|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Account number:** |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Account Holders Details** |  | **Additional Contact Details** *(If you would also like us to discuss your application with somebody else)* |
| First name: |  |  | First name: |  |
|  |  |  |  |  |
| Surname: |  |  | 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: | *dd* / *mm* / *yyyy* |  | Date of Birth: | *dd* / *mm* / *yyyy* |
|  |  |  |  |  |
|  |  |  | Relationship to Account Holder: |  |

**Data Protection Act**

We produce statistics for use by other organisations (e.g. Government departments, local authorities, Hafren Dyfrdwy and Citizens Advice). These statistics are anonymous and nobody outside of these organisations will be able to find out that you have asked for help with your payments or obtain any of your personal information, for example your home address.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| I am happy for you to use my anonymous data in this way: | **Yes** |  |  | **No** |  | *Please tick* |

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 find out what I thought of the service: | **Yes** |  |  | **No** |  | *Please tick* |

1. **YOU AND YOUR HOUSEHOLD**

|  |  |  |
| --- | --- | --- |
| Total number of people in household (aged 18+): |  |  |
|  |  |
| Number of dependent children: | 13 and below: |  | 14 – 18: |  |
|  |  |  |
| Number of vehicles at the property: |  |  |

1. **MONTHLY INCOME**

|  |  |  |  |
| --- | --- | --- | --- |
|  | You |  | Your Partner |
| Income from employment: *(after tax and N.I. deductions)* | **£**  |  | **£**  |  |
|  |
| JSA / ESA / IS / Pension credits | **£**  |  | **£**  |  |
|  |
| Housing benefit | **£**  |  | **£**  |  |
|  |
| Council tax benefit | **£**  |  | **£**  |  |
|  |
| Tax credits | **£**  |  | **£**  |  |
|  |  |  |  |  |
| Child benefit | **£**  |  | **£**  |  |
|  |  |  |  |  |
| Universal credit | **£**  |  | **£**  |  |
|  |  |  |  |  |
| Other benefit: *(DLA / PIP / mobility / carers allowance)* | **£**  |  | **£**  |  |
|  |  |  |  |  |
| Pension *(private / state)*: | **£**  |  | **£**  |  |
|  |  |  |  |  |
| Money from other people: | **£**  |  | **£**  |  |
|  |  |  |  |  |
| Any other income: | **£**  |  | **£**  |  |
|  |
| **TOTAL HOUSEHOLD INCOME:** | **£**  |  |

1. **HOUSEHOLD OUTGOINGS**

Please tell us the monthly figure that you pay out for the below:

|  |  |  |  |
| --- | --- | --- | --- |
| Mortgage / Rent: | **£**  | Gas: | **£**  |
|  |
| Second Mortgage / Secured loan: | **£**  | Electricity: | **£**  |
|  |
| Ground rent / service charges: | **£**  | Water: | **£**  |
|  |
| Buildings / Contents Insurance: | **£**  | Other fuel *(coal, oil, propane, gas etc)* | **£**  |
|  |
| Magistrates Court fines: | **£**  | Property maintenance: | **£**  |
|  |
| Council tax: | **£**  | Phone, broadband and television: | **£**  |
|  |
| Maintenance and child support: | **£**  | HP agreements *(appliances / white goods)* | **£**  |
|  |
| TV Licence: | **£**  | **TOTAL HOUSEHOLD OUTGOINGS:** | **£**  |

1. **PERSONAL OUTGOINGS**

Please tell us the monthly figure that you pay out for the below:

|  |  |  |  |
| --- | --- | --- | --- |
| Food: *(home / school / work)*: | **£**  | Mobile phone: | **£**  |
|  |
| Clothing: | **£**  | Hairdressing: | **£**  |
|  |
| Housekeeping: | **£**  | Gambling: *(lottery, pools, sports)* | **£**  |
|  |
| Other housekeeping: | **£**  | Veterinary: *(bills / insurance)* | **£**  |
|  |
| Cleaning and toiletries: | **£**  | Health: *(dentist / glasses / prescription / insurance)* | **£**  |
|  |
| Newspaper and magazines: | **£**  | Pocket money and school trips: | **£**  |
|  |
| Cigarettes. tobacco & sweets: | **£**  | Activities: *(leisure / sport / evenings out / gym)* | **£**  |
|  |
| Alcohol: | **£**  | Gifts: *(christmas, birthdays, charities)* | **£**  |
|  |
| Laundry and dry cleaning: | **£**  | Holidays:  | **£**  |
|  |
| Nappies and baby items: | **£**  | Care: *(adult / children)* | **£**  |
|  |
| Pet food: | **£**  | Other outgoings: | **£**  |
|  |  |  |  |
| Travel: *(public transport / petrol / diesel)* | **£**  | **TOTAL PERSONAL OUTGOINGS:** | **£**  |

1. **PRIORITY DEBTS**

If you have any of the below debts please insert them here:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Amount owed** |  | **Monthly payment**  |
|  |
| Mortgage / Rent arrears: | **£**  |  | **£**  |
|  |
| Council tax arrears: | **£**  |  | **£**  |
|  |
| Gas / Electricity arrears: | **£**  |  | **£**  |
|  |
| Outstanding Fines: | **£**  |  | **£**  |
|  |
| Maintenance / Child Support: | **£**  |  | **£**  |
|  |
| TV Licence arrears: | **£**  |  | **£**  |
|  |
| Hire purchase or conditional: | **£**  |  | **£**  |
|  |
| Tax / National Insurance: | **£**  |  | **£**  |
|  |
| Student loan / bank loan / secured loan: | **£**  |  | **£**  |
|  |  |  |  |
| Any other debts: | **£**  |  | **£**  |
|  |  |  |  |
| **TOTAL MONTHLY PAYMENTS TOWARDS DEBT:** |  | **£**  |

1. **DISPOSABLE INCOME**

What is your disposable income per month (money you have left over) after taking into account your monthly outgoings and your priority debts?

|  |
| --- |
| **£**  |

1. **ADDITIONAL FACTORS**

|  |  |
| --- | --- |
| What is your employment status?*(Part-time employed; Agency/Intermittent employed; Zero hours employed; Employed but below minimum wage; Retired; Student; Unemployed; Self-employed)* |  |
|  |
| **Additional Information:** |

|  |
| --- |
| **Government Benefits** |
| Please tick if any of the below apply: |
|  |
| I am in receipt of a means tested benefit: |  |  | **If you have ticked any of the boxes opposite, please provide further information:** |
|  |
| Are you waiting for an award decision or appealing against a decision not to be awarded a means tested benefit: |  |  |
|  |
|  |
| **Disabilities** |  |  |
| Does anybody in the household receive a disability benefit?: |  |  |
|  |
|  |
| Is anybody waiting for an award decision or appealing against a decision not to award a disability benefit: |  |  |
|  |
|  |
|  |
| **Dependants** |  |  |
| I have a dependent child or a dependent elderly relative living at the property: |  |  |
|  |
|  |
| **Restrictions** |  |  |  |
| I have a cap applied to my benefits: |  |  | **Please provide details of any restrictions:** |
|  |  |
| I am subject to bedroom tax: (One bedroom) |  |
|  |  |
| I am subject to bedroom tax: (Two bedroom) |  |
|  |  |
| I am subject to housing benefit deductions because of a non-dependant: |  |
|  |

|  |
| --- |
| **Water arrears** |
| I am in Water arrears of: |
| £400 - £600 |  |  | **Please provide further information:**  |
|  |  |  |
| £601 - £800 |  |  |
|  |  |  |
| £801 - £1,000 |  |  |
|  |  |  |
| £1,000+ |  |  |

1. **ANY OTHER INFORMATION**

Please provide us with any other information that you feel will support your application?

|  |
| --- |
|  |

1. **PAYMENT OPTIONS**

How would you like to pay your water bill?

|  |  |  |  |
| --- | --- | --- | --- |
| Direct Debit: |  | Watercard: |  |

How often would you like to pay your water bill?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Weekly: |  | Fortnightly: |  | Monthly: |  |

1. **CONFIRMATION**

Please provide any evidence to support the statements that you have made in this application.

*(Bank statements, benefit statements, tenancy agreements, monthly bills etc.)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Signed:** |  | **Date:** | dd / mm / yyyy |