



Hartlepool Water is a business name of Anglian Water Services Ltd

APPLICATION FOR AQUACARE PLUS

(To be completed by the person receiving the benefit or tax credit)

To be completed by the person receiving the benefit or tax credit.

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|--|--|--|--|--|-------------------|--|--|--|--|
| Customer name (name on bill) | | | | | | | | | |
| | | | | | | | | | |
| Full name of the person receiving the benefit or tax credit | | | | | | | | | |
| | | | | | | | | | |
| Address (including postcode) | | | | | | | | | |
| | | | | | | | | | |
| Telephone number | | | | | Account reference | | | | |
| | | | | | | | | | |
| Means Tested Benefit or Tax Credit received (please tick as appropriate) | | | | | | | | | |
| <input type="checkbox"/> | Council Tax Benefit (not Council Tax Relief) | | | | | | | | |
| <input type="checkbox"/> | Child Tax Credit (except families in receipt of the Family Element only) | | | | | | | | |
| <input type="checkbox"/> | Housing Benefit | | | | | | | | |
| <input type="checkbox"/> | Income Support | | | | | | | | |
| <input type="checkbox"/> | Income based Job Seekers Allowance (contribution based not eligible) | | | | | | | | |
| <input type="checkbox"/> | Working Tax Credit | | | | | | | | |
| <input type="checkbox"/> | Pension Credit | | | | | | | | |
| Enclose a copy of the relevant proof | * Notification of benefit entitlement or tax credit. (dates not less than 12 months before the date of this application for benefits or not less than 6 months for tax credits) | | | | | | | | |
| National Insurance number | | | | | | | | | |
| Please provide meter reading | Meter reading: Date taken: | | | | | | | | |

I certify that I am resident in the above premises and I am the person named on the proof of entitlement documentation. I declare that the information I have given is correct to the best of my knowledge and I understand that any false information may disqualify my claim. I understand that an officer of Hartlepool Water may contact the authority administering benefit in order to confirm the accuracy of the information (*the details you have provided will be kept confidential and only used for the purposes of your claim*).

I understand that the Aquacare Plus Tariff does not apply to any backdated charges and only applies to the current bill. I may opt for another tariff at anytime and I will notify Hartlepool Water immediately my entitlement to the benefit ends.

(Warning: Any customer who knowingly misleads Hartlepool Water as to their entitlement may be committing the criminal offence of obtaining pecuniary advantage by deception which could result in criminal proceedings).

| | |
|---------|-------|
| Signed: | Date: |
|---------|-------|

Please return to: Hartlepool Water, 3 Lancaster Road, Hartlepool TS24 8LW