



WaterSure Application Form

WaterSure Scheme Application Forms 2024/25

What is WaterSure?

WaterSure is an alternative tariff option that is offered to household metered customers who meet a specific criteria (see listed below). The tariff ensures that your metered bill is capped at a fixed annual charge. This charge has a higher annual standing charge than our standard tariff for water and wastewater services. However, it has no charge per cubic meter, thus reducing your overall bill.

The WaterSure Tariff will take effect from the beginning of the charge period in which the application is approved, and it must be renewed annually.

Am I eligible for WaterSure?

To be eligible for the WaterSure Tariff your household must have a water meter installed or are waiting for a meter to be installed, be in receipt of a means tested benefit such as:

- Working Tax Credit
- Housing Benefit
- Pension Credit, Universal Credit
- Income Related Employment & Support Allowance or Income Support or Child Tax Credit (except for families in receipt of the family element only).

And have one or more of the following:

- Have a large family in which there are 3 or more children under the age of 19, all living at the same property and for whom Child Benefit is being received.

Someone living at the property who has a verifiable medical condition requiring the use of extra water, these include:

- Crohn's Disease, Ulcerative Colitis, Varicose Ulceration, Abdominal Stomas
- Incontinence
- Skin Conditions that cause weeping/ desquamation (Eczema, Psoriasis, Xerosis etc)
- Renal Failure requiring At-Home Dialysis (except where the Health Authority has contributed to water costs)

OR any other medical conditions that have been diagnosed by a medical practitioner, that requires the use of substantial amounts of water.



WaterSure Application

If you wish to apply for the WaterSure Tariff, please complete the form below, and return it to the address shown. Please ensure you answers all questions truthfully.

Please note we will not be able to process your application unless all documents of evidence are included. 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.

All applicants will be informed on the success of their application.

1. About You

Title:

Full Name:

Date of Birth: /..... /.....

Icosa Account Number (if known):

Address:

.....

.....**Postcode:**

Email Address:

Mobile Number:

Daytime Contact Number:

When did you move into your home?/...../.....

Are you or any member of your household receiving any of the following benefits or tax credits? *Please tick all that apply.*

<input type="checkbox"/> Income Support	<input type="checkbox"/> Income related Employment and Support Allowance
<input type="checkbox"/> Pension Credit	<input type="checkbox"/> Income-based Jobseeker's Allowance
<input type="checkbox"/> Attendance Allowance (AA)	<input type="checkbox"/> Disability Living Allowance (DLA)
<input type="checkbox"/> Housing Benefit	<input type="checkbox"/> Personal Independence Payment (PIP)
<input type="checkbox"/> Working Tax Credit	<input type="checkbox"/> Child Tax Credit (except families in receipt of the family element only)
<input type="checkbox"/> Universal Credit	

Please provide the name, date of birth and National Insurance number of the person in receipt of the benefits confirmed above.

Full Name:

Date of Birth: /..... /.....

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.

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

2. Medical Conditions

Do you, or anyone in your household, have any medical conditions for which you need to use more water?

YES
Complete Section 2

NO
Go to Section 3

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

Full Name:

Please tell us about the medical condition(s) that they have.

Please tick all that apply.

- Weeping Skin (eczema, psoriasis, varicose ulceration)
- Desquamation (flaky skin disease)
- Incontinence
- Abdominal Stomas
- Crohn's Disease
- Renal failure requiring home dialysis (except where the health authority contributes to the cost of the dialysis)
- Other*

***Any other medical conditions that have been diagnosed by a medical practitioner, that requires the use of substantial amounts of water. Please tell us the name of the condition(s)**

.....

.....



Please provide all known information of the medical practitioner who can confirm this medical condition(s).

Name:

Name of Surgery/Hospital/ Clinic:

.....

Address:

..... **Postcode:**

Contact Number:

Important

Evidence Required for Medical Conditions

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.

3. Large Family

Does anyone living at your address receive Child Benefit for three or more children under the age of 19 who live at your home?

YES
Complete Section 2

NO
Go to Section 3

Declaration

I can confirm that I, or a member of my household, receives benefits or tax credits (identified in section 1) and Child Benefit is claimed for 3 or more children under the age of 19 who live with us permanently.

Signed

Full Name:

Date of Birth: / /

Full Name:

Date of Birth: / /

Full Name:

Date of Birth: / /

Full Name:

Date of Birth: / /

Full Name:

Date of Birth: / /

Important

Evidence Required for 3 or More Young Children

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. Document of Evidence

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

YES

NO

Have you included the following documents that support your application? *Please tick all that apply.*

- Have you enclosed a photocopy of the latest notice of entitlement for benefit or tax credit?
- If you have ticked 'other medical condition' please remember to enclose a doctor's certificate or letter from a GP or consultant as requested.
- Please note, if you have completed Section 2, enclose a copy of your prescription form or doctor's certificate or letter.
- Please note, if you have completed Section 3, enclose the latest notice of entitlement to Child Benefit for each child.

Please attach your supporting evidence to this page.



5. Final 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:/...../.....

Signature of the person(s) receiving benefits (if different from above)

..... date:/...../.....

Please send your completed application with your supporting documents to:

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