



## County Water Sewerage Support Scheme (CWSS)

This scheme is aimed at County Water customers whose sewage bill is more than 2.5% of their income. This is typically a net household income less than £12,000 p.a. For an average bill of approximately £320 p.a. If you are eligible, you will receive a 50% discount on your bill. The discount will take effect from the beginning of the charge period in which the application is approved. Your eligibility status will be reviewed annually.

### We're here to help

We will ask questions about you, your household, and income. We'll use this information to let you know if you're eligible for a discount on your sewerage bill and/or payment plan.

#### What do we do with the information you provide?

We'll use the information you provide in this form to carry out the CWSS Assessment and to offer you CWSS Support (for example, setting up or changing payment arrangements and addressing account queries that may arise).

#### Information about others

You'll be asked for information about people in your household, including joint account holders, children, other dependants and other occupiers. Before you complete this form you must obtain permission from all adults to share their information with us for the purpose of this CWSS Assessment. When you give us information on a child(ren) in your household, you must have legal parental responsibility for the child(ren).

#### What if I change my mind?

You can withdraw your consent for the use of your information for the CWSS Assessment and Support at any time by emailing us at [accounts@countywater.co.uk](mailto:accounts@countywater.co.uk) or by calling 03333 20 8656 and, if you do, we'll stop using your information in relation to the CWSS Assessment.

#### How do I find out more?

You can find full details of how we handle your information and your data protection rights in our customer privacy notice, which is available here: <https://www.countywater.co.uk/data-cookies-privacy-policy>, or by calling 03333 20 8656

If you have any other questions, please email [accounts@countywater.co.uk](mailto:accounts@countywater.co.uk) or call on 03333 205686 to discuss other options.



**County Water Sewage Support (CWSS)**  
Financial Assessment Form for Help with your Sewage Bills

	You	Your partner	Other adults in the household
<b>Name:</b>			
<b>Surname:</b>			
<b>Telephone:</b>			
<b>E-mail Address:</b>			
<b>Current Address (the same for all occupants):</b>			
<b>County Water Customer Reference (the same for all occupants)</b>			
<b>Your weekly income</b>	<b>You</b>	<b>Your partner</b>	<b>Other adults in the household</b>
Net earnings from employment			
Income support/Jobseekers Allowance			
Working Tax Credit/Child Tax Credit			
Housing benefit			
Child Benefit			
Pension Credit/Retirement Pension/Works Pension			
Any other state benefit			
Money received from parents/friends			
Any other income (please state source)			
<b>Total weekly income</b>	0	0	0
<b>Total joint income (A)</b>	0		

<b>Your weekly outgoings</b>	<b>You</b>	<b>Your partner</b>	<b>Total arrears</b>
Rent/Ground rent			
Mortgage(s)			
Council Tax			
<b>Sub-Total weekly household outgoings</b>	0	0	0
<b>Total weekly outgoings (B)</b>	0		
<b>Weekly income less weekly outgoings (A less B)</b>	0		

**Please use this space to provide further information regarding your financial assessment**

## **Declaration**

Please read this declaration carefully then sign it. If you have made a joint application both/all applicants must sign the declaration.

I declare that the information given on this form is correct and complete to the best of my knowledge. I agree to it being used by County Water to carry out an affordability check alongside my application for help with my sewerage bills.

I give County Water Ltd. permission to check the information, including contacting present and previous landlords to obtain references about my rent or mortgage account. I also give my permission for County Water to cross check information with the Council or other appropriate agencies.

<b>Signed:</b>	<b>You</b>	<b>Your partner</b>	<b>Other adults</b>
<b>Date:</b>			
Are you completing the CWSS Assessment on behalf of someone else?			
YES			
NO			
If YES Give us their name			
CONSENT: We cannot complete the assessment without your consent. The information you give us in this form will be used to carry out our Assessment. You just need to answer some questions about you and your situation, and we'll see how we can help you. If you are unable to provide the information we need, we won't be able to assess your eligibility for our discounted tariffs but please talk to us about how we can help.			
<b>I give consent</b>	<b>You</b>	<b>Your partner</b>	<b>Other adults</b>
No			
Yes			