

4. PLEASE SHOW ALL HOUSEHOLD INCOME AND EXPENDITURE

(Please fill boxes in appropriate)

Advice agencies may submit their own financial statement if preferred.

INCOME		WEEKLY FIGURES	
Wages/Salary			
Your take home pay			
Partner's take home pay			
BENEFITS / TAX CREDITS			
Housing benefit			
Council tax support			
Support for mortgage interest			
Jobseeker's allowance			
Universal credit			
Income support			
Child benefit			
Child tax credit			
Working tax credit			
Maternity pay / allowance			
Bereavement benefits			
Incapacity benefit			
Employment and support allowance			
Statutory sick pay			
Disability living allowance (care)			
PIP (daily living)			
Disability living allowance (mobility)			
PIP (mobility)			
Carer's allowance			
Severe disability living allowance			
Attendance allowance			
Industrial disablement benefits			
PENSIONS			
State pension			
Pension credit			
Private pension			
Occupational pension			
Partners pension			
Other pension - please specify			
OTHER INCOME			
Maintenance			
Student grant loan			
Income from lodgers or property			
Son's / daughter's contribution			
Contribution from other adult at property			
Other - please specify			
TOTAL WEEKLY INCOME		£	
What (if any) savings do you have?		£	

OUTGOINGS		WEEKLY FIGURES	
Housing Costs			
Rent			
Mortgage			
Secured loans / 2nd mortgage			
Council tax			
Life / building / contents insurance			
Other - please specify			
UTILITIES			
Water / sewerage			
Gas			
Electricity			
Coal and other fuels			
HOUSEKEEPING			
Food & general housekeeping			
Clothing			
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			
Appliance rental			
Telephone (inc. mobiles)			
Loans (inc. store cards, catalogues & HP)			
Other - Please specify			
TOTAL WEEKLY OUTGOINGS		£	

Please ensure that we can understand the amounts declared in this section and the frequency of the amounts if **not** shown as weekly.



5. ARE YOU IN DEBT WITH ANY OF THE FOLLOWING? FOLLOWING

	Amount of Arrears	Weekly payment/offer
Rent	£	£
Mortgage	£	£
Secured Loan	£	£
Council	£	£

	Amount of Arrears	Weekly payment/offer
HP Agreements	£	£
Gas	£	£
Electricity	£	£
Court Fines		
Other (Please specify)	£	£

6. PLEASE TICK ALL THAT APPLY TO YOU

- 1) Are you:
(Please tick all that apply to you)
- | | | |
|--|--|---|
| <input type="checkbox"/> Employed full-time | <input type="checkbox"/> Employed part-time | <input type="checkbox"/> Employed via an agency |
| <input type="checkbox"/> Employed below minimum wage | <input type="checkbox"/> Employed zero hours | <input type="checkbox"/> Self employed |
| <input type="checkbox"/> Retired | <input type="checkbox"/> Unemployed | <input type="checkbox"/> Student |

- 2) Are you:
(Please tick all that apply to you)
- | | | |
|--|------------------------------|-----------------------------|
| In receipt of a means tested benefit | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Waiting for a decision regarding a means tested benefit | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Appealing against a decision not to award a means tested benefit | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

- 3) Is anyone in the household:
(Please tick all that apply to you)
- | | | |
|--|------------------------------|-----------------------------|
| Receiving a disability benefit | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Waiting for a decision regarding a disability benefit | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Appealing against a decision not to award a disability benefit | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

- 4) Is anyone in the household aged between:
(Please tick all that apply to you)
- | | | |
|--------------------------------|--------------------------------|-------------------------------------|
| <input type="checkbox"/> 60-74 | <input type="checkbox"/> 75-89 | <input type="checkbox"/> 90 or over |
|--------------------------------|--------------------------------|-------------------------------------|

- 5) Do either of the following live in the household:
(Please tick all that apply to you)
- | | |
|---|--|
| <input type="checkbox"/> Dependent children | <input type="checkbox"/> Elderly relatives |
|---|--|

- 6) Do any of the following apply to you:
(Please tick all that apply to you)
- | | |
|--|---|
| <input type="checkbox"/> Benefit cap | <input type="checkbox"/> Bedroom Tax (one room) |
| <input type="checkbox"/> Bedroom Tax (two rooms) | <input type="checkbox"/> Non-dependent deductions |
| <input type="checkbox"/> Local housing allowance (LHA) | |

- 7) Are you applying for a debt relief order within the next 7 days:
- Yes No

- 8) Please tick if applicable: If you are a homeowner or live in a privately rented property you may qualify for a free or subsidised boiler, free cavity wall insulation or free loft insulation. Please tick the box if you wish to be contacted by the Trust and/or npower to check your eligibility.

7. IF SOMEONE HAS HELPED YOU TO COMPLETE THIS FORM, PLEASE ASK THEM TO ADD THEIR DETAILS

Full Name	<input type="text"/>	Job Title	<input type="text"/>
Organisation	<input type="text"/>		
Address	<input type="text"/>		
	<input type="text"/>	Postcode	<input type="text"/>
Email	<input type="text"/>		
Telephone	<input type="text"/>		
Signature	<input type="text"/>	Date	<input type="text"/>

8. DECLARATION

Severn Trent Water share information with credit reference agencies. The Big Difference Scheme is a non-standard arrangement to pay to help those who need assistance with their water charges. If you are accepted onto this scheme, this information will be shared and could have an influence on your credit status.

I declare that the information I have given in this form is complete and correct to the best of my knowledge.

I authorise the Trust or their representatives to: (a) contact the supplier of my water/waste water service and any referral agency, other organisation or relevant person for clarification and/or confirmation of amounts owing or other information which the Trustees consider relevant to my application, (b) consider alternative support schemes and/or provide relevant information to the water/sewerage company to enable future budgeting of water charges, and (c) provide relevant information to my energy supplier/relevant Trust Fund for the purpose of seeking additional grant aid.

* By providing an email address and mobile number, you are giving permission for us to contact you via these methods.

To see our Privacy Policy, please refer to our website www.bigdiff.co.uk/gdpr/ or if you would like us to send you a copy please let us know.

Signature	<input type="text"/>	Date	<input type="text"/>
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9. CHECKLIST

Step 1. Complete section 1 & 2. We MUST be able to confirm your Income/Benefits with proof.

Refer back to section 3 if you are unsure you have provided EVERYTHING we will need.

Step 2. Complete section 4 which shows all of your income & expenditure, including how often you receive them.

Step 3. Fully complete sections 5,6 and 7 where applicable.

Step 4. Sign section 8 and read the declaration.

Step 5. Return your application with supporting documentation to the FREEPOST address below .

PLEASE RETURN THE COMPLETED FORM

TO:
SEVERN TRENT TRUST FUND
FREEPOST RLZE-EABT-SHSA
SUTTON COLDFIELD
B72 1TJ

Severn Trent Water Charitable Trust Fund is an independent charitable Trust. Independent 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.

Charity Number: 1108278

Registered in England No: 05338827

