

Application for financial assistance

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

Water Utility Consumer Assistance Trust

Phone: (09) 625 8176 / 0800 625 8176

Email: info@waterassistance.org.nz

P.O. Box 99-240, Newmarket, Auckland 1149

SECTION 1: Applicant's details

Applicant last name	<input type="text"/>	Spouse/partner last name	<input type="text"/>
Applicant first name	<input type="text"/>	Spouse/partner first name	<input type="text"/>
Occupation	<input type="text"/>	Occupation	<input type="text"/>
Ethnicity (optional)	<input type="text"/>	Ethnicity (optional)	<input type="text"/>

Postal address:

Postcode

Home phone ()

Mobile

Work phone ()

Email

Outstanding amount owed to Watercare \$

Watercare account no. -

Is this your first application to the Trust? Yes No

If no, when did you previously apply? DD / MM / YYYY

How long have you lived at this address? Years Months

Are you the property owner? Yes No

The Trust/Watercare Services Ltd may need to disclose to your landlord that an application has been submitted to the Trust.

I live: Alone With my children

With my partner/spouse

With flatmates

With boarders

With others (please explain)

Ages of dependent children	
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

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

If yes, purpose of ownership (i.e. rental, investment, holiday home, etc)

Address of additional property:

Describe your current circumstances: *I am having difficulty paying my Watercare bill because...*

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

Continue on a separate page if necessary

continued >>>

SECTION 2: Information about your income and outgoings

Please complete below – include ALL WEEKLY household income and costs.

Weekly household budget:

Number of adults in household:

Number of dependent children in household:

Income

• My take home pay (after tax)	\$
• My income support payments (total)	\$
• Partner/spouse's take home pay	\$
• Partner's income support payments	\$
• Board income	\$
• Rental property income	\$
• Other adult household contributions	\$
• Other income (specify)	\$
TOTAL INCOME (TOTAL A)	\$

Family costs

• Child support payments	\$
• School donations, fees, uniforms	\$
• Child care	\$
• Medical/prescription/dental	\$
• Clothing and shoes	\$
• Pet registration/vet fees	\$
• Holidays	\$
• Gifts	\$
• Life/health insurance	\$
• Income protection insurance	\$
• Superannuation/Kiwi Saver	\$
• Bank fees	\$
• Other (specify)	\$
TOTAL FAMILY COSTS (TOTAL D)	\$

Household costs

• Mortgage	\$
• Rent or board	\$
• Groceries	\$
• Electricity	\$
• Gas	\$
• Water and wastewater rates	\$
• Land rates	\$
• House maintenance	\$
• Insurance – house/contents	\$
• Phone (landline/mobile/internet)	\$
TOTAL HOUSEHOLD COSTS (TOTAL B)	\$

General costs

• Hire purchase repayments	\$
• Student loan repayments	\$
• Other repayments	\$
• Tuition fees	\$
• Sports fees/gym fees	\$
• Subscriptions (magazines, newspapers)	\$
• Personal (cigarettes, alcohol, gambling)	\$
TOTAL GENERAL COSTS (TOTAL E)	\$

Travel costs

• Fares (e.g. bus, train, ferry)	\$
• Petrol/fuel (own or borrowed vehicle)	\$
• Car insurance	\$
• Vehicle registration/warrant of fitness	\$
• Vehicle maintenance/repairs	\$
• Vehicle Road User charges	\$
• Car loan repayments	\$
• Fines	\$
• Donations/Koha	\$
• Other (specify)	\$
TOTAL TRAVEL COSTS (TOTAL C)	\$

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 3: Information about your assets and liabilities

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ASSETS: (What you own)

- Own home
- Motor vehicle/s
- Boat/caravan/campervan etc
- Investments/shares etc
- Other savings
- Other asset/s
- Other land/investment property/holiday home etc

Value (approx.)	Total debt owing
\$	\$
\$	\$
\$	\$
\$	\$
\$	\$
\$	\$
\$	\$

Address of other land/
property/holiday home etc

LIABILITIES: (Type of debt)

	Who you owe (WINZ, fines, finance co. etc)	Amount owing	Repayment	
			amount	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 other relevant person, for clarification and/or confirmation of amounts owing and to utilise any personal information which may be contained in this application in order to obtain or provide such further advice or assistance which the Trust considers relevant to my application.

Name

Date

DD / MM / YYYY

Once you have completed the form, please email to
info@waterassistance.org.nz

or Post to: **Water Utility Consumer Assistance Trust**
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Newmarket
Auckland 1149