

Arrears Assist Application Form

We understand that customers may experience financial problems, in particular with the current economic climate. With our Arrears Assist Scheme we aim to help those customers who have had problems paying their water bill.

If you have not paid your water bill for some time, but are now able to make regular payments, we may be able to help reduce your arrears.

How it works

- 1 You agree to make regular payments
- 2 We reduce your arrears, matching the payments you make

Example

In this example a customer owes £300 but is now able to pay £10 per month. This is what happens over 6 months:

	Customer Payment	Assist Payment	Balance
Start			£300
Month 1	£10	£10	£280
Month 2	£10	£10	£260
Month 3	£10	£10	£240
Month 4	£10	£10	£220
Month 5	£10	£10	£200
Month 6	£10	£10	£180

To qualify for this scheme you must owe us at least £300 of arrears and not have paid anything for twelve months. Providing you keep making regular payments we will match your payments.

Payments can be made to your account in a number of ways. You can pay weekly, fortnightly or monthly by instalments where we provide you with payment slips that you can take to the bank, pay online or over the phone. Other monthly options are by direct debit or by Water Direct payments taken from your benefit.

In order to be considered for Arrears Assist you will need to fully complete this application form. Your individual circumstances will then be assessed by our Affordability and Debt Team. We will advise you once your application has been considered and let you know whether you have been successful.

If you need any further assistance please contact us:

E-mail: debt@portsmouthwater.co.uk

Telephone: 0800 432 0534 Monday to Friday 8.30am to 4.30pm

You and your family

Your account number: *(as printed on your bill)*

Your full name: _____ Mr Mrs Ms Miss

Address: _____

Postcode: _____

Telephone: _____

Mobile: _____

E-mail: _____

National Insurance number: _____

Date of birth: _____

Employment status: _____

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

Wife Husband Partner Children Other

Please provide full names, National Insurance number and date of birth of each adult (over 19) in occupation:

Name: _____

National Insurance number: _____

Date of birth: _____

Employment status: _____

Name: _____

National Insurance number: _____

Date of birth: _____

Employment status: _____

Name: _____

National Insurance number: _____

Date of birth: _____

Employment status: _____

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

Why do you need help paying your water bill?

Please tell us why you have not been able to pay your water bill and give us as much information as possible about your circumstances, adding dates where possible.

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Income & expenditure form

You will need to attach proof of income to your application. This can be photocopies of three consecutive wages slips (either monthly or weekly), benefit slips or letters from the Benefits Agency showing a breakdown of your benefit entitlement(s) or if you are self employed a copy of your last tax return.

Please ensure all amounts quoted are monthly. It is important that the amounts quoted are true and completed in full as this may affect our decision on whether your application is successful.

INCOME

MONTHLY
AMOUNT

WAGES/SALARY

YOUR WAGES

YOUR PARTNER'S WAGES

REGULAR OVERTIME/BONUS/COMMISSION

BENEFITS

HOUSING BENEFIT

COUNCIL TAX SUPPORT

JOB SEEKERS ALLOWANCE

INCOME SUPPORT

CHILD BENEFIT

CHILD TAX CREDIT

WORKING TAX CREDIT

MATERNITY PAY/ALLOWANCE

STATUTORY SICK PAY

INCAPACITY BENEFIT

EMPLOYMENT SUPPORT ALLOWANCE

DISABILITY LIVING ALLOWANCE

OTHER

PENSIONS

RETIREMENT PENSION

PENSION CREDIT

PRIVATE/OCCUPATIONAL PENSION

WAR PENSION

PARTNER'S PENSION

OTHER INCOME

MAINTENANCE

STUDENT GRANT/LOAN

RENT FROM OTHER OCCUPIERS

OTHER INCOME - PLEASE SPECIFY

TOTAL SAVINGS

TOTAL MONTHLY INCOME

EXPENDITURE

MONTHLY
AMOUNT

HOUSING COSTS

RENT

MORTGAGE

SECURED LOANS/2ND MORTGAGE

COUNCIL TAX

GROUND RENT/SERVICE CHARGE

INSURANCE

UTILITIES

WATER

SEWERAGE

GAS

ELECTRICITY

BOTTLED GAS/OTHER

HOUSEKEEPING

FOOD

GENERAL HOUSEKEEPING

CLOTHING

CIGARETTES

ALCOHOL

LAUNDRETTE

CHILDREN

CHILDCARE

SCHOOL MEALS

SCHOOL TRIPS

NAPPIES

POCKET MONEY

TRAVEL

TAXI/BUS FARES

CAR RUNNING COSTS

CAR LOAN

MOBILITY CAR

OTHER EXPENDITURE

COURT FINES

MAINTENANCE

TELEPHONE

TV/SATELLITE

SOCIAL FUND LOAN

CREDIT/STORE CARDS

CATALOGUES

OTHER

TOTAL MONTHLY EXPENDITURE

Your future payments

Please explain how you will keep up with your payments in future, together with your instalment proposal.

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Instalment proposal £ weekly / fortnightly / monthly

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

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

Who is assisting you with your application?

If you have received any help in completing this form please indicate below.

Name of organisation:

Individuals name:

Address:

Postcode:

Telephone:

E-mail:

I confirm that I have seen evidence of benefits, income and expenditure.

Signature:

Date:

(person assisting with application)

How would you prefer us to contact you/your advisor in relation to this application? (please tick)

Telephone E-mail Post

Declaration

Please read and sign.

I declare that the information I have provided on this form is complete and correct to the best of my knowledge.

I understand that any missing information or proof will result in my application being returned to me without a decision.

I authorise Portsmouth Water to use this information to assess my situation and provide me assistance where possible.

Signature:

Date:

Please print name:

Please return this application form to: Portsmouth Water, PO Box 8, Havant, Hants PO9 1YY