

Application form

Account number		
Account Holders Details	Additional Contact Details (If you would also like us to discuss your application with somebody else)	
First name Surname	First name Surname	
1st Line of address	1st Line of address	
Postcode	Postcode	
Landline Number	Landline Number	
Mobile Number	Mobile Number	
E-mail address	E-mail address	
Date of Birth / /	Date of Birth / /	
	Relationship to Account Holder:	
Data Protection		
Hafren Dyfrdwy Cyfyngedig will process your data as set out in our privacy notice www.hdcymru.co.uk/help-and-contact/legal/privacy/		
The purpose of the data collection (in the form) is to allow us to provide appropriate support using the available schemes to manage your account and debt under the lawful basis of legitimate interest.		
Please contact dataprotection@severntrent.co.uk if you have any questions, concerns or complaints about this privacy notice.		
We would like to contact you in the future to find out what you thought of the service you have received here. This helps us to improve our service for others.		
I am happy for you to contact me to fine what I thought of the service	nd out Yes No Please tick	

To	tal number of people in household (aged 18+)	
Νι	umber of dependent children 13 and below 14 – 18	
2.	Household income	
	ease provide total annual household income for all adults. The grey highlighted sections will be cluded and should NOT be counted as available income for Here2Help.	De .
	Household Income	£ annual
s/ ne	Take home pay	
Employment/Pensions/ Other unearned income	Partners take home pay	
ens d in	Income from lodgers or property	
rne rne	Self-Employment Income	
mer	Private / Occupational Pension	
loyi r u	State Pension	
mp the	Child Maintenance	
шО	Interest from Savings & Investments	
	Student Loan (not Grant*)	
S	Other - Please specify:	
efit	Working Tax Credit (excluding Disability Premiums)*	
oen	Child Tax Credit (excluding Disability Premium)*	
ed	Pension Credit (excluding disability/carer premiums)*	
est	Income-based JSA (excluding disability/carer premiums)*	
ns-t	Income Support (excl disability/carer premiums)*	
Means-tested benefits	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*	
.0	Support Group, Work related Activity Group & Disability/Carer Premiums on ESA	
efits	Disability premiums on Child / working Tax Credits	
)eu	Disability / Carer premium on Pension Credit, JSA & Income Support	
ed k	Disabled Child & Limited Capability for working elements of Universal Credit	
est	Attendance Allowance	
ıs-t	Disability Living Allowance	
lear	Personal Independent Payment	
Non means-tested benefits	Carers Allowance or Carers Element of UC	
No	Incapacity Benefit	
	Child Benefit	
	Maternity Pay / Allowance	
	Statutory Sick Pay	

You and your household

1.

Total Income

Available Income (Exclusions deducted

3. Any other information
Please provide us with any other information that you feel will support your application?
4. Payment options
How would you like to pay your water bill?
Direct Debit Watercard
Watercard Valercard
How often would you like to pay your water bill?
Weekly Fortnightly Monthly
5. Confirmation
Please provide 3 months of evidence to support your income shown on page 2 of this application.
All documents must clearly show your name and address as well as the amounts you receive.
2. If you are sending a DWP or HMRC letter to confirm the benefits received, the letter must be less than 1 year old and clearly show the weekly/monthly payment.
3. If you are sending proof of Universal Credit, you must provide all pages of the breakdown showing how your Universal Credit has been calculated.
4. If you are sending wage slips, they must be recent and consecutive. We also need you to send a minimum of 3 in total.5. If you are sending a bank statement it must be dated within the last 3 months and show all household income and amounts received.
Signed Date / /