

## SECTION 6

You **MUST** complete this section.

### DECLARATION – Please read carefully before signing.

I declare that the information I have given is correct to the best of my knowledge and I understand that any false information may disqualify my application for WaterSure Wales.

I will notify Dŵr Cymru Welsh Water immediately if there are any changes to the circumstances that affect my application for WaterSure Wales e.g. change of address, no longer on benefits.

I authorise the authority that administers my benefit(s)/tax credit(s) to give information to Dŵr Cymru Welsh Water, should it be necessary, in order for the information I have provided to be verified.

If I have made an application for WaterSure Wales on the basis of a medical condition, I authorise the medical person to give information about the condition and its impact on water use to Dŵr Cymru Welsh Water, should it be necessary, in order for the information I have provided to be verified.

I do not water my garden other than by hand-held means, or have a swimming pool or pond of over 10,000 litres capacity.

I do not receive any contributions towards the cost of water from the health authority.

**WARNING If you deliberately give us misleading information you are committing a criminal offence and could be prosecuted.**

Signature: .....

Date: .....

### CHECKLIST

Tick the boxes as appropriate.

- I've completed all the sections of the form that apply to me.
- I've completed SECTION 1 and 2 and enclosed a photocopy of the most recent "Award Notice" for the benefit(s)/tax credit(s) and removed any reference to any bank details.
- If I've completed SECTIONS 3 and 4, it has been stamped, signed and dated by my Doctor or Practice Nurse.
- If I've completed SECTION 5, I've enclosed a photocopy of the most recent 'Child Benefit Award Notice' for each child named and removed any reference to any bank details.
- I have completed SECTION 6 with my signature and date.

**Failure to complete the application form and provide the necessary supporting documentation will result in your application being refused and returned to you.**

How did you find out about WaterSure Wales?

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Welsh Water         | <input type="checkbox"/> Registered Social Landlord | <input type="checkbox"/> Word of mouth                |
| <input type="checkbox"/> Welsh Water website | <input type="checkbox"/> Citizen's Advice Bureau    | <input type="checkbox"/> Consumer Council for Water   |
| <input type="checkbox"/> Advert on bill      | <input type="checkbox"/> Event/conference           | <input type="checkbox"/> Other (please specify below) |

Please return your application form along with the necessary documentation to:  
**Freepost Dŵr Cymru Welsh Water**  
There is no need to put a stamp or any further address details when responding.

# WaterSure Wales

Application for 2015 – 2016  
(Household Customers only)



**Do you, or anyone in your household, receive any of the BENEFIT(S) / TAX CREDIT(S) listed below?**

Guidance notes for SECTIONS 1 AND 2

You **MUST**:

1. Tick one or more of the boxes in SECTION 1.
2. Fully complete SECTION 2.
3. Include a photocopy of your "Award Notice".

Ensure that your "Award Notice":

1. Is dated within the last 12 months.
2. Shows your current address.
3. Is complete and you have included all the pages.

**A copy of your "Award Notice" will be kept on file, please ensure that any bank details are blanked out before they are sent to us.**

**YES – Please complete SECTION 1 and 2**

**NO – you are NOT ELIGIBLE**

### SECTION 1

Which of the benefit(s) / tax credit(s) are received by someone in your household (please tick **ALL** that apply).

- |  |   |
|--|---|
| <input type="checkbox"/> Income Support                                  | <input type="checkbox"/> Housing Benefit  |
| <input type="checkbox"/> Income related Employment and Support Allowance | <input type="checkbox"/> Working Tax Credit   |
| <input type="checkbox"/> Income-based Jobseeker's Allowance              | <input type="checkbox"/> Child Tax Credit<br><i>(except families in receipt of the family element only)</i> |
| <input type="checkbox"/> Pension Credit                                  | <input type="checkbox"/> Universal Credit   |

Please give the name and National Insurance Number of the person who receives these benefit(s) / tax credit(s)

Name: .....

National Insurance No: .....

### SECTION 2

The person named on the bill **MUST** complete this section.  
Please read the guidance notes carefully before returning this form.

Customer Reference Number: .....

Name: (Mr/Mrs/Miss/Ms): .....

Address: .....

Postcode: .....

Daytime telephone number: .....

Mobile number: .....

Please confirm the date you moved into the property, if after 1 April 2015: .....

Please provide a reading from your water meter.  
(if it is safe to do so):

Meter reading: ..... Date: .....

**Please continue to SECTION 3**

