

Application for Assure



South Staffs Water

Please complete the form and send to **FREEPOST ASSURE, Green Lane, Walsall WS2 7PD**. If you need help to complete this form please contact us on **0800 093 0570** (calls to 0800 numbers are free).

Once we receive your completed application form, we'll let you know if it was successful within 10 working days. If your application is successful, the discount on your charges will be applied from the date we receive your application form. A bill with the amended charges will be sent to you.

What happens if I can't keep up payments?

If you're struggling to pay your water bill please contact us and we'll do everything we can to help support you. If you don't make regular payments on your Assure tariff, you will no longer qualify for a discount.

What is the Assure tariff?

This is a special tariff that can help some customers on low income pay their bill. If you're eligible and your application is successful, your charges will be discounted for 2 years, in the first year by 60% and the second year by 40%.

Assure is available for residential customers who meet our eligibility criteria.

Either							Or
Have a total household income of less than £19050 per year			For households with dependent children, an additional £1500 per child will be added to £19050 amount				Customers who receive Pension Credit (Guarantee Element)
We will not include income from the below benefits:							
Attendance allowance	Disability Living Allowance	Personal Independence Payment	Carers Allowance	Housing Benefit or Housing Allowance (UC)	Council Tax Benefit (not 25% single occupancy)	Disabled or severely disabled element of Child Tax Credit	

About you (please complete the information below)

Customer reference number (can be found on your bill):

Title: First name:

Last name: Date of birth:

Address:

Postcode:

When did you move into your home? (Month/Year)

Best contact number: Other contact number:

Email address (if available):

Number of people in the household, please include name and date of birth, continue on separate sheet if required.

Name	Date of birth	Employed/unemployed/on benefit/student

Where did you hear about the Assure tariff?

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Community hub | <input type="checkbox"/> Billboard | <input type="checkbox"/> Word of mouth | <input type="checkbox"/> Website |
| <input type="checkbox"/> Social media | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Events | <input type="checkbox"/> Third party organisation |
| <input type="checkbox"/> Bus advert | <input type="checkbox"/> Car parking ticket | <input type="checkbox"/> Local authority | <input type="checkbox"/> Company literature (bills, leaflets etc) |

Please complete the information in the Household Income section below.

We'll need to see proof of all income with your application form (copies), we don't need to see original documents. We need to see proof of income to ensure you qualify for this scheme.

If you don't send in copies of the proof of income we'll not be able to process your application and your application may be rejected.

You can find information about the benefits you receive from your award notice or on your Universal Credit online account. If you receive Pension Credit (guarantee element) we will need to see your award letter from DWP showing the amount of Pension Credit (guarantee element) you receive.

Please send only copies of your proof of income as we do not return the documents to you, they are destroyed confidentially once we have processed your application. Please note: If you send original documents to us, these will not be returned.

Or, you don't need to send in your proof of income if an advice worker, money adviser or Citizens Advice officer is helping you complete the form, please ask them to sign the below box confirming they've seen your proof of income. We may need to contact them to verify their details.

Print name..... Signature.....
 Contact number..... Organisation..... Date .. / .. / ..

Household income

Please complete the below table, remember proof of this is required. **Only send copies, no documents will be returned.**

Income	Name of person who receives/ earns this	Payment amount £	How often? E.g. weekly, monthly
Wages/salary			
Your take home pay			
Other take home pay			
Pensions			
Government/State			
Work pension			
Any other pensions			
Pension Credit (savings element)			
Pension Credit (guarantee element)			
Benefits and Tax Credits			
Universal Credit *minus housing element			
Income support			
Employment and Support Allowance			
Jobseekers Allowance			
Working Tax Credit			
Child Tax Credit *minus disabled child/severely disabled child element			
Child Benefits			
Other please specify			
Other payments received			
Lodgers wages/benefit			
Statutory sick pay			
Other income, please specify			

Declaration

This must be signed in order for us to process your application for Assure.

I confirm that I am the bill payer and I consent to the personal data I have provided on this form being shared with South Staffordshire Water (operating as South Staffs Water and Cambridge Water) for the purposes of processing my application for the Assure tariff.

Tick to confirm your consent:

I understand that South Staffs Water/Cambridge Water (via their third party provider Echo Managed Services Limited ('Echo')) will process my information in accordance with the South Staffordshire Water plc privacy policy (available at www.south-staffs-water.co.uk/privacy-cookie-policy) for the purposes of completing my application for Assure and managing my account. I understand I may be contacted directly by Echo for these purposes.

Please complete the below fully, if this is not complete we will be unable to process your application.

Print name:

Signed: Date:

How would you like to pay your water bill, as we may not have details of this already?

- Direct Debit Water Direct (if in arrears)
 Weekly Fortnightly Monthly

I/We would like to pay by Direct Debit on one of the following dates of each month: (Please tick)

- 1st 7th 14th 21st

Instructions to your Bank or Building Society to pay by Direct Debit.

Reference Number
(To be completed by SSW)

Service user number **940309**

Name(s) of Account Holder(s)

Bank/Building Society Account Number

Branch Sort Code

Name and full postal address of your Bank or Building Society
Bank/Building Society
Address
 Postcode

Instruction to your Bank or Building Society
Please pay South Staffordshire Water PLC Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with South Staffordshire Water PLC and, if so, details will be passed electronically to my Bank/Building Society.
Signature(s)
Date

South Staffordshire Water Charitable Trust

www.sswct.org



If you're struggling to pay your water charges and have arrears, we can consider you for the South Staffordshire Water Charitable Trust. This independent charity established by South Staffs Water assists customers facing genuine difficulties or distress with the cost of meeting their bill and arrears.

If you wish to be referred to Charitable Trust for help with water arrears please tick here and an application form will be sent to you to complete:

We do offer a range of payment plans and offer special tariffs to support our customers if not successful for Assure, these can be found on www.south-staffs-water.co.uk/compare-tariffs or call us on 0800 093 0570 (calls to 0800 numbers are free).

Other organisations providing free debt advice:



www.stepchange.org
0800 138 1111



www.nationaldebtline.org
0808 808 4000



www.citizensadvice.org.uk
03444 111 444



www.capuk.org
0800 328 0006

Priority Services Register

If you or someone in your household has particular requirements due to age, health, medical condition or extra communication requirements, please register below. We will process all your personal data in accordance with our privacy policy available on our website at www.south-staffs-water.co.uk/privacy-cookie-policy.

Please tick all that apply:

- | | | |
|---|---|---|
| <input type="checkbox"/> Self-isolating due to Covid-19 | <input type="checkbox"/> Eligible for a pension | <input type="checkbox"/> Physical impairment/mobility issues |
| <input type="checkbox"/> Shielding due to Covid-19 | <input type="checkbox"/> Extra time to answer the door | <input type="checkbox"/> Limited sense of taste/smell |
| <input type="checkbox"/> Audio CD | <input type="checkbox"/> Family with children under 5 yrs | <input type="checkbox"/> Power of attorney in place |
| <input type="checkbox"/> Auto medication | <input type="checkbox"/> Hearing difficulties | <input type="checkbox"/> Restricted hand movement |
| <input type="checkbox"/> Bill explained over the phone | <input type="checkbox"/> Heart or lung ventilator | <input type="checkbox"/> Shower/bath required for condition |
| <input type="checkbox"/> Blind | <input type="checkbox"/> Large print bill and information | <input type="checkbox"/> Sign language interpreter |
| <input type="checkbox"/> Braille bill and information | <input type="checkbox"/> Medically dependent on water | <input type="checkbox"/> Speech impairment |
| <input type="checkbox"/> Careline/telecare system | <input type="checkbox"/> Medicine kept in fridge | <input type="checkbox"/> Stair lift/hoist or electric bed |
| <input type="checkbox"/> Chaperone visit | <input type="checkbox"/> Mental health condition | <input type="checkbox"/> Temporary life changes |
| <input type="checkbox"/> Chronic/serious illness | <input type="checkbox"/> Meter reading assistance | <input type="checkbox"/> Temporary post-hospital recovery |
| <input type="checkbox"/> Contact 3 rd party on my behalf | <input type="checkbox"/> Nebuliser or apnoea monitor | <input type="checkbox"/> Unable to answer the door |
| <input type="checkbox"/> Deaf/hard of hearing | <input type="checkbox"/> Nominee service - send bills to relative to help | <input type="checkbox"/> Unable to communicate in English |
| <input type="checkbox"/> Dementia/cognitive development condition | <input type="checkbox"/> Oxygen concentrator | <input type="checkbox"/> Water needed for religious practices |
| <input type="checkbox"/> Dialysis at home | <input type="checkbox"/> Oxygen tanks kept at the house | <input type="checkbox"/> Young adult household |
| <input type="checkbox"/> Dialysis at hospital | <input type="checkbox"/> Partially sighted | |

If you have another condition, which isn't in the list, please tell us a bit about it:

Please add a password to your account, this helps protect you against bogus callers:

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We will process the information you provide, including in connection with your health and other sensitive information, ("**sensitive information**"):

1. to **register you** for additional assistance on our priority services register;
2. to **contact you** in the event of an incident - our third-party provider, Echo Managed Services Limited will process your information and contact you on our behalf, and we share your sensitive information with the company for this purpose;
3. to arrange with our third-party water main contractors and suppliers of emergency plumbing services to **provide assistance** in the event of an incident or repair which affects your supply - we will provide those suppliers with your contact details and the circumstances of your requirement (including specific medical conditions, if appropriate) in order that they can provide the assistance you need.

Please tick here to confirm that you consent to us processing your sensitive information as set out above:

Print name:

Signed: **Date:**

If you'd like us to stop processing your sensitive information, and want to be removed from our Priority Services Register, please let us know at any time by emailing your request to water@south-staffs-water.co.uk or calling **0345 60 70 456** and advising the Customer Services team.