's energy/utility suppliers or networks so you can be contacted about Priority Services for them?
Yes [ ] No [ ]

Signature

Both you and your contact can withdraw your consent at any time by contacting us by email at priority.services@wessexwater.co.uk or by telephoning us on 0345 600 3 600.

Register for eBilling where you can view your bills, current balance and the payments you have made. Go to: myaccount.wessexwater.co.uk

Section 3
Where we would normally contact customers in a written format how would you like to be contacted?

[ ] Large Print [ ] Braille [ ] Phone call

[ ] Relay UK [ ] Home visit

Section 4
If one of our representatives visits your home would you like us to use a password?

Yes [ ] No [ ] Password

Prompt (please add in a prompt question/answer here - eg, mother's maiden name)

Section 5
How we will use your personal information - As we supply essential services, we need to keep records of customers who may require additional help and we will use your personal and health information to assist us to plan support and provide services based on the needs you have indicated.

This may be in how you receive your bills or for help during an event that affects the provision of your water supply and/or sewerage services. We do this as it is in the public interest for us to be able to help people who need it most. We will check with you from time to time whether you still want us to keep this information to use for these reasons but you can opt-out at any time by contacting us at priority.services@wessexwater.co.uk or call us on 0345 600 3 600. If you have chosen a nominee who has agreed to act on your behalf such information will be shared with them. Full details about your rights and how we use your personal information for priority services purposes is available on our privacy notice at wessexwater.co.uk/privacy-policy

Thank you for completing this form, all information will be treated in the strictest confidence and will ensure that we are able to provide you with an improved service around your needs. If you have any questions about anything in this form, please contact us.