

### Struggling with your water bill payments?

We're here to help if you're having difficulties paying your water bill. Just fill in the following form and we'll review your water account and see how best we can help including transferring you to one of our support schemes.

Please complete all sections of this form with your details.

Customer Number:							
Title:	Mr Mrs Miss Ms Other (please state)						
Full Name:							
Supply Address:							
Date of birth:	Day Month Year						
Email Address:							
Contact telephone:							
Preferred contact method	Email Telephone						
Prefered contact time:	Any Morning Afternoon						
Tenant/homeowner status:	Tenant Homeowner						
Is this the only home you occupy/own?	Yes No						
How many people live in your home?							
Adults over 18 or over 16 and in work							
Children under 19 not in work							



#### Financial income and expenditure statement

Please ensure this section is completed in order for us to ensure you receive the most appropriate help.

Important: Please remember to enclose proof of income when returning this form to us.

Income	Occupier 1		Occupier 2		
	Weekly payment	Monthly payment	Weekly payment	Monthly payment	
Wages/Salary					
Jobseeker's Allowance					
Incapacity Benefit Employment & Support Allowance					
Income Support					
Pension Credit					
Universal Credit (Note: If you can't find	d your UC amount,	please check you	ur online journal).		
Uuiversal Credit					
Develop al Todos and a con Develop at					
Personal Independence Payments					
Disability Living Allowance					
Child Benefit					
Child Tax Credit					
Working Tax Credit					
Attendance Allowance					
Housing Benefit					
Council Tax Reduction/Support	Yes	No	(If yes Please rem proof of this bene		
Other income (please give details of arany income).	ny additional incor	me received or a	dditional occupie	rs that receive	
Expenditure					
Mortgage/rent					
Mortgage/Territ					
How can we help and why are you strugg	gling with your wat	er bill?			

# **AffinityWater**

### Medical conditions needing extra water use

	ere anyone in the household who suffers from a ical condition which increases the water usage?		Yes		No			
	ou have answered 'Yes', please state who in the ehold suffers from this medical condition:							
	u have ticked that someone in the household suffers from a medical condit dition' from the following:	ion p	lease spec	ify th	e'Medical			
	Desquamation (flaky skin disease)							
	Weeping skin disease (eczema, psoriasis, varicose ulceration)							
	Incontinence							
	Abdominal stoma							
	Renal failure where they need home dialysis (do not tick if the health au	ıthori	ty helps w	ith w	ater costs)			
	Crohn's disease							
	Ulcerative colitis							
	Other - (please tell us the name of this condition)							
Dec	laration of permission							
	I give permission to the medical professional who knows about the coinformation about the condition and why I need to use more water, to a provided (please tick this box).							
Payr	ment plan							
appl	ou currently have a payment plan on your account, your payments wil ication. If you don't currently have a payment plan and would like us to se preferred option below:							
	Direct Debit							
	Please tick this box if you would like to pay by Direct Debit and spread yo we'll send you a form in the post. If you would prefer to set up a Direct I affinitywater.co.uk/directdebit							
	Payment Card							
	Please tick this box if you would like us to send you a Payment Card so PayPoint outlet. Let us know if you would like to pay:	that	you can po	ау уо	ur bill at a			
	Weekly Monthly: Preferred pays	ment	date of m	onth				
	Water Direct							
	If you receive one of the following benefits and are already behind with can arrange for the Department for Work and Pensions to pay your wate The benefits are Income Support, Income-based Jobseeker's Allowar Credit, and Income related Employment and Support Allowance. If y you'll pay your current year's charges and a fixed amount towards your contents.	r bill nce, l our c	direct from Pension C application	m you redit,	ır benefits. Universal			
	Please tick this box if you would like to pay your water bill in this Insurance number below.	way (	and provid	e you	ır National			
	My National Insurance number is:							



## Checklist I've filled in all parts of the form. If applicable, I am happy for you to discuss my account with the third party who helped me to complete this form. I've signed the form (if you do not sign it, we cannot process your application). IMPORTANT - If you are applying for support as a result of being financially impacted due to a change of circumstances within the last 6 months, you will need to include supporting evidence with your application. You will need to supply a copy of your benefit entitlement letter along with evidence of your employment circumstances. For example, a letter from your employer confirming you have been made redundant, pay slips to show a reduction in pay due to long-term sickness, or a bank statement to show reduced income, or other similar documentation. Without supporting evidence, we will not be able to process your application. **Priority services** Priority Services are free services for customers who need additional support. If you have ticked any of the above medical conditions, you will also be eligible for our free Priority Services scheme (whether you receive benefits or not), offering a range of free services to support your particular needs. If you do not wish to register please tick this box. **Declaration** Please tick each box to confirm you accept all the declaration statements. You must tick all the boxes to be eligible for support. The information I have provided is correct to the best of my knowledge, and I have submitted accurate household income information. I understand that if I provide any information that is false, you may refuse my application for financial support. If my circumstances change and it may affect my application, I will let you know straight away. I understand that failure to pay my bill will lead to me reverting to how I was charged before I qualified for financial support. I understand that Affinity water may contact the authority that provides my benefits or tax credits to verify the information that I have provided. I confirm that I will abide by the terms and conditions of the financial support I receive. My household does not have an auto-filling swimming pool, pond, or other similar piece of equipment that holds over 10,000 litres of water. **Signature** - (keep within the border)

Please return this form to: Affinity Water, Tamblin Way, Hatfield, Hertfordshire AL10 9EZ

Once we receive your form, we'll give you a call to discuss the payment schemes that would be suitable for you based on the information you have provided. If you need to contact us in the meantime, please call our customer team on 0345 357 2401. We'll be happy to help.

Date:

Day

Month

Year