

Customer Assistance Fund Debt Support Scheme for third sector partner organisations Application Form 2024/25



To be completed by third party sector partner organisation.
If completing a hard copy, please use black ink and BLOCK CAPITALS

SECTION A – CUSTOMER DETAILS (MANDATORY)

Customer details

Customer reference number (if available)

Address

Title (Mr, Miss, Mrs, etc.)

First Name(s)

Postcode

Surname

Home phone number

Date of birth

Mobile number

Date customer moved into the property?

Email address

How many people live at the property who are:

16 + years old

Under 16 Years old

Is the customer a:

Homeowner

Tenant

The following benefits or tax credits have been verified:

Income Support

Pension Credit

Housing Benefit

Disability Living Allowance (DLA)

Income-based Jobseeker's Allowance

Personal Independence Payment (PIP)

Income related Employment and Support Allowance

Attendance Allowance (AA)

Working Tax Credit

Child Tax Credit (except if in receipt of family element only)

Universal Credit

Method of verification:

Bank Statement(s)

Award Notice(s)

Other (please state)

SECTION B: PART 1 – CUSTOMER ASSISTANCE FUND

	Household Income	£ annual
Means-tested benefits	Working Tax Credit (excluding Disability Premiums)	
	Child Tax Credit (excluding Disability Premium)	
	Pension Credit (excluding disability/carers premiums)	
	Income-based JSA (excluding disability/carers premiums)	
	Income Support (excl disability/carers premiums)	
	Income related ESA (excluding Support Group, work related Activity Group & disability / carer premium)	
	Universal Credit (excluding Housing, Carer, Disabled Child & limited Capacity for Work Element)	
	Housing Benefit or Housing Element of Universal Credit	
	Council Tax Reduction / Support	
	Support Group, Work related Activity Group & Disability/Carer Premiums on ESA	
	Disability premiums on Child / working Tax Credits	
	Disability / Carer premium on Pension Credit, JSA & Income Support	
	Disabled Child & Limited Capability for working elements of Universal Credit	
Non means-tested benefits	Attendance Allowance	
	Disability Living Allowance	
	Personal Independent Payment	
	Carers Allowance or Carers Element of UC	
	Incapacity Benefit	
	Child Benefit	
	Maternity Pay / Allowance	
	Council Tax Reduction	
Other / Pensions / Employment	Statutory Sick Pay	
	Income from Employment	
	Self-Employment Income	
	Private / Occupational Pension	
	State Pension	
	Child Maintenance	
	Interest from Savings & Investments	
	Student Loan (not Grant)	
	Total Income	

SET UP
PAYMENT
PLAN

SECTION B: PART 2 – CUSTOMER ASSISTANCE FUND

Household Expenditure	£ annual
Car (Loan / Tax / Fuel etc)	
CCJ's / Fines	
Child Care	
Child Maintenance	
Clothes / Shoes	
Council Tax	
Electricity	
Gas	
Housekeeping / Food	
Insurance (Car / Life / Home)	
Loan Repayments	
Mortgage / Rent	
Other Fuel (Coal etc)	
Payments to Creditors	
Repairs / Replacements	
Satellite / TV Licence	
School Meals	
Telephones	
Water and Sewerage	
Work Expenses / Travel	
Other (Please Specify)	
Total Expenditure	

Set up
Payment
Plan

SECTION C – PAYMENT PLAN

If you haven't got a payment plan or would like to change it, please select either Direct Debit, Water Direct or Payment Card from the options below.

If a payment method is not selected and there is no current payment plan in place, a payment card will be sent.

If there is already a payment plan in place, payments will be reviewed when the application is accepted.

If there is arrears on the account, the current payment plan may not be changed.

Direct Debit



Dŵr Cymru
Welsh Water

Instruction to your bank or building
society to pay by Direct Debit



Payment frequency: Weekly Monthly

Day/date of payment:

Service User Number:

9 9 7 5 4 2

Customer reference number:

(The number in the top right hand corner of your water bill)

Name and address of your bank or building society:

Instruction to your bank or building society

Please pay Dŵr Cymru Welsh Water Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with Dŵr Cymru Cyfyngedig and, if so, details will be passed electronically to my Bank/Building Society.

Name(s) of account holder(s):

Signature(s):

Bank or building society account number:

Date:

Branch Sort Code:

The Direct Debit Guarantee

This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits.

If there are any changes to the amount, date or frequency of your Direct Debit Dŵr Cymru Welsh Water will notify you 5 working days in advance of your account being debited or as otherwise agreed. If you request Dŵr Cymru Welsh Water to collect a payment, confirmation of the amount and date will be given to you at the time of the request.

If an error is made in the payment of your Direct Debit by Dŵr Cymru Welsh Water or your bank or building society you are entitled to a full and immediate refund of the amount paid from your bank or building society.

If you receive a refund you are not entitled to, you must pay it back when Dŵr Cymru Cyfyngedig asks you to.

You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.

Water Direct

If you receive one of the following benefits and have arrears on your account, you may be eligible to have your water charges paid directly from your benefits/tax credits:

- Income Support
- Income related Employment and Support Allowance
- Income-based Jobseeker's Allowance
- Pension Credit
- Universal Credit

If your application is successful, you'll pay your current year's charges and a fixed amount towards your arrears. If you'd like to pay this way, please tick the box below and provide us with your name and National Insurance number.

I agree to have my water charges paid through my benefits.

Name:

National Insurance number:

Payment Card

Weekly

Day:

Fortnightly

Day:

Monthly

Date:

DECLARATION

To be signed by the Applicant (mandatory)

I declare all of the information I've provided in this application is correct to the best of my knowledge.

I understand any false information may disqualify my application

I'll let Welsh Water know if the circumstances of my household changes in a way that may affect the information I've provided e.g. if my benefits change or if I move address.

I'm happy for Welsh Water to check with third parties the information I've given is correct.

By completing this form you are consenting to us recording your details on our systems, including our Priority Services Register if applicable. We will contact you from time to time to check our details are up to date.

I hereby give consent for the person named below to act on my behalf in relation to this application form regarding my water and sewerage services and authorise them to add me to the Priority Services Register and/ or share details with other trusted partners in my area (if applicable).

Customer Signature:

Date:

Third Party Advisor Details

Name:

Organisation:

Contact Number:

Email Address:

Date:

Signature:

This form must be returned via email to:
workinginpartnership@dwrcymru.com