

**ICOSA WATER SERVICES LIMITED**

# **WATERSURE SCHEME APPLICATION FORM**

**Information, help and advice for household customers**



# WaterSure application for 2021

We operate a scheme known as the WaterSure Scheme, which provides alternative tariff options to household metered customers who meet certain criteria. The scheme ensures that your metered bill will be capped at a fixed annual charge. It has a higher annual standing charge than our standard tariff for water and wastewater services but has no charge per cubic metre. The reduction in your charges will take effect from the beginning of the charge period in which the application is made and it must be renewed annually.

To qualify, for the WaterSure Scheme, your household must:

- Have a water meter.
- Receive a means tested benefit.
- Have a large family (3 or more children under the age of 19, living at the same property and for whom child benefit is being received)
- Have someone who has a verifiable medical condition requiring the use of extra water

The means tested benefits include:

- Housing Benefit
- Income related Employment and Support Allowance or Income Support
- Income based Job Seekers Allowance
- Working Tax Credit
- Pension Credit
- Universal Credit
- Child Tax Credit (except for families in receipt of the family element only)

And, either:

Verifiable medical conditions include any of the following:

- Crohn's disease
- Abdominal stomas
- Incontinence
- Weeping skin disease (eczema or psoriasis)
- Desquamation (flaky skin disease)
- Renal failure requiring dialysis at home (except where a contribution is made by the health authority towards the cost of water used)

- Ulcerative colitis
- Varicose ulceration

Any other medical conditions which have been diagnosed by a medical practitioner and requires the use of substantial amounts of water.

If you think you qualify for the WaterSure Scheme, please complete the form and return it to the address shown.

Please note that when you return your application form it is essential that you include all documents requested, as we are unable to accept you on the scheme without them.

If the person who receives the benefit is not the bill payer, please include their signature too.

We aim to give you a decision within 5 working days. Please provide your contact details so we can contact you if we need any further information.

Successful applicants will have reduced charges applied to their bill. If you are unsuccessful, we will provide a reason why.



# 1 About you

Please only write or mark inside the boxes

1 Title

Mr  Mrs  Miss  Ms  Other

2 First name

3 Surname

4 Date of birth

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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5 Address (including postcode)

6 Daytime contact number

7 Mobile number

8 Email address

9 Your Icosa Water account number

10 Are you or any member of your household receiving any of the following benefits or tax credits? (please tick all that apply)

- Housing benefit
- Income related Employment and Support Allowance or Income Support
- Income based Jobseekers Allowance
- Working Tax Credit
- Child Tax Credit (excl. families in receipt of the family only element)
- Pension Credit
- Universal Credit

11 Please provide the name(s) and National Insurance number(s) of the person(s) in receipt of the benefits confirmed above

Name

National Insurance number

Name

National Insurance Number

To qualify for WaterSure someone in your household must be receiving at least one of the benefits or tax credits listed above. Please note that you must submit a copy of the latest notice of entitlement for the benefits or tax credits and this notice must be less than a one year old.

If you are applying for WaterSure based on a medical condition, please complete section 2.

If you are applying based on the size of your family, go straight to section 3.

Please note that bank statements are not accepted as proof of Employment Support Allowance or Jobseeker's Allowance.



## 2 Medical conditions

12 Please provide the name of the person in your household who has a medical condition requiring the use of extra water

Name

*We will need to know the name of the person with the medical condition to process your application*

13 Which of these medical conditions do the have?  
(please tick all that apply)

- Crohn's disease
- Abdominal stomas
- Incontinence
- Weeping skin disease (eczema or psoriasis)
- Desquamation (flaky skin disease)
- Renal failure requiring home dialysis
- Ulcerative colitis
- Varicose ulceration
- Any other condition confirmed by a medical practitioner which requires the use of substantial amounts of water

*A copy of your repeat prescription for each condition that you have ticked is required.*

*We can accept a doctor's certificate explaining the condition and why extra water is needed.*

*You can ask for copies of these from your surgery, clinic or hospital.*

*If you do not have a certificate or prescription, you will need to provide us with evidence that you have the condition and why extra water is needed.*

*If you tick 'other condition' you will need to provide a doctor's certificate or letter from a GP or hospital consultant. The certificate or letter needs to include:*

*The name of the patient*

*The condition they have which means that they use extra water*

*The date the certificate or letter was issued, and*

*The name, position and address of the GP or consultant*

Please tell us the name of this condition

14 Please provide the name of a doctor / consultant who can confirm this medical condition

Contact number



# 3 Your family (for large family applications)

This section is for families with 3 or more children under 19 living at home.

15 I can confirm that I, or a member of my household, receives benefits or tax credits (named at question 10) and Child Benefit is claimed for 3 or more children under the age of 19 who live with us permanently.

Signed

Name

Date of birth

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Name

Date of birth

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Name

Date of birth

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Name

Date of birth

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Name

Date of birth

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*Please provide the full name and date of birth for each child. You must provide a copy of the latest notice of entitlement to Child Benefit for each child you list here.*

*Alternatively you can provide a copy of a recent bank statement listing your current entitlement to payments.*

*If you cannot find your notice of entitlement to Child Benefit, please contact the Child Benefit Centre.*



# 4 Important supporting documents

## Your Checklist

Have you completed all the sections of the form which apply to you?

Have you enclosed a photocopy of the latest notice of entitlement for benefit or tax credit?

If you have completed section 2, remember to enclose a copy of your prescription form or doctor's certificate or letter

If you have ticked 'other medical condition' please remember to enclose a doctor's certificate or letter from a GP or consultant as requested

If you have completed section 3, remember to enclose the latest notice of entitlement to Child Benefit for each child

*Please note: all documents submitted with this application form must clearly show name and address details.*

# 5 Declaration

The information I have given is correct to the best of my knowledge and I understand that, if I provide any information which is false, you may refuse to consider my application.

If my circumstances change, and it may affect my application, I will tell you straight away.

I authorise my benefit providers to give Icosa Water any relevant information to confirm the details I've provided.

If I have made a claim because of a medical condition, I give the medical professional who knows about the condition, permission to give Icosa Water information about the condition and why I need to use more water.

If I pay my wastewater charges to a different company, I give you permission to pass on the details provided so that a reduction can also be made to my wastewater charges under the WaterSure tariff.

If you deliberately give Icosa Water misleading information you are committing a criminal offence and could be prosecuted.

I confirm the following:

- A member of my household meets the conditions for help under the WaterSure Scheme
- I only use a hosepipe or watering can to water my garden
- My household does not have an auto-filling swimming pool or pond which holds over 10,000 litres of water
- I do not receive any help towards the cost of water from the health authority

Your signature

Date

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Signature of the person(s) receiving benefit (if different from above)

Please send your completed application form along with your supporting documents to:

**Icosa Water**  
**Sophia House**  
**28 Cathedral Road**  
**Cardiff**  
**CF11 9LJ**

