

# Application for help with your water bills



Please answer the following questions. Most of the questions can be answered by:

- putting a tick or cross in a box like this   or
- writing in a number or an amount like this How many [2] Ages [ 17, 19 ]

## 1 Please tell us about yourself and your family

Customer reference number (if known) \_\_\_\_\_

Surname: \_\_\_\_\_ Title \_\_\_\_\_

First name(s) \_\_\_\_\_

Date of birth \_\_\_\_\_ National Insurance no. \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_

Telephone Landline \_\_\_\_\_ Mobile \_\_\_\_\_

Email: \_\_\_\_\_

When is the best time to contact you? Please specify \_\_\_\_\_

If you have a support worker who you would like us to contact on your behalf please provide their name and contact details: \_\_\_\_\_

Is the above address your only or main home? Yes  No

Is your home? Social rented/council  Private rented  Own property

I solely own the property  I part own/part rent with a housing association

I jointly own the property with my: Wife  Husband  Partner  Other

Who shares your home with you? Tick all boxes that apply

I live alone  Wife  Husband  Partner  Children  Other

Please give full name(s) \_\_\_\_\_ Date of birth [ / / ]

of the ADULTS who share \_\_\_\_\_ Date of birth [ / / ]

with you \_\_\_\_\_ Date of birth [ / / ]

\_\_\_\_\_ Date of birth: [ / / ]

Children under 16 or still at school/college  How many? [ ]

Please give dates of birth Date of birth [ / / ] Date of birth [ / / ]

Date of birth [ / / ] Date of birth [ / / ]

Date of birth [ / / ] Date of birth [ / / ]

Date of birth [ / / ] Date of birth [ / / ]

Other adults and children who have left school  How many? [ ] Ages [ ]

## 2 Employment

### About you

I am employed as \_\_\_\_\_

My employer is \_\_\_\_\_

\_\_\_\_\_

Employer address is

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I work: full time  part time

Jobs other than main job

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I am self employed as \_\_\_\_\_

My annual income is £ \_\_\_\_\_

Or I have been unemployed for

[ ] years [ ] months

I am a pensioner: Yes  No

### About your partner/wife/husband

He/she is employed as \_\_\_\_\_

Their employer is \_\_\_\_\_

\_\_\_\_\_

Employer address is

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

They work full time  part time

Jobs other than main job

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

They are self employed as \_\_\_\_\_

Their annual income is £ \_\_\_\_\_

Or they have been unemployed for

[ ] years [ ] months

They are a pensioner: Yes  No

## 3 Bank accounts and savings

### About you

I have a bank account Yes  No

the account is in credit by £

the account is overdrawn by £

What (if any) savings do you have?

£ \_\_\_\_\_

### About your partner/wife/husband

He/she has a bank account Yes  No

the account is in credit by £

the account is overdrawn by £

What (if any) savings does your partner have?

£ \_\_\_\_\_

## 4) Your financial situation

Please complete the financial budget on the following pages (3-10) using **weekly** or **monthly** amounts. Alternatively please attach a verified financial budget.

#### 4 Please tell us about your financial situation (please include all household income)

Please indicate if the figure given is weekly (W) or monthly (M)

4a Income	£	p	W / M	Notes
<b>Earnings</b>				
Salary or wages (take home)				
Partner salary or wages (take home)				
Other earnings (including self employment)				
<b>Total salary and wages per month</b>				
<b>Benefits and tax credits</b>				
Universal Credit				
Jobseeker's Allowance (income based)				
Jobseeker's Allowance (contribution based)				
Income Support				
Working Tax Credit				
Child Tax Credit				
Child Benefit				
Employment and Support Allowance or Statutory Sick Pay				
Disability benefits				
Carer's Allowance				
Local Housing Allowance / Housing Benefit				
Council Tax support				
Other benefits/tax credits (eg, maternity benefits)				
<b>Total benefits and tax credits per month</b>				
<b>Pensions</b>				
State pensions				
Private or work pensions				
Pension credit				
Other pensions				
<b>Total pensions per month</b>				
<b>Other income</b>				
Maintenance or child support				
Boarders or lodgers				
Non-dependants' contributions				
Student loans and grants				
Other income				
<b>Total other income per month</b>				
<b>Monthly total income</b>				

<b>4b Monthly outgoings: Fixed costs</b>	<b>£</b>	<b>p</b>	<b>W / M</b>	<b>Notes</b>
<b>Home and contents</b>				
Rent				
Ground rent & service charges (factor fees if you live in Scotland)				
Mortgage				
Mortgage endowment				
Secured loans				
Council tax/rates (including water charge if you live in Scotland and rates in NI)				
Appliance & furniture rental (including appliance and furniture HP, conditional sale and so on)				
TV licence				
Other costs				
<b>Total home &amp; contents costs per month</b>				
<b>Utilities</b>				
Gas				
Electricity				
Other costs (including coal, oil, calor gas etc.)				
Other expenditure				
<b>Total utilities costs per month</b>				
<b>Water</b>				
Water/sewerage bill from Bristol Wessex Billing Services				
Water/sewerage bill from other provider eg, Bournemouth Water				
<b>Total water costs per month</b>				
<b>Care and health costs</b>				
Childcare costs				
Adult-care costs				
Child maintenance or child support				
Prescriptions and medicines				
Dentistry and opticians				
<b>Other care and health costs</b>				
<b>Total care and health costs per month</b>				

<b>4b continued</b>	<b>£</b>	<b>p</b>	<b>W / M</b>	<b>Notes</b>
<b>Transport and travel</b>				
Public transport (eg, work, school, shopping)				
Hire Purchase or conditional sale vehicle				
Car insurance				
Road tax				
MOT and ongoing maintenance				
Breakdown cover				
Fuel, parking and toll road charges				
Other costs (including taxis)				
<b>Total transport and travel costs per month</b>				
<b>School costs</b>				
School uniform				
After-school clubs and school trips				
Other costs				
<b>Total school costs per month</b>				
<b>Pensions and insurances</b>				
Pension payments				
Life insurance				
Mortgage payment protection insurance				
Buildings and contents insurance				
Health insurance (medical or accident or dental)				
Other costs				
<b>Total pensions and insurance costs per month</b>				
<b>Professional costs</b>				
Professional courses				
Union fees				
Professional fees				
Other				
<b>Total professional costs per month</b>				
<b>Other essential costs</b>				
<b>Total other essential costs per month</b>				
<b>Monthly total fixed cost outgoings</b>				

<b>4c Monthly outgoings: flexible costs</b>	<b>£</b>	<b>p</b>	<b>W / M</b>	<b>Notes</b>
<b>Communications and leisure</b>				
Home phone, internet, TV package (including film subscriptions)				
Mobile phone				
Hobbies, leisure or sport (eg, socialising, eating out, outings, clubs, leisure courses)				
Gifts (eg, birthdays, festivals, charity donations)				
Pocket money				
Newspapers, magazines, stationery and postage				
Other costs				
<b>Total communications and leisure costs per month</b>				
<b>Food and housekeeping</b>				
Groceries (eg, food, pet food, non-alcoholic drinks, cleaning)				
Nappies and baby items				
School meals and meals at work				
Laundry and dry cleaning				
Alcohol				
Smoking products				
Vet bills & pet insurance				
House repairs and maintenance				
Other costs				
<b>Total food and housekeeping costs per month</b>				
<b>Personal costs</b>				
Clothing and footwear				
Hairdressing				
Toiletries				
Other costs				
<b>Total personal costs per month</b>				
<b>Monthly total flexible cost outgoings</b>				
<b>Monthly total fixed cost outgoings</b>				
<b>Monthly total outgoings</b>				
<b>Monthly total available for creditors</b>				

4d Savings		£	p
Monthly saving amount			
Please confirm that a monthly contribution to savings has been considered (or discussed with an adviser)		<input type="checkbox"/>	
Tick here to opt-out of the savings contribution		<input type="checkbox"/>	
<b>Monthly Savings contribution</b>			
<b>Monthly total available for creditors</b>			

4e Debt administration fee				
Advisers should consider any set up / admin fee and how this might be spread across the first period of payment amounts. Please use the comments section below to explain any expected future change in this fee amount.				
Debt admin fee	£	p	W / M	Notes
<b>Monthly total available for creditors</b>				

4f Debts						
Priority debts						
Creditor	Owed		Repayment offer		W / M	Notes
	£	P	£	p		
Rent						
Mortgage						
Council Tax						
Child maintenance						
Gas and electricity bills						
Water						
National Insurance						
Income Tax						
Court fines						
TV licence						
Hire purchase agreements						
<b>Total priority debts</b>						

#### 4f continued

#### Non-priority debts

Creditor	Owed		Repayment offer		W / M	CCJ (tick if yes)	Notes
	£	p	£	p			
Overdrafts						<input type="checkbox"/>	
Personal loans						<input type="checkbox"/>	
Bank or building society loans						<input type="checkbox"/>	
Credit card						<input type="checkbox"/>	
Store cards						<input type="checkbox"/>	
Payday loans						<input type="checkbox"/>	
Catalogue, home credit or in store debt						<input type="checkbox"/>	
						<input type="checkbox"/>	
						<input type="checkbox"/>	
						<input type="checkbox"/>	
						<input type="checkbox"/>	
						<input type="checkbox"/>	
<b>Total non-priority debts</b>							

#### Token payments

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#### 5 Offer of payment

I can pay £ \_\_\_\_\_ monthly  fortnightly  weekly

**(Please give TOTAL amount which includes ongoing bills and arrears)**

If your offer of payment is less than your previous level of payment, please explain why.

I would like to pay by the following method:

Direct Debit (complete form attached)  Standing order  Payment book

Deduction from benefits (if applicable) (complete form attached)



## 6 Why do you need help with water and sewerage charges?

Please tell us why you have not been able to pay your water and/or sewerage bill and give us as much information as possible about your circumstances.

Where possible, please add dates and details of any particular hardship/illness that affects your family and has led to your difficulties.

If anyone in your household is disabled, please explain who is disabled and the nature of their disability.

By ticking this box I confirm that where I have included information about disability or illness that I either have parental responsibility for or consent of the person named to provide this information.

Please tell us about any arrangements you or your debt adviser have made concerning any other debts you may have.

Please tell us about any other addresses you currently live at or have lived at in the last four years.

## 7 Please tell us who is helping you with this application

Please provide the details of the organisation from which you have received independent advice.

Their name \_\_\_\_\_

Their job title \_\_\_\_\_

Their organisation \_\_\_\_\_

Their address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Their daytime telephone number \_\_\_\_\_

Their email address \_\_\_\_\_

## 8 Priority Services

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 through Priority Services.

Was this discussed as part of the advice you have received? Yes  No

Would you like to be contacted about signing up for Priority Services? Yes  No

## 9 How we will use your personal information

We will use the information you provide in this form and any supporting documentation to process your application and assess your eligibility for assistance with paying your bills. We may share your National Insurance number with benefit agencies if we need to contact them about deductions from any benefits. Your personal data will be treated as set out in our privacy notices which are available at:

- [bristolwater.co.uk/privacy](http://bristolwater.co.uk/privacy) or by writing to Bristol Water, Bridgwater Road, Bristol, BS13 7AT
- [wessexwater.co.uk/privacy-policy](http://wessexwater.co.uk/privacy-policy) or by writing to Wessex Water, Operations Centre, Claverton Down, Bath, BA2 7WW

By ticking the box, you agree to us contacting the organisation which helped you complete this form (as detailed in section 7) regarding this application.

Signed \_\_\_\_\_ Date \_\_\_\_\_

## 10 Declaration to be signed by the applicant

I declare that the information I have given on this form is complete and correct to the best of my knowledge. I consent to the personal details I have provided on this form being processed by Bristol Wessex Billing Services Ltd in accordance with the Data Protection Act 1998.

I wish to be considered for help. If I am accepted, I agree to make regular payments, as shown in section 5.

If I do not keep up my payments, I understand normal debt recovery action will resume.

Signed \_\_\_\_\_ Date \_\_\_\_\_

## 11 What to do next

If you are completing a paper copy of this form, please post it in the envelope provided to:

Social Policy Team, BWBSL,  
1 Clevedon Walk, Nailsea, Bristol  
BS48 1WA

Contact details for queries about this application form:

Call 0345 600 3 600  
(Monday to Friday, 8am to 6pm)  
or email [customer.services@bwbsl.co.uk](mailto:customer.services@bwbsl.co.uk)  
(quoting your customer number and telephone number).