

Water Utility Consumer Assistance Trust

Application for financial assistance

Ph: (09) 625 8176 / 0800 625 8176

Fax: (09) 625 8143

Email: info@waterassistance.org.nz

The following information is strictly confidential to the Water Utility Consumer Assistance Trust and Watercare Services Limited.

P.O. Box 99-240

Newmarket

Auckland 1149

Please complete Sections 1 – 4. A budget advisor is to complete Sections 5 – 7.

SECTION 1: Applicant's details								
Applicant	Last Name				Mr	Mrs	Ms	Miss
First Name				Occupation			Age	
Spouse/ Partner	Last Name				Mr	Mrs	Ms	Miss
First Name				Occupation			Age	
Postal Address						Postcode		
Home Phone				Email				
Cell Phone				Work Phone				
Name/s on Watercare Account					Watercare Account No:			
Outstanding amount owed to Watercare	\$		As at (date of last account)			____ / ____ / ____		
Is this your first application to the Trust?	Yes	No	If no, when did you previously apply?			____ / ____ / ____		

SECTION 2: Property details						
How long have you lived at this address?	Years _____	Months _____	Are you the property owner?	Yes	No	
If less than two years, please provide previous address						
If you are not the property owner, please provide the property owner's/manager's details below (if known)						
Property owner's/ manager's name						
Postal Address						
Phone			Email			
The Trust/Watercare Services Ltd may need to disclose to your landlord that an application has been submitted to the Trust.						

SECTION 3: Household Information							
I live:	Alone		With my partner/spouse		With flatmates		With boarders
With my children	Ages of dependent children						
With others (please explain)							
How many people live in your household?				How many people in the household contribute financially to the household expenses?			
Do you own any other property?	Yes	No	Purpose of ownership (i.e. rental, investment, holiday home, etc)				
Address of additional property:							

SECTION 4: Financial Situation

Describe your current circumstances:

“I am having difficulty paying my Watercare bill because

Saving water assistance

The Water Utility Consumer Assistance Trust has initiatives to help with your water costs. Please tick if you are interested in receiving:

- Information sheet on testing for a water leak
- Information sheet on ways to save water
- A free water audit to assess water consumption in your home and advice/tools/ways to reduce water usage.

SECTION 5: Information about your Income and Outgoings

Please have a budget advisor complete below, or attach a recent budget report

Number of adults in household:		Number of dependent children in household:	
The figures below are:		Monthly	Fortnightly
		Weekly	
Income	\$	Family Costs	\$
My take home pay (after tax)		Child support payments	
My income support payments		School donations, fees, uniforms	
Partner/spouse take home pay		Child care	
Partner's income support payments		Medical / prescription / dental	
Board income		Clothing and shoes	
Rental property income		Pet registration / vet fees	
Other adult household contributions		Holidays	
Other Income (specify)		Gifts	
		Life / health insurance	
TOTAL INCOME (Total A)		Income protection insurance	
Household Costs		Superannuation / Kiwi Saver	
Mortgage		Bank fees	
Rent or board		Other (specify)	
Groceries			
Electricity		TOTAL FAMILY COSTS (Total D)	
Gas		General Costs	
Water & wastewater rates		Hire purchase repayments	
Land rates		Student loan repayments	
House maintenance		Other repayments	
Insurance – house/contents		Tuition fees	
Phone (landline/mobile/internet)		Sports fees / gym fees	
		Subscriptions (magazines, newspapers)	
		Personal (cigarettes, alcohol, gambling)	
TOTAL HOUSEHOLD COSTS (Total B)		Fines	
Travel Costs		Donations / Koha	
Fares (e.g. bus, train, ferry)		Other (specify)	
Petrol / fuel (own or borrowed vehicle)			
Car insurance			
Vehicle registration / warrant of fitness			
Vehicle maintenance / repairs			
Vehicle Road User charges			
Car loan repayments			
TOTAL TRAVEL COSTS (Total C)		TOTAL GENERAL COSTS (Total E)	

Summary of Costs:	
Household Costs (B)	
Travel Costs (C)	
Family Costs (D)	
General Costs (E)	

TOTAL INCOME (A)	\$
TOTAL COSTS (B-E)	\$
SURPLUS / SHORTFALL	

SECTION 6: Information about your Assets & Liabilities

ASSETS: (What you own)	Value (approx.)	Total \$ debt owing
Own home		
Motor vehicle/s		
Boat / caravan / campervan etc		
Investments / shares etc		
Other savings		
Other asset/s		
Other land/investment property/holiday home etc		
Address of other land/property/holiday home etc		

LIABILITIES: (Type of Debt) (eg HP, mortgage, loan etc)	Who you owe (eg WINZ, fines, finance company, etc)	Amount owing	Repayments	
			\$ repayment	frequency

Declaration

- I declare that the information I have given on this form is to the best of my knowledge correct.
- I have read the eligibility criteria and I believe I meet the criteria.
- I authorise the Water Utility Consumer Assistance Trust to contact Watercare, the property owner/manager and/or the referring budgeting service or relevant person, for clarification and/or confirmation of amounts owing which the Trustees consider relevant to my application.

Name:

Signature:	Date:

SECTION 7: Budget Advisor Assessment
(This section is to be completed by the Budget Advisor).

Name of Budget Advisory service:

Postal address:

Name of Budget Advisor:

Work
Phone

Cell phone

Email:

Based on a full assessment of the applicant's financial situation:

- I suggest that the Trust supports the applicant by arranging:**
- (i) A payment plan for the applicant to reduce his/her outstanding account balance to Watercare and meet current and future monthly charges, by regular payments of \$_____ each per Week / Fortnight / Month
- AND**
- (ii) A write off of \$_____.
- OR**
- I do not wish to make any recommendation.**

Please include any other information you consider relevant

Signature:
Budget Advisor

Date

Signature: Applicant

Date

Information for the Budget Advisor:

If you have any questions, please call (09) 625 8176 / 0800 625 8176 or email info@waterassistance.org.nz

Once you have completed the form with your client, please return to:

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Newmarket
Auckland 1149

or email to info@waterassistance.org.nz
or fax to 09 625 8143

