

Ref: UUTF

Date received:

Ref No:

Telephone: 0300 790 6172

United Utilities Trust Fund

UNITED UTILITIES TRUST FUND APPLICATION FORM

To apply you must receive your water and/or wastewater services from United Utilities.

1. PLEASE TELL US ABOUT YOURSELF If your details are different, please amend below *(Please fill boxes as appropriate)*

<p>Details we currently hold for you</p> <hr/> <p>Name:</p> <p>Address:</p> <p>Date of Birth:</p> <p>Phone:</p> <p>Email:</p>	<p>Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/></p> <p>Name <input type="text"/></p> <p>Address <input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/> Postcode <input type="text"/></p> <p>Date of Birth <input type="text"/> Phone <input type="text"/></p> <p>Email <input type="text"/></p>
<p>Are you a home owner?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>or do you pay rent to:</p> <p>Housing Association <input type="checkbox"/> Local Authority <input type="checkbox"/> Private Landlord <input type="checkbox"/> Other <input type="checkbox"/></p> <p>National Insurance Number <input type="text"/></p>

2. WHO SHARES YOUR HOME WITH YOU? *(Please fill boxes as appropriate)*

I live alone Wife* Husband* Partner* Children Other*

*Please give full name(s) and occupation(s)

How many children 16 and under live with you? Age of each child under 16

How many other adults or children over 16 live with you? Age of each child over 16

Please tell us if they are: Employed Unemployed

Are you or anyone in your household disabled? If YES, please tell us who

If you would like to know more about United Utilities Priority Services please tick this box.

3. HAVE YOU APPLIED TO THE TRUST BEFORE? *(Please fill boxes as appropriate)*

If you have applied to the Trust before please tell us when and from what address if this was different from your current address.

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 YOU LIKE US TO CONSIDER HELPING YOU WITH?

(Please tick boxes as appropriate)

Payment of water and waste water charges

Assistance with other costs

5. PLEASE GIVE US DETAILS OF YOUR WATER AND WASTE WATER ACCOUNTS

(Please fill boxes as appropriate)

Do you have a water meter? (please tick) Yes No

Account number (you can find this on your water bill)

Total £ outstanding

If you are applying for help with arrears from a previous address, please add the address details below

Postcode

Account No:

6. PAYING YOUR WATER BILLS

(Please tick boxes as appropriate)

Are your water charges deducted direct from your benefits? Yes No

If 'NO' how do you want to pay for your future charges?

Payment Card Direct Debit Deducted From Benefits

Do you prefer to pay:

Weekly Fortnightly Monthly

7. ARE YOU IN ANY DEBT WITH ANY OF THE FOLLOWING?

(Please fill boxes as appropriate)

	Amount of Arrears	Weekly payment/offer	Benefit Deductions
Rent	£	£	£
Mortgage	£	£	£
Secured Loan	£	£	£
Council Tax	£	£	£
Gas	£	£	£
Electricity	£	£	£
Telephone	£	£	£

	Amount of Arrears	Weekly payment/offer
Court Fines	£	£
HP Agreements	£	£
Catalogues	£	£
Store/credit cards	£	£
Loans	£	£
Social fund loan	£	£
Other (Please specify)	£	£

8. WHO IS YOUR CURRENT ENERGY SUPPLIER? (We may be able to make you aware of other organisations who can help)

Gas

Electricity

9. TELL US ABOUT YOUR FINANCIAL SITUATION - PLEASE INCLUDE ALL HOUSEHOLD INCOME

INCOME <small>Proof must be enclosed</small>		WEEKLY FIGURES
WAGES / SALARY		
Your take home pay		
Partner's take home pay		
BENEFITS / TAX CREDITS		
Housing benefit		
Council tax support		
Support for mortgage interest		
Jobseeker's allowance	Contribution based Income based	
Universal credit		
Income support		
Child benefit		
Child tax credit		
Working tax credit		
Maternity pay / allowance		
Bereavement benefits		
Incapacity benefit		
Employment and support allowance	Contribution based Income based	
Statutory sick pay		
Disability living allowance (care)		
PIP (daily living)		
Disability living allowance (mobility)		
PIP (mobility)		
Carer's allowance		
Severe disability living allowance		
Attendance allowance		
Industrial disablement benefits		
PENSIONS		
Retirement pension		
Pension credit		
Private pension		
Occupational pension		
Partner's pension		
Other pension - <i>please specify</i>		
OTHER INCOME		
Maintenance		
Student grant / loan		
Income from lodgers or property		
Son's / daughter's contribution		
Contribution from other adult at property		
Other - <i>please specify</i>		

OUTGOINGS		WEEKLY FIGURES
HOUSING COSTS		
Rent		
Mortgage		
Secured loans / 2nd mortgage		
Council tax		
Life insurance		
Building / contents insurance		
Other - <i>please specify</i>		
UTILITIES		
Water / sewerage		
Gas		
Electricity		
Coal and other fuels		
HOUSEKEEPING		
Food & general housekeeping		
Clothing		
Laundrette		
Pet costs		
CHILDREN		
Child care		
School meals etc.		
Child maintenance		
TRAVEL		
Car costs (<i>inc. MOT, Tax & fuel</i>)		
Fares - train / bus		
Motability car		
HEALTH		
Care costs / special needs		
OTHER OUTGOINGS		
TV licence		
Sky / cable / internet		
Cigarettes / alcohol		
Appliance rental		
Telephone (<i>inc. mobiles</i>)		
Loans (<i>inc. store cards & catalogues</i>)		
HP Payments		
Benefit overpayments		
Other - <i>Please specify</i>		

DO NOT FORGET TO ENCLOSE PROOF OF ALL YOUR INCOME

TOTAL WEEKLY INCOME	£
<i>What (if any) savings do you have?</i>	£
TOTAL WEEKLY OUTGOINGS	£

10a. PLEASE TELL US WHY YOU HAVE NOT BEEN ABLE TO PAY YOUR WATER/SEWERAGE BILL?

Please give as much information as possible about your circumstances. Add dates where possible and details of any particular hardship / illness or disability that affects you and your family and has led to your difficulties.

Continue on the blank sheet at the back of this form if necessary

10b. HOW WILL A GRANT HELP YOU TO MAINTAIN FUTURE PAYMENTS?

11. IN CERTAIN CASES THE TRUST CAN CONSIDER GIVING HELP TOWARDS OTHER HOUSEHOLD BILLS OR AN ESSENTIAL HOUSEHOLD ITEM. PLEASE TELL US WHAT YOU NEED AND HOW THIS WILL HELP YOU.

Important: You must always include a copy of the bill you are requesting help with. Without this, we will be unable to consider your request. Please add a contact telephone number for delivery options if you are requesting help with a household appliance.

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 of make and type is at the discretion of the Trustees and will be restricted to a limited range from our designated supplier.

12. DECLARATION

I declare that the information I have given in 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) consider alternative support schemes and/or 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 purpose of seeking additional grant aid.

Signature:

Print Name:

Date:

13. 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).

Please DO NOT send original documents, as they will not be returned.

- 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 Name

Job Title Organisation

Address

Postcode

Tel 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 evidence may be requested at anytime.

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

You do not have to complete the following section if you do not want to. The questions are not part of your application; however, your answers will help us to make sure that we are reaching all members of the community.

Are you **Male** **Female**

What do you consider your ethnic origin to be?

WHITE	MIXED	ASIAN OR ASIAN BRITISH	BLACK OR BLACK BRITISH	CHINESE
British <input type="checkbox"/>	White & Black Caribbean <input type="checkbox"/>	Indian <input type="checkbox"/>	Caribbean <input type="checkbox"/>	Chinese <input type="checkbox"/>
Irish <input type="checkbox"/>	White & Black African <input type="checkbox"/>	Pakistani <input type="checkbox"/>	African <input type="checkbox"/>	Any other Ethnic Group <input type="checkbox"/>
Any other White background <input type="checkbox"/>	White & Asian <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	Any other Black background <input type="checkbox"/>	
	Any other mixed background <input type="checkbox"/>	Any other Asian background <input type="checkbox"/>		
OTHER				
Any other <input type="checkbox"/>				

17. WHAT HAPPENS NEXT?

When we receive your application, we will write to you by return of post and provide you with a unique reference number. Keep this safe. You will need to quote it if you contact us.

IF YOU DO NOT ENCLOSE PROOF OF ALL HOUSEHOLD INCOME, IT WILL DELAY YOUR APPLICATION AS IT WILL HAVE TO BE RETURNED TO YOU.

Your Questions:

If I am unsure or I have a question, can I speak to a real person?

Yes, one of our friendly staff is always available to take your call. We are available between 9am - 5pm Monday to Friday on 0300 790 61722.

If my application is 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 not able to help me with?

The Trust cannot give you a loan or give help with bills you have already paid or items that you have already bought. It will not consider grants towards: Court fines, catalogue debts, credit cards, personal loans or other forms of borrowing, benefits/tax credit overpayments.

Can I apply if another company on behalf of United Utilities Water collects my water or waste water service?

Yes you can...

For Money Advisers:

When applying on behalf of your client don't forget there is an 'Online Form' for advisers use only.

Do not forget if you have a payment plan in place you should continue to make payments whilst your application is being dealt with.

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

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 Utilities Trust Fund is a registered charity and a company limited by guarantee.

Registered in England No: 05309512

Registered Charity No: 110829604

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

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