

WATERSURE APPLICATION

WaterSure can help by putting a cap on your metered water charges if you meet the following conditions:

- 1 You have a water meter and are in receipt of a qualifying benefit**

AND

- 2 You have either:**

a medical condition which requires a significant additional use of water

or,

have three or more children under the age of 19 living in the household for which someone in the household is claiming child benefit.

Fill in this application form and return it to us at:

**Customer Services Office
Portsmouth Water Ltd
PO Box 99
Havant
PO9 1XX**



ARE YOU ON A WATER METER?

☐ **Yes**

☐ **No**

If 'No' you will not qualify for this tariff.

For advice on other ways to help pay your bill please visit www.portsmouthwater.co.uk

ABOUT YOU

This information helps us find your account and check the information we currently have is correct. If you provide us any further information this will be added to your account.

Your account number (shown on your bill)

Name

Address

Postcode

Telephone

Mobile

E-mail

Date of birth

National Insurance number

(Please provide the National Insurance number of the person who receives one or more of the benefits)

QUALIFYING BENEFITS YOU NEED TO BE IN RECEIPT OF

Please provide proof of all ticked benefits.

☐ **Employment Support Allowance**

☐ **Housing Benefit**

☐ **Income-based Jobseeker's Allowance**

☐ **Income Support**

☐ **Working Tax Credit**

☐ **Pension Credit**

☐ **Universal Credit**

☐ **Child Tax Credit** (not just the family part)

☐ **Council Tax Reduction** (not just single person discount)

CONTINUED 

Please now complete **SECTION 1** if you are applying because of a medical condition or **SECTION 2** if you are applying for the family element.

SECTION 1

Which medical conditions in your household require extra water use?

Please provide proof of all ticked conditions, if you do not have a prescription please provide either a letter from your GP which states why you would require the use of more water, or alternatively, please provide a stamp in the box provided.

- ☐ Desquamation (flaky skin disease)
- ☐ Incontinence
- ☐ Ulcerative colitis
- ☐ Crohn's disease
- ☐ Abdominal stoma
- ☐ Renal failure where they need home dialysis (do not tick if the health authority helps with water costs)
- ☐ Weeping skin disease (eczema, psoriasis, varicose ulceration)
- ☐ Another condition which means they have to use a lot of extra water (please tell us the name of this condition)

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Surgery or Health Centre Official Stamp:

SECTION 2

Families with three or more children under 19 living at home

- ☐ I can confirm that someone in the household receives Child Benefit for three or more children under 19 living with them permanently.

Please provide the age of each child below:

Child 1

Child 2

Child 3

Child 4

Child 5

Child 6

Child 7

Child 8

(Continue on a separate sheet of paper if needed)

To support the information you have provided above please provide your latest 'notice of entitlement' to Child Benefit for each child listed above. If you cannot find your 'list of entitlement' please contact the Child Benefit Centre on 0300 200 3100.

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 my National Insurance number to be given to the authority that provides my benefit or tax credit to give you any further information to support my application. I only use a hosepipe or watering can to water my garden and do not have an auto-filling swimming pool or pond which holds over 10,000 litres of water.

Signature

Date

Once completed please return the Application Form to:

**Customer Services Office
Portsmouth Water Ltd
PO Box 99
Havant
PO9 1XX**

If you have any questions please call
023 9249 9666.

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We will use all the personal information you provide with this application to confirm you meet the scheme requirements. This application and supporting documents will be destroyed after two years. If you would like more information about how we use your data, please view our Privacy Policy on our website.