

# Arrears **Assist** Application



**Arrears Assist** is designed to help customers who:

- 1 Have more than £300 of arrears with Portsmouth Water  
**and**
- 2 Have not made a payment in the past twelve months

Assuming you qualify for the scheme and maintain regular payments, Portsmouth Water will **match** those payments and so halve the arrears on the account. All future bills must be paid in full.

**Please complete and return to us within fourteen days.**

The information you provide will be used to update your account and allow us to ensure a financial solution to suit your requirements is arranged. We will hold and process your personal data in accordance with our Privacy Policy, which can be viewed online at [www.portsmouthwater.co.uk](http://www.portsmouthwater.co.uk), or you can call us on 023 9249 9666 to request a copy.

## You and your family

Your account number (shown on your bill)

.....

Name

.....

Address

.....

.....

Postcode

.....

Telephone

Mobile

.....

E-mail

Date of birth

.....

National Insurance number

Employment status

.....

**Who shares your home with you? (tick all boxes that apply)**

Wife     Husband     Partner     Children     Other

**Please provide your partner's National Insurance number and date of birth:**

Name:

National Insurance number:

.....

Date of birth:

Employment status:

.....

**How many children (under 19) occupy this property?**

**Please list their ages:**

Child 1

Child 2

Child 3

Child 4

Child 5

Child 6

**Do you own your home?**     Yes     No

**If you rent please tick where appropriate:**

Housing Association

Private Landlord

Local Council

Other

## Income and expenditure

### Please ensure all amounts given are monthly.

It is important that the amounts given are true and completed in full as this may effect our decision on whether your application is successful.

<b>INCOME</b>	<b>MONTHLY AMOUNT</b>
<b>Wages/Salary</b>	
Your wages	
Your partner's wages	
Regular overtime/bonus/commission	
<b>Benefits</b>	
Housing benefit	
Council tax support	
Job seekers allowance	
Income support	
Child benefit	
Child tax credit	
Working tax credit	
Employment support allowance	
Disability living allowance	
<b>Pensions</b>	
Retirement pension	
Pension credit	
<b>Other income</b>	
Maintenance	
Student grant/loan	
Rent from other occupiers	
Other income - please specify	
Total savings	
<b>TOTAL MONTHLY INCOME</b>	

<b>EXPENDITURE</b>	<b>MONTHLY AMOUNT</b>
<b>Housing costs</b>	
Rent/mortgage (delete)	
Council tax	
Insurance	
Other	
<b>Utilities</b>	
Water & Sewerage	
Gas (inc. bottled gas) & Electricity	
<b>Housekeeping</b>	
Food	
General housekeeping (inc. laundry)	
Clothing	
Cigarettes/alcohol	
<b>Children</b>	
Childcare	
School meals	
Nappies	
Pocket money	
<b>Travel</b>	
Taxi/bus fares	
Car running costs (inc. mobility car)	
<b>Other expenditure</b>	
Court fines	
Maintenance	
Telephone	
TV/satellite	
Loans	
Credit/store cards/catalogues	
Catalogues	
Other	
<b>TOTAL MONTHLY EXPENDITURE</b>	

## Your future payments

Instalment proposal £ ..... weekly / fortnightly / monthly

### How do you intend to make these payments to Portsmouth Water?

- Direct Debit (*monthly*)
- Payment slips
- Direct from your benefits
- Standing Order (*you will need to set this up with your bank*)

## Declaration

The information I have provided 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 application. If my circumstances change and it may affect my application, I will tell you straight away. I give my permission for the authority that provides my benefit or tax credit to give you any further information to support my application.

Signature .....

Date .....

Once completed please return the Application Form to:  
**Portsmouth Water Limited, PO Box 99, Havant, PO9 1XX**  
If you have any questions please call 023 9249 9666.