

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.

[ALTERNATIVELY YOU CAN APPLY ONLINE @ applyuu.org.uk](http://applyuu.org.uk)

Date of Birth					
D	D	M	M	Y	Y
N.I.Number					

1. PLEASE TELL US ABOUT YOURSELF (Please fill boxes as appropriate)

If your details are different, please amend below

Name	<input type="text"/>	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other <input type="checkbox"/>
Address	<input type="text"/>					
	<input type="text"/>					Postcode <input type="text"/>
Telephone	<input type="text"/>	Email	<input type="text"/>			

2. HOME AND FAMILY (Please fill boxes as appropriate)

Who shares your home? 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 person over 16

Please tell us if they are: Employed Unemployed

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

Are you a home owner? Yes No

Or do you pay rent to: Housing Association Local Authority

Private Landlord Other

3. EQUAL OPPORTUNITIES (Please fill boxes as appropriate)

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

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.

IF YOU WOULD LIKE TO KNOW MORE ABOUT UNITED UTILITIES PRIORITY SERVICES PLEASE TICK THIS BOX

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

(Please tick 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. FINANCES

Are you in debt with any of the following?

	Amount of Arrears	Weekly payment/offer	Benefit Deductions		Amount of Arrears	Weekly payment/offer
Rent	£	£	£	HP Agreements	£	£
Mortgage	£	£	£	Catalogues	£	£
Secured Loan	£	£	£	Store/credit cards	£	£
Council Tax	£	£	£	Loans	£	£
Gas	£	£	£	Telephone	£	£
Electricity	£	£	£	Other <i>(Please specify)</i>	£	£
Court Fines	£	£	£	Other <i>(Please specify)</i>	£	£

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

Electricity

9. FINANCES - 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
Carer's allowance	
Disability living allowance (care)	
PIP (daily living)	
Disability living allowance (mobility)	
PIP (mobility)	
Statutory sick pay	
Severe disability living allowance	
Attendance allowance	
Industrial disablement benefits	
PENSIONS	
Retirement pension	
Partner's pension	
Occupational pension	
Private pension	
Pension credit	
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>	

PLEASE CONFIRM FREQUENCY OF AMOUNTS IF NOT SHOWN WEEKLY

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

10. HAVE YOU APPLIED BEFORE?

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

11. HOW CAN WE HELP?

What would you like us to consider helping you with?

Payment of water and waste water charges

Assistance with other costs

12a. 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.*

*You can continue on separate paper if required

12b. HOW WILL A GRANT HELP YOU MAINTAIN FUTURE PAYMENTS?

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 help you.

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

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 you have already bought. It will not consider grants towards: energy bills, benefit/tax credit overpayment's, court fines, catalogue debts, credit card debts and other forms of personal borrowing.

14. DECLARATION

Do you pay your gas/electric via a pre-payment meter?

Do you have a meter that you top up with a key or card to pay for your gas or electric?

Yes No

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.

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 COMPLETE THIS FORM, PLEASE ASK THEM TO ADD THEIR DETAILS

Title Mr Mrs Miss Ms Other Name

Job Title Organisation

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 NOT SIGNED THE APPLICATION 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**