Office Use Only		United Utilities Trust Fund
Date Received:	Ref No:	Onited Othitles Trust Fund
T. I. 0045 470 45	704	
Tel: 0845 179 17		41 =
United Utilities	Trust Fund Appli	cation Form
To apply you must receiv	e your water and/or wastewa	ter services from United Utilities.
1 PLEASE TELL US ABOUT	YOURSELF AND YOUR FAMILY	
Title Mr/Mrs/Miss/Ms/Other	First Name	Surname
Address	Name	
Postcode	Telephone	
Date	Are you a YES NO	or do you now ront to: Housing Assoc
of Birth	homeowner?	or do you pay rent to; Housing Assoc Local Authority
National Insurance number		Private landlord
		- Trivato tarialora
Email		Other
Email		Other
2 WHO SHARES YOUR HOM	E WITH YOU?	Other
	E WITH YOU? Husband* Partner*	Other Children Other*
2 WHO SHARES YOUR HOM I live alone Wife* *Please give full names(s)		
2 WHO SHARES YOUR HOM I live alone Wife*		
2 WHO SHARES YOUR HOM I live alone Wife* *Please give full names(s) and occupation(s) How many children 16 and under	Husband* Partner*	Children Other*
2 WHO SHARES YOUR HOM I live alone Wife* *Please give full names(s) and occupation(s)	Husband* Partner*	Children Other*
2 WHO SHARES YOUR HOM I live alone Wife* *Please give full names(s) and occupation(s) How many children 16 and under with you? How many other adults or children 16 live with you?	Husband* Partner* live Ages of childre n over Ages of childre	Children Other*
2 WHO SHARES YOUR HOM I live alone Wife* *Please give full names(s) and occupation(s) How many children 16 and under with you? How many other adults or children 16 live with you? Please tell us if they are: Em	Husband* Partner* live Ages of childre n over Ages of childre unployed Unemploye	Children Other*
2 WHO SHARES YOUR HOM I live alone Wife* *Please give full names(s) and occupation(s) How many children 16 and under with you? How many other adults or children 16 live with you?	Husband* Partner* live Ages of childre n over Ages of childre unployed Unemploye	Children Other*
2 WHO SHARES YOUR HOM I live alone Wife* *Please give full names(s) and occupation(s) How many children 16 and under with you? How many other adults or children 16 live with you? Please tell us if they are: Emander you or anyone in your househ disabled?	Husband* Partner* live Ages of childre n over Ages of childre unployed Unemploye nold If YES, please	Children Other*
2 WHO SHARES YOUR HOM I live alone Wife* *Please give full names(s) and occupation(s) How many children 16 and under with you? How many other adults or children 16 live with you? Please tell us if they are: Emander you or anyone in your househ disabled?	Husband* Partner* live Ages of childre apployed Unemploye nold If YES, please tell us who	Children Other*
2 WHO SHARES YOUR HOM I live alone Wife* *Please give full names(s) and occupation(s) How many children 16 and under with you? How many other adults or children 16 live with you? Please tell us if they are: Emander you or anyone in your househ disabled?	Husband* Partner* Iive	Children Other*

Date applied (approx)

Address

Postcode

IMPORTANT ADVICE: IF YOU ARE COMPLETING THIS APPLICATION WITHOUT HELP FROM A MONEY ADVISER AND/OR YOU ARE HAVING DIFFICULTY PAYING ANY OF YOUR ARREARS, YOU CAN GET FREE HELP AND ADVICE FROM YOUR LOCAL CITIZENS ADVICE BUREAU OR OTHER ADVICE CENTRES

4 WHAT WOULD YO	U LIKE US TO	CONSIDER F	HELPING YOU	WITH?		
Payment of arrears on wa	ater and waste	water charges	Payr	nent of current water a	and waste wate	er charges
Payment of arrears on other bills Assistance with other costs						
5 PLEASE GIVE US	DETAILS OF '	YOUR WATER	AND WASTE	WATER ACCOUNTS		
Account number (you ca	n find this on y	our water bill)	Total £	outstanding		
If you are applying for he	lp with arrears	from a previous	address, please	e add the address det	ails below	
Postcode		A	Account no:			
Do you have a water met	er? (please tic	k) YES	NO			
6 PAYING YOUR WA	TER BILLS					
Are your water charges of	leducted direct	from your bene	efits? YES	NO		
If 'NO' how do you want	to pay for your	future charges?	,			
PAYMENT CARD	DIREC	CT DEBIT	DEDUCTE	D FROM BENEFITS		
Do you prefer to pay:						
Weekly	F	ortnightly		Monthly		
7 ARE YOU IN ANY I	DEBT WITH A	NY OF THE FO	OLLOWING?			
	Arrears	Weekly payment/offer	Benefit deductions		Arrears	Weekly payment/offer
Rent				HP agreements		
Mortgage / Secured Ioan				Catalogues		
Council tax				Store/credit cards	;	
Gas				Loans		
Electricity				Telephone		
Social Fund Loan				Other		
Court fines						
8 WHO IS YOUR CURRENT ENERGY SUPPLIER? (We may be able to make you aware of other organisations who can help)						
X WILD IS VALID CHE	DENT ENED	V CHIDDLIEDS	(Ma may be able	a maka yay ayyay - Cad	y o you o wis odi sus	ha aan halu)
8 WHO IS YOUR CUR	RENT ENERG	SY SUPPLIER?	(We may be able to	o make you aware of othe	r organisations w	ho can help)

TELL US ABOUT YOUR FINANCIAL SITUATION - PLEASE INCLUDE ALL HOUSEHOLD INCOME INCOME WEEKLY **OUTGOINGS** WEEKLY **FIGURES FIGURES** Proof of this must be enclosed Wages/Salary **Housing Costs** Your take home pay Rent Partner's take home pay Mortgage **Benefits/Tax Credits** Secured loans/2nd mortgage Housing benefit Council tax Council tax support Life insurance **Building/Contents insurance** Support for mortgage interest Other - please specify Contribution based Jobseeker's allowance Income based **Utilities Universal Credit** Water/wastewater Income Support Gas Child Benefit Electricity Child Tax Credit Coal and other fuels Working Tax Credit Housekeeping Maternity pay/allowance Food & general housekeeping **Bereavement Benefits** Clothing Laundrette Statutory Sick Pay Pet Costs **Incapacity Benefit** Children Contribution based **Employment and** Support Allowance Income based Child care Carer's allowance School meals etc Disability Living Allowance (care) **Child Maintenance** PIP (daily living) Travel Disability Living Allowance (mobility) Car costs (inc. MOT, tax & petrol) PIP (mobility) Fares - train/bus **Industrial Disablement Benefits** Motability car Severe Disability Allowance Health Attendance Allowance Care costs/special needs **Pensions Other Outgoings** Retirement pension TV licence Partners' pension Sky/cable/internet Occupational pension Cigarettes/Alcohol Private pension Appliance rental Pension credit Telephone (inc mobiles) Other - please specify Loans, credit/store cards & catalogues **Other Income HP Payments** Maintenance **Benefit Overpayments** Student grant/loan Other - Please specify Income from lodgers or property DO NOT FORGET TO ENCLOSE Contribution from son/daughter PROOF OF ALL YOUR INCOME Contribution from any other adult living at the property Other - please specify **TOTAL WEEKLY INCOME TOTAL WEEKLY OUTGOINGS** What (if any) savings do you have?

10a PLEASE TELL US WHY YOU HAVE NOT BEEN ABLE TO PAY	YYOUR WATER/SEWERAGE BILL?
Please give as much information as possible about your circumstances. A particular hardship/illness or disability that affects you and your family and	dd dates where possible and details of any
Cont	tinue on the blank sheet at the back of this form if necessary
10b HOW WILL A GRANT HELP YOU TO MAINTAIN FUTURE PA	YMENTS?
11 IN CERTAIN CASES THE TRUST CAN CONSIDER GIVING HE OR AN ESSENTIAL HOUSEHOLD ITEM. PLEASE TELL US WHAT	
Important: You must always include a copy of the bill you are requesting to consider your request. Please add a contact telephone number for delivery household appliance.	help with. Without this, we will be unable to
CONTACT TELEPHONE NUMBER:	Please tick if you have an old
	appliance to be removed
Please note: If the Trust agrees to purchase a household item, the choice Trustees and will be restricted to a limited range from our designated supp	

DECLARATION I declare that the information I have given on this form is complete and correct to the best of my knowledge. I authorise the Trust or their representatives to: (a) contact the supplier of my water/waste water service and any referral agency, other organisation or relevant person for clarification and/or confirmation of amounts owing or other information which the Trustees consider relevant to my application, (b) provide relevant information to the water/sewerage company to enable future budgeting of water charges, and (c) provide relevant information to my energy supplier/relevant Trust Fund for the pupose of seeking additional grant aid. **Print name Signature Date** IMPORTANT: IF YOU HAVE COMPLETED THIS FORM YOURSELF YOU MUST ENCLOSE PROOF OF ALL INCOME So that we can consider your request you MUST enclose up to date PROOF OF ALL THE HOUSEHOLD INCOME with your application (ie. yourself, partner, other adults and children) All documents must clearly show name and address details as well as the amounts received. The letter which shows the benefits you receive must be less than one year old or less than six months if for tax credits and show your weekly payment. If providing wage slips please send copies of 3 recent consecutive wage slips. You may also provide a copy of your latest bank statement/s showing the amounts received if you cannot find other necessary proof of income. 14 IF SOMEONE HAS HELPED YOU TO COMPLETE THIS FORM, PLEASE ASK THEM TO ADD THEIR DETAILS Title Mr / Mrs / Miss / Ms / Other Job title Name Organisation Address Postcode Telephone number **Email** If you are from an Advice Agency and you are unable to enclose proof of income, by signing this statement you are confirming you have seen and verified all the applicants proof of income. Signature Date Please note: Copies of this information may be requested. IF THIS STATEMENT IS NOT SIGNED THE APPLICATION WILL BE RETURNED. 15 PLEASE HELP US TO HELP MORE PEOPLE Please tell us where you heard about the Trust Fund and/or where you obtained the application form.

16 EQUAL OPPORTUNITIES					
		if you do not want to. The that we are reaching all m			
Are you Male	Female				
What do you consider yo	our ethnic origin to be?				
WHITE	MIXED	ASIAN OR ASIAN BRITISH	BLACK OR BLACK BRITISH		
British	White & Black Caribbean	Indian	Caribbean	Chinese	
Irish	White & Black African	Pakistani	African	Any other Ethnic Group	
Any other White background	White & Asian	Bangladeshi	Any other Black background		
	Any other mixed background	Any other Asian background			
17 WHAT HAPPENS NI	EXT?				
When we receive your ap Keep this safe. You will n		you by return of post and tact us.	d provide you with a uniq	ue reference number.	
IF YOU DO NOT ENCLO HAVE TO BE RETURNE		DUSEHOLD INCOME, IT	WILL DELAY YOUR API	PLICATION AS IT WILL	
Your Questions:					
If I am unsure or I	have a question. c	an I speak to a real	l person?		
	•	take your call. We are a	•	pm Monday to Friday	
If my application is	s not successful	what can I do?			
We suggest that you telephone the water company to discuss what other options are available or you may benefit from some help from an advice agency. There is a whole range of organisations such as Citizens Advice Bureaux, Local Authorities and Social Landlords who can provide free independent and confidential advice on your finances and can ensure that you are obtaining all the benefits and other income you are entitled to. If you do not receive a grant from the Trust, you can apply again after six months.					
What is the Trust r	not able to help me	with?			
	irds: Court fines, catalogu	n bills you have already pa ue debts, credit cards, per			
Can I apply if anoth waste water service		ehalf of United Util	ities Water collects	s my water or	
Yes you can					
For Money Advise	ers:				
When applying on beha	alf of your client don't f	orget there is an 'Online	e Form' for advisers use	e only.	
Do not forget if you have being dealt with.	ve a payment plan in pl	ace you should continue	e to make payments wh	nilst your application is	

Please use this page to add any further information you wish to tell us.		

Please return the completed form in the envelope provided or send to:

UNITED UTILITIES TRUST FUND FREEPOST RLYY-JHEJ-XCXS Sutton Coldfield B72 1TJ

United Utilities Trust Fund is an independent charitable Trust.

Trustees oversee the policy and development of the Trust.

The day-to-day management of the Trust is undertaken by Auriga Services Limited within guidelines and delegation set by the Trustees.

United UtilitiesTrust Fund is a registered charity and a company limited by guarantee.

Registered in England No: 05309512 Registered Charity No: 1108296

04/16