

# Assure - Essential Saver

## Application form

### What is the Assure - Essential Saver tariff?

This is a special tariff that can help customers on a low income pay their bill. If you're eligible and your application is successful, part of your charges will be discounted for 18 months, depending on the amount of water you use and your household size. As an example, if you live in a household with 1-2 people, you will receive a 60% discount for 150 litres of water per day. For a household with 3-4 people, this is 300 litres per day, and for a household with 5+ people, this is 400 litres per day. The water you use on top of this will be charged at your normal metered rate.

Assure - Essential Saver is available for residential customers who meet our eligibility criteria.

**Have a total household income of more than £22,011 per year and less than £27,000 per year. We will not include income from the below benefits:**

Attendance allowance	Disability Living Allowance	Personal Independence Payment	Carers Allowance	Housing Benefit or Housing Allowance (UC)	Council Tax Benefit (not 25% single occupancy)	Disabled or severely disabled element of Child Tax Credit
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### About you

Customer reference number (can be found on your bill): .....

Title: ..... First name: .....

Last name: ..... Date of birth: .....

Address: .....

..... Postcode: .....

When did you move into your home? (Month/Year): .....

Best contact number: ..... Other contact number: .....

Email address (if available): .....

**Number of people in the household, please include name and date of birth, continue on separate sheet if required.**

Name	Date of birth	Employed/unemployed/on benefit/student

### Where did you hear about the Assure - Essential Saver tariff?

- |  |                                  |   |   |
|--|----------------------------------|---|---|
| <input type="checkbox"/> Community hub | <input type="checkbox"/> Events  | <input type="checkbox"/> Third party organisation | <input type="checkbox"/> Company literature (bills, leaflets etc) |
| <input type="checkbox"/> Social media  | <input type="checkbox"/> Website | <input type="checkbox"/> Word of mouth            | <input type="checkbox"/> Local authority                          |

If you would like to find out more about the tariff before applying, visit our website to check out our tariff FAQs:

[south-staffs-water.co.uk/assure-essential-saver-faqs](https://south-staffs-water.co.uk/assure-essential-saver-faqs)

## Household income

Please complete the below table. Proof of income may be requested before you are accepted on to the tariff. If this is required, please only send copies. No documents will be returned.

Income	Name of person who receives/ earns this	Payment amount £	How often? E.g. weekly, monthly
<b>Wages/salary</b>			
Your take home pay			
Other take home pay			
<b>Pensions</b>			
Government/State			
Work pension			
Any other pensions			
Pension Credit (savings element)			
Pension Credit (guarantee element)			
<b>Benefits and Tax Credits</b>			
Universal Credit *minus housing element			
Income support			
Employment and Support Allowance			
Jobseekers Allowance			
Working Tax Credit			
Child Tax Credit *minus disabled child/severely disabled child element			
Child Benefits			
Other please specify			
<b>Other payments received</b>			
Lodgers wages/benefit			
Statutory sick pay			
<b>Other income, please specify</b>			

## Declaration

**This must be signed in order for us to process your application for Assure - Essential Saver.**

I confirm that I am the bill payer and I consent to the personal data I have provided on this form being shared with South Staffordshire Water (operating as South Staffs Water and Cambridge Water) for the purposes of processing my application for the Assure - Essential Saver tariff.

Tick to confirm your consent: ☐

## Declaration - continued

By submitting an application I am confirming that my income meets the threshold for this tariff, and I understand that I **may** be contacted to provide proof of income before being accepted onto the tariff. I understand that South Staffs Water/Cambridge Water (via their third party provider Echo Managed Services Limited ('Echo')) will process my information in accordance with the South Staffordshire Water plc privacy policy (available at [south-staffs-water.co.uk/privacy-cookie-policy](https://south-staffs-water.co.uk/privacy-cookie-policy)) for the purposes of completing my application for Assure and managing my account. I understand I may be contacted directly by Echo for these purposes. Please complete the below fully, if this is not complete we will be unable to process your application.

**Print name:** ..... **Date:** .....

*Please insert your name to confirm you're happy for your application to be processed*

It is important we find out what customers think about this tariff, so we can offer the best support. During your time on the tariff, we may send you a request for feedback, sent by our trusted research partner, Qa Research. You can opt out of receiving requests for feedback about the tariff at any time, and, if you have already opted out of receiving surveys from us, you won't receive one.

If you do not want to receive emails from us detailing how to save water and when to submit meter reads, please tick here: ☐

How would you like to pay your water bill, as we may not have details of this already?

- ☐ Direct Debit      ☐ Water Direct (if in arrears)  
☐ Weekly      ☐ Fortnightly      ☐ Monthly

I/We would like to pay by Direct Debit on the following date\* of each month:

**\*Please select a date between the 1st and 28th.**

## Instructions to your Bank or Building Society to pay by Direct Debit.

Reference Number  
(To be completed by SSW)

Name(s) of Account Holder(s)

Name and full postal address of your Bank or Building Society

Bank/Building Society .....
Address .....
..... Postcode .....

Service user number **940309**

Bank/Building Society Account Number  

<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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Branch Sort Code  

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**Instruction to your Bank or Building Society**  
Please pay South Staffordshire Water PLC Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with South Staffordshire Water PLC and, if so, details will be passed electronically to my Bank/Building Society.

Print name: .....	Date .....
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Please complete the form and send to [water@south-staffs-water.co.uk](mailto:water@south-staffs-water.co.uk) or FREEPOST ASSURE, Green Lane, Walsall, WS2 7PD if you are returning via post. If you need help to complete this form, please contact us on **0345 60 70 456**.

Once we receive your completed application form, we'll let you know if it was successful within 10 working days. If your application is successful, the tariff will be applied to your charges from the date we receive your application form. Your next bill will show your amended charges.

**If you would like to apply to be on our Priority Services Register, or learn about our charitable trust, please read on. Otherwise, this is the end of the Assure – Essential Saver application form.**



South Staffs Water

# Priority Services Register

Our customers will always be our priority. If you need a little extra help due to medical, learning, physical disabilities or financial difficulties, let us know by joining our Priority Services Register. It's free to join and will help us to do all we can to support you.

**If this applies to you, please complete the form on the next page.**

**Alternatively, click below to learn more:**  
[south-staffs-water.co.uk/priority-services-register](https://south-staffs-water.co.uk/priority-services-register)

Please tick all that apply:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Audio CD                                   | <input type="checkbox"/> Eligible for a pension                           | <input type="checkbox"/> Physical impairment/mobility issues  |
| <input type="checkbox"/> Auto medication                            | <input type="checkbox"/> Extra time to answer the door                    | <input type="checkbox"/> Limited sense of taste/smell         |
| <input type="checkbox"/> Bill explained over the phone              | <input type="checkbox"/> Family with children under 5 yrs                 | <input type="checkbox"/> Power of attorney in place           |
| <input type="checkbox"/> Blind                                      | <input type="checkbox"/> Hearing difficulties                             | <input type="checkbox"/> Restricted hand movement             |
| <input type="checkbox"/> Braille bill and information               | <input type="checkbox"/> Heart or lung ventilator                         | <input type="checkbox"/> Shower/bath required for condition   |
| <input type="checkbox"/> Careline/telecare system                   | <input type="checkbox"/> Large print bill and information                 | <input type="checkbox"/> Sign language interpreter            |
| <input type="checkbox"/> Chaperone visit                            | <input type="checkbox"/> Medically dependent on water                     | <input type="checkbox"/> Speech impairment                    |
| <input type="checkbox"/> Chronic/serious illness                    | <input type="checkbox"/> Medicine kept in fridge                          | <input type="checkbox"/> Stair lift/hoist or electric bed     |
| <input type="checkbox"/> Contact 3 <sup>rd</sup> party on my behalf | <input type="checkbox"/> Mental health condition                          | <input type="checkbox"/> Temporary life changes               |
| <input type="checkbox"/> Deaf/hard of hearing                       | <input type="checkbox"/> Meter reading assistance                         | <input type="checkbox"/> Temporary post-hospital recovery     |
| <input type="checkbox"/> Dementia/cognitive development condition   | <input type="checkbox"/> Nebuliser or apnoea monitor                      | <input type="checkbox"/> Unable to answer the door            |
| <input type="checkbox"/> Dialysis at home                           | <input type="checkbox"/> Nominee service - send bills to relative to help | <input type="checkbox"/> Unable to communicate in English     |
| <input type="checkbox"/> Dialysis at hospital                       | <input type="checkbox"/> Oxygen concentrator                              | <input type="checkbox"/> Water needed for religious practices |
|   | <input type="checkbox"/> Oxygen tanks kept at the house                   | <input type="checkbox"/> Young adult household                |
|   | <input type="checkbox"/> Partially sighted                                |   |

If you have another condition, which isn't in the list, please tell us a bit about it:

Please add a password to your account, this helps protect you against bogus callers:

We will process the information you provide, including in connection with your health and other sensitive information, ("**sensitive information**"):

1. to **register you** for additional assistance on our priority services register;
2. to **contact you** in the event of an incident - our third-party provider, Echo Managed Services Limited will process your information and contact you on our behalf, and we share your sensitive information with the company for this purpose;
3. to arrange with our third-party water main contractors and suppliers of emergency plumbing services to **provide assistance** in the event of an incident or repair which affects your supply - we will provide those suppliers with your contact details and the circumstances of your requirement (including specific medical conditions, if appropriate) in order that they can provide the assistance you need.

Please tick here to confirm that you consent to us processing your sensitive information as set out above: ☐

Print name: \_\_\_\_\_ Date: \_\_\_\_\_

*Please insert your name to confirm you're happy for your application to be processed*

If you'd like us to stop processing your sensitive information, and want to be removed from our Priority Services Register, please let us know at any time by emailing your request to [water@south-staffs-water.co.uk](mailto:water@south-staffs-water.co.uk) or calling **0345 60 70 456** and advising the Customer Services team.

We will process all your personal data in accordance with our privacy policy available on our website at [south-staffs-water.co.uk/privacy-cookie-policy](https://www.south-staffs-water.co.uk/privacy-cookie-policy).

# What other support do you offer?

We do offer a range of payment plans and offer special tariffs to support our customers if not successful for Assure - Essential Saver tariff, these can be found on [south-staffs-water.co.uk/compare-tariffs](https://south-staffs-water.co.uk/compare-tariffs) or call us on **0800 093 0570** (calls to 0800 numbers are free).

## Other organisations providing free debt advice



[stepchange.org](https://stepchange.org)  
0800 138 1111



[nationaldebtline.org](https://nationaldebtline.org)  
0808 808 4000



[citizensadvice.org.uk](https://citizensadvice.org.uk)  
03444 111 444



[capuk.org](https://capuk.org)  
0800 328 0006

## South Staffordshire Water Charitable Trust

[sswct.org](https://sswct.org)



If you're struggling to pay your water charges and have arrears, we can consider you for the South Staffordshire Water Charitable Trust. This independent charity established by South Staffs Water assists customers facing genuine difficulties or distress with the cost of meeting their bill and arrears.

If you wish to be referred to Charitable Trust for help with water arrears please tick here and an application form will be sent to you to complete: ☐