Ref: UUTF  Date received:	United Utilities Trust Fund					
Date received.	UNITED UTILITIES TRUST FUND APPLICATION FORM					
Ref No:	To apply you must receive your water and/or wastewater services from United Utilities.					
<b>Telephone:</b> 0300 790 6172	ALTERNATIVELY YOU CAN APPLY ONLINE AT www.applyuu.org.uk					
	1. 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					
2. INFORMATION TO	O HELP WITH THE APPLICATION					
your account to as (but only to help the PLEASE TICK THE ENDITED UTILITIES) We will check the "Back on Track". UNITED UTILITIES "Back on Track	other United Utilities support schemes operated to see if you qualify for those too, including United Utilities will check in the future to see if they can continue helping you.  Is to check your eligibility for other United Utilities support schemes?  SCHEMES  The are any other support schemes that may be relevant to you, including energy schemes to ergy bill too.  Is to check your eligibility for further support?					
Mr Mrs Mrs	Miss Ms Other					
Name						
Address						
Postcode	Telephone					
Email	NI Number					
Are you a home owner? Yes Or do you pay rent to: Housing Association Local Authority  No Private Landlord Other						

4. 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 yo	u? Age of each child und	der 16
How many other adults or children over 16 live with yo		
Please tell us if they are: Employ	d Unemployed	
Are you or anyone else in the household disable	d? If YES, please tell us	who
5. PRIORITY SERVICES		
Priority Services can provide extra support wh problems, financial worries or language barrie	•	e due to age, ill health, mental health
IF YOU WOULD LIKE TO KNOW MORE ABOUT	UNITED UTILITIES PRIORITY SER	VICES PLEASE TICK THIS BOX
6. 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).		tal outstanding
	£	
If you are applying for help with arrears from a previo	is address, please add the address deta	ills below.
Postcode	Account No:	
7. PAYING YOUR WATER BILLS		(Please tick boxes as appropriate)
Are your water charges deducted direct from your ber	efits? Yes No	
If 'NO' how do you want to pay for your future charge	?	
Payment Card Direct Debit Ded	ucted From Benefits	
Do you prefer to pay:		
Weekly Fortnightly Mont	ıly	
8. EQUAL OPPORTUNITIES		(Please tick boxes as appropriate)
You do not have to complete the following section if you answers will help us to make sure that we are reaching		t part of your application; however your
Are you Male Female		
What do you consider your ethnic origin to be	?	
WHITE MIXED HERITAGE	ASIAN OR BLACK OR	OTTIEK
British White & Black Caribbean	Indian BLACK BRITISH  Caribbean	Chinese Any other
<u> </u>	Caribbean	
Irish White & Black African	Pakistani African	Ethnic Group
African	Pakistani African Bangladeshi Any other Black	Ethnic Group



## 9. FINANCES - PLEASE INCLUDE ALL HOUSEHOLD INCOME

INCOME Proof must be wages / SALARY	endlosed	WEEKLY FIGURES
Your take home pay		
Partner's take home pay		
BENEFITS / TAX CREDITS		
Housing benefit		
Council tax support		
Support for mortgage inter	·oct	
Support for mortgage inter	Contribution based	
Jobseeker's allowance	Income based	
I Injure real are dit	income based	
Universal credit		
Income support Child benefit		
Child tax credit		
Working tax credit		
Maternity pay / allowance		
Bereavement benefits		
Incapacity benefit	Cantaibutian basad	
Employment and	Contribution based	
support allowance	Income based	
Carer's allowance		
Disability living allowance (	care)	
PIP (daily living)		
Disability living allowance (	mobility)	
PIP (mobility)		
Statutory sick pay		
Severe disability living allow	wance	
Attendance allowance		
Industrial disablement ben	efits	
PENSIONS		
Retirement pension		
Partner's pension		
Occupational pension		
Private pension		
Pension credit		
Other pension - please spe	cify	
OTHER INCOME		
Maintenance		
Student grant / loan		
Income from lodgers or pro		
Son's / daughter's contribu		
Contribution from other ac	dult at 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	
Benefit overpayments	
Other - Please specify	
DI FACE CONFIDMA EDECLIENT	

# PLEASE CONFIRM FREQUENCY OF AMOUNTS IF NOT SHOWN WEEKLY

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

AU-UUTF 05/2025

10. HAVE YOU APPLIED BE	FORE?	
If you have applied to a your current address.	he Trust before please tell us who	en and from what address if this was different from
Date applied (Approx)	Address	
11a. PLEASE TELL US WHY	YOU HAVE NOT BEEN ABLE TO PA	AY YOUR WATER/SEWERAGE BILL?
Please give as much information		d dates where possible and details of any particular hardship /illness
		*You can continue on separate paper if required
11b. HOW WILL A GRANT	<b>HELP YOU MAINTAIN FUTURE PA</b>	YMENTS?
12. FURTHER ASSISTANCE		
In certain cases the Trust ca	n consider giving help towards an es	sential item.
	d and how this will help you. act telephone number for delivery options	s if you are requesting help with a household appliance.
Contact Telephone Number:		Please tick if you have an
	s to purchase a household item. the choic	old appliance to be removed e of make/type is at the discretion of the Trustees and will be
restricted to a limited range from What is the Trust not able to I	om our designated supplier.	

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.

## 13. FINANCES

# Are you in debt with any of the following?

Amount of

	Amount of Arrears	Weekly payment/offer	Benef Deducti			Amou Arre	
Rent	£	£	£	HP	Agreements	£	£
Mortgage	£	£	£	С	atalogues	£	£
Secured Loan	£	£	£	Store	e/credit cards	£	£
Council Tax	£	£	£		Loans	£	£
Gas	£	£	£	Т	elephone	£	£
Electricity	£	£	£	Othe	r (Please specify)	£	£
Court Fines	£	£	£	Othe	r (Please specify)	£	£
of your arrears,	you can get free he	elp and advice from you	ur local Ci	tizens Advice or o	ther advice cen	tres.	having difficulty paying any
Who is your	current energy	supplier? (We ma	y be abl	e to make you	aware of ot	her organ	nisations who can help).
Gas				Electricity			
.5. DECLARA	TION						
Do you nay	your gas/electri	ic via a pre-payme	nt mete	r?			
		up with a key or card			ric?		
Yes	No						
I doclare that the	an information I have	ve given in this form is	complete	and correct to th	o host of my kn	owlodgo	
i deciare triat ti	ie ililorillation i lia	ve given in this form is	complete	and correct to ti	ie best of fifty kit	owieuge.	
organisation or relevant to my to enable futur	relevant person fo application, (b) cor	r clarification and/or consider alternative supp	confirmation	on of amounts ov nes and/or provid	ving or other inf e relevant inforr	ormation w	any referral agency, other which the Trustees consider ne water/sewerage company ant Trust Fund for the purpose
To see our Priv	acy Policy, please re	efer to our website at	www.uut	f.org.uk/gdpr. If y	ou would like u	s to send yo	ou a copy, please let us know.
Signature:				Print Name:			Date:
.6. IF SOMEO	NE HAS HELPEC	YOU TO COMPLE	TE THIS	FORM, PLEAS	E ASK THEM	TO ADD	THEIR DETAILS
Title Mr	Mrs	Miss Ms	Other	Name			
	IVII3			Ivaille			
Job Title		Organ	isation				
Address							
					P	ostcode	
Phone		Er	mail				
-	an Advice Agency a	-	_			_	ou are confirming you have
		s proof of income. Pie	ase note.	•	dence may be r	equested a	t anytime.
	IF THIS S	STATEMENT IS NO		•	•	•	•
Signature:	IF THIS S	•		•	•	•	•

Benefit

Amount of

Weekly

AU-UUTF 05/2025

## 17. 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, 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.

## **18. 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.
- If you are in receipt of Universal Credit you must provide ALL pages of a statement from your online journal.
- 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 RUHG-UXLC-ZYCE 18 BENNETTS HILL, BIRMINGHAM B2 5QJ

