Ref: UUTF	United Utilities Trust Fund				
Date received:					
	UNITED UTILITIES TRUST FUND APPLICATION F	ORM			
Ref No:	To apply you must receive your water and/or wastewater services from U	nited Utilities.			
Telephone: 0300 790 6172	ALTERNATIVELY YOU CAN APPLY ONLINE @ applyuu.	org.uk			
1. PLEASE TELL US A		N.I.Number			
Name	Mr Mrs Miss	Ms Other			
Address					
Telephone Telephone	Postcode Email				
2. HOME AND FAMI		fill boxes as appropriate)			
Who shares your home?	I live alone Wife* Husband* Partner* Children	Other*			
tono onarco your nome.	The dione wife Husband Farther Children				
*Please giv	ve full name(s) and occupation(s)				
*Please giv	ve full name(s) and occupation(s)				
*Please giv  How many child  How many other adults o	dren 16 and under live with you?  Age of each child under 16				
*Please given the second the seco	dren 16 and under live with you?  Age of each child under 16  or children over 16 live with you?  Age of each person over 16				
*Please given the second the seco	dren 16 and under live with you?  Age of each child under 16  or children over 16 live with you?  Age of each person over 16  use tell us if they are: Employed  e else in the household disabled?  If YES, please tell us who  Yes  Or do you  Housing Association  Local Authority				
*Please given the second the seco	dren 16 and under live with you?  Age of each child under 16  or children over 16 live with you?  Age of each person over 16  use tell us if they are: Employed  e else in the household disabled?  If YES, please tell us who				
*Please given the second the seco	dren 16 and under live with you?  Age of each child under 16  or children over 16 live with you?  Age of each person over 16  use tell us if they are: Employed  e else in the household disabled?  If YES, please tell us who  Yes  Or do you  pay rent to:  No  Private Landlord  Other	fill boxes as appropriate)			
*Please given the second secon	dren 16 and under live with you?  Age of each child under 16  or children over 16 live with you?  Age of each person over 16  use tell us if they are: Employed  e else in the household disabled?  If YES, please tell us who  Yes  Or do you  pay rent to:  No  Private Landlord  Other  Unemployed  Other  Other  Other	fill boxes as appropriate)			
*Please given the second secon	dren 16 and under live with you?  Age of each child under 16  or children over 16 live with you?  Age of each person over 16  use tell us if they are: Employed  e else in the household disabled?  If YES, please tell us who  Yes  Or do you  pay rent to:  No  Private Landlord  Other  (Please )	fill boxes as appropriate)			
*Please given the second secon	dren 16 and under live with you?  Age of each child under 16  or children over 16 live with you?  Age of each person over 16  unemployed  unemployed	fill boxes as appropriate)			
*Please given the second secon	dren 16 and under live with you?  Age of each child under 16  or children over 16 live with you?  Age of each person over 16  see tell us if they are: Employed  e else in the household disabled?  If YES, please tell us who  Yes  Or do you  pay rent to:  No  Private Landlord  Other   INITIES  (Please)  Please the following section if you do not want to. The questions are not part of your application, nake sure that we are reaching all members of the community.  Female  Per your ethnic origin to be?  MIXED  ASIAN OR  BLACK OR  CHINESE	fill boxes as appropriate)			
*Please given the second secon	dren 16 and under live with you?  Age of each child under 16  or children over 16 live with you?  Age of each person over 16  use tell us if they are: Employed  e else in the household disabled?  If YES, please tell us who  Yes  Or do you  pay rent to:  Private Landlord  Other  INITIES  (Please)  Other  INITIES  (Please)  Premale  Premale  Proviet Landlord  Premale  Other  Other  Premale  Other  Other  Other	fill boxes as appropriate) ; however your  OTHER  Any other			
*Please given the second secon	dren 16 and under live with you?  Age of each child under 16  or children over 16 live with you?  Age of each person over 16  see tell us if they are: Employed  e else in the household disabled?  If YES, please tell us who  Yes  Or do you Housing Association Local Authority pay rent to:  No  Private Landlord  Other  Other  Other  Other  Premale  Per your ethnic origin to be?  MIXED  ASIAN OR  ASIAN OR  BLACK OR  Caribbean  White & Black Caribbean  Caribbean  Chinese  Pakistani  Asian BRITISH  Caribbean  Caribbean  Chinese  Chinese  Chinese	fill boxes as appropriate) ; however your  OTHER			
*Please given the second secon	dren 16 and under live with you?  Age of each child under 16  or children over 16 live with you?  Age of each person over 16  see tell us if they are: Employed  e else in the household disabled?  If YES, please tell us who  Yes  Or do you  pay rent to:  Private Landlord  Other  Other  INITIES  Please  Selete the following section if you do not want to. The questions are not part of your application hake sure that we are reaching all members of the community.  Female  Per your ethnic origin to be?  MIXED  ASIAN OR  ASIAN OR  BLACK OR  CHINESE  White & Black  Caribbean  White & Black  Caribbean  Chinese  Chinese	fill boxes as appropriate) ; however your  OTHER  Any other			

4	4. PRIORITY SERVICES								
	Priority Services can provide extra support when you need it most. This could be due to age, ill health, mental health problems, financial worries or language barriers.				alth				
<u> 16</u>	YOU WOUL	LIKE TO KNOV	W MORE ABOUT L	JNITED UTILI	TIES PRIORITY S	ERVICES P	LEASE TICK	THIS BOX	
5	. PLEASE GIV	/E US DETAILS (	OF YOUR WATER A	AND WASTE	WATER ACCOU	NTS	(Please	e tick boxes as appro	priate)
	Do you have a water meter? (please tick)  Account number (you can find this on your water bill).  If you are applying for help with arrears from a previous address, please add the address details below.  Postcode  Account No:								
6	. PAYING YO	UR WATER BILL	.S				(Please	tick boxes as appro	priate)
	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	FINANCES								
	Are you in de	ebt with any of	the following?						
		Amount of Arrears	Weekly payment/offer	Benefit Deductions			Amount of Arrears	Weekly payment/of	fer
	Rent	£	£	£	HP Agreem	ents £		£	_ ]
	Mortgage	£	£	£	Catalogue	es £		£	
	Secured Loan	£	£	£	Store/credit	cards £		£	
	Council Tax	£	£	£	Loans	£		£	
	Gas	£	£	£	Telephor	ne <u>f</u>		£	
	Electricity	£	£	£	Other (Please	specify) <u>f</u>		£	
	Court Fines	£	£	£	Other (Please	specify) <u>£</u>		£	
0	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.				,				
	8. ENERGY SUPPLIER INFORMATION								
	Who is your current energy supplier? (We may be able to make you aware of other organisations who can help).								
	Gas			Electri	city				

## 9. FINANCES - PLEASE INCLUDE ALL HOUSEHOLD INCOME

INCOME Proof must be enclo	weekly Figures
Your take home pay	
Partner's take home pay	
BENEFITS / TAX CREDITS	
Housing benefit	
Council tax support	
Support for mortgage interest	
Con	tribution based
Jobseeker's allowance —	Income based
Universal credit	
Income support	
Child benefit	
Child tax credit	
Working tax credit	
Maternity pay / allowance	
Bereavement benefits	
Incapacity benefit	
Com	tribution based
support allowance	Income based
Carer's allowance	
Disability living allowance (care	)
PIP (daily living)	
Disability living allowance (mob	ility)
PIP (mobility)	
Statutory sick pay	
Severe disability living allowance	e
Attendance allowance	
Industrial disablement benefits	
PENSIONS	
Retirement pension	
Partner's pension	
Occupational pension	
Private pension	
Pension credit	
Other pension - please specify	
OTHER INCOME	
Maintenance	
Student grant / loan	
Income from lodgers or propert	у
Son's / daughter's contribution	
Contribution from other adult a	t property
Other - please specify	

OUTGOINGS	
HOUSING COSTS	WEEKLY FIGURES
Rent	
Mortgage	
Secured loans / 2nd mortgage	
Council tax	
Life insurance	
Building / contents insurance	
Other - please specify	
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 (inc. MOT, Tax & fuel)	
Fares - train / bus	
Motability car	
HEALTH	
Care costs / special needs	
OTHER OUTGOINGS	
TV licence	
Sky / cable / internet	
Cigarettes / alcohol	
Appliance rental	
Telephone (inc. mobiles)	
Loans (inc. store cards & catalogues)	
HP payments	
HP payments  Benefit overpayments	

# PLEASE CONFIRM FREQUENCY OF AMOUNTS IF NOT SHOWN WEEKLY

TOTAL WEEKLY INCOME	£
What (if any) savings do you have?	£
TOTAL WEEKLY OUTGOINGS	£

10. HAVE YOU APPLIED BEFORE?			
If you have applied t your current address		ıs when a	and from what address if this was different from
Date applied	Add	dress	
(Approx)		Ť	
11. HOW CAN WE H	ELP?		
	e us to consider helping you wi	ith?	
Payment of wa	iter and waste water charges		Assistance with other costs
12a. PLEASE TELL US	WHY YOU HAVE NOT BEEN A	BLE TO P	PAY YOUR WATER/SEWERAGE BILL?
	mation as possible about your circums ou and your family and has led to your		dd dates where possible and details of any particular hardship /illness
			*You can continue on separate paper if required
12b. HOW WILL A G	RANT HELP YOU MAINTAIN FU	JTURE PA	

13. FURTHER ASSISTANCE			
In certain cases the Trust can consider giving help towards an essential item.			
Please tell us what you need and how this will hel	p you.		
Important: Please add a contact telephone number for	delivery options if you a	are requesting help with a household appliance.	
Contact Telephone Number:		Please tick if you have an old appliance to be removed	
	r. ou have already paid or i	ke/type is at the discretion of the Trustees and will be items you have already bought. It will not consider grants ebts, credit card debts and other forms of personal borrowir	
14. DECLARATION			
I declare that the information I have given in this form is	complete and correct to	o the best of my knowledge.	
organisation or relevant person for clarification and/or or relevant to my application, (b) consider alternative supp	onfirmation of amounts ort schemes and/or prov	vater/waste water service and any referral agency, other is owing or other information which the Trustees consider invide relevant information to the water/sewerage company on to my energy supplier/relevant Trust Fund for the purpose	
To see our Privacy Policy, please refer to our website at	www.uutf.org.uk/gdpr.	If you would like us to send you a copy, please let us know.	
Signature:	Print Name:	Date:	
15. IF SOMEONE HAS HELPED YOU TO COMPLI	TE THIS FORM, PLE	EASE ASK THEM TO ADD THEIR DETAILS	
Title Mr Mrs Miss Ms	Other Name		
	isation		
	isation		
Address			
		Postcode	
Phone 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. Please note: Copies of this evidence may be requested at anytime.			
IF THIS STATEMENT IS NO	T SIGNED THE APPL	LICATION WILL BE RETURNED	
Signature:		Date:	

#### **16. WHAT HAPPENS NEXT?**

When we receive your application, we will contact you and provide you with a unique reference number. Please keep this reference number safe. You will need to quote it if you contact us.

#### 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 Bureau, 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.

### **17. IMPORTANT INFORMATION**

- So that we can consider your request you MUST enclose up to date PROOF OF ALL THE HOUSEHOLD INCOME with your application (i.e. 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 amounts received.
- The letter which shows the benefits you receive must be less than one year old, or less than six months old if it is for tax credits and also 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.
- Please include ALL proof of income. Failure to do so may result in your application being declined.
- Should you have any questions regarding the completion of this form, you can call one of our friendly staff who will be happy to help. We are available between 8:30am 5pm Monday to Friday on 0300 790 6172.

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

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 to:

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