



Application for Financial Assistance

Before completing this application form,
please read the notes below and the
enclosed guidance leaflet carefully.

The Metrowater Community Trust can consider assistance for low income customers and customers with special needs in relation to water to manage their water and wastewater costs.

For the Trust to consider your application, you must be a homeowner and be having difficulty paying your Metrowater bill.

Please note the Trust will not make loans or refund you for bills you have already paid.

Metrowater Community Trust
Freepost 102783
PO Box 27 060
Mt Roskill
AUCKLAND
Telephone: 625 8176
Email: metrowatertrust@xtra.co.nz

FILLING IN THIS FORM:

- Please read the enclosed information leaflet carefully before you start completing the form and answer all questions.
- Give as much information as possible about your circumstances, including (if applicable) dates of unemployment, illness, etc.
- Information given will be kept confidential and will only be used by the Metrowater Community Trust.
- If you have any difficulties in completing this form, consult an approved community/welfare organisation or the Metrowater Community Trust for help.

IN ADDITION TO THE DETAILS ON THIS FORM PLEASE INCLUDE:

- Proof of your income - this can be photocopies of three consecutive wage slips, superannuation or benefit summary forms, or letters from relevant government agencies showing a breakdown of your income.
- A copy of your latest bank statement.
- Your Metrowater customer billing number.

WHEN YOUR APPLICATION IS RECEIVED:

- You may receive a telephone call or home visit as part of the assessment process.
- You will receive written notification of the Metrowater Community Trust's decision.

APPLYING TO THE TRUST AGAIN:

- The Trust will not consider more than one application from the same person or household.
- If after a period of one year of receiving assistance, your financial situation has deteriorated further, you may make another application to the Trust.
- If the Trust is not able to help you when you first apply, you may apply again after six months.

Please note that the decision of the Trustees on your application is final.

Please detach this sheet and keep it for your reference.

Application No:

Confidential



1. INFORMATION ABOUT YOURSELF AND YOUR FAMILY

Customer Billing Number:

Surname:

First Names:

Title:
Mr Mrs Miss Ms Other

Date of Birth:
Day Month Year

Property Address:

How long have you lived at this address?

Previous Address:

Telephone:
Home Work
Mobile Email

Occupation:

Marital Status:
Married Divorced Single Widowed Defacto

Residential Status:
I live alone With spouse/partner With children Other

If you are not the homeowner, who is (please provide details)

(please provide copy of tenancy agreement)

How many children/dependants live with you?
Number Ages

Have you applied to the Trust before? Yes No

Do other family members receive income? Yes No

Do they contribute to the household expenses? Yes No

2. INFORMATION ABOUT YOUR FINANCIAL SITUATION

Monthly income	\$	Monthly expenditure	\$
Your take home pay (after tax)		Mortgage	
Partner's take home pay (after tax)		Body Corporate fees	
Regular overtime/bonus/ commission		Insurance (House, contents, car, life, endowment policy)	
Housing benefits		Council Rates	
Council rates relief		Metrowater charges	
Other allowances/benefits from a government agency		Household expenses (Gas, electricity, telephone, wood, LPG or other fuels, sky, subscriptions)	
ACC payments		Food and general housekeeping	
Disability allowances		Childcare/support/maintenance	
National superannuation/pension		Medical expenses/ prescriptions	
Maintenance/ child support		Car repayments	
Family benefit		Estimated motor vehicle expenses (Fuel, maintenance, registration)	
Student loans		Public transport costs	
Any other allowances or benefits		Hire purchase payments	
Rent or payments from other people living with you		Credit card/store card (Farmers, Warehouse) repayments	
Family Contributions		Payment of other loans (Bank, family, other)	
Other income (please list)		Court fines	
		Clothing	
		Entertainment (Pub, movies, takeaways, cigarettes)	
		Children's pocket money	
		Other (specify special needs)	
Total Monthly Income		Total Monthly Outgoings	
What (if any) savings do you have?			

PLEASE ENCLOSE PROOF OF ALL INCOME

3. WHAT ARE YOUR OUTSTANDING DEBTS?

Please give details of all your debts.

Outstanding Debt		Total Amount Owed	Agreed weekly payment*
Mortgage	<input type="text"/>	\$	\$
Other mortgages/secured loans	<input type="text"/>	\$	\$
Council rates	<input type="text"/>	\$	\$
Water	<input type="text"/>	\$	\$
Gas	<input type="text"/>	\$	\$
Electricity	<input type="text"/>	\$	\$
Telephone	<input type="text"/>	\$	\$
Court fines	<input type="text"/>	\$	\$
IRD tax arrears	<input type="text"/>	\$	\$
Other debts	<input type="text"/>	\$	\$
TOTAL OWED		= \$	

* NB: If you are paying any of the above arrears/debts weekly do not forget to include them on the financial statement. Please include money being taken from your income by any agency or institution.

Consumer credit and other bills (eg. HP, loans, credit and store cards, direct mail)

Please give details	Total Amount Owed	Agreed weekly payment*
	\$	\$
	\$	\$
	\$	\$
	\$	\$
TOTAL OWED	= \$	

*NB: Please remember to include your agreed weekly payments on the financial statement.

What arrangements have you made to deal with these debts/arrears?

5. WHAT WOULD YOU LIKE THE TRUST TO CONSIDER HELPING YOU WITH?

- Household appliances that will reduce ongoing water use
- Separated water meter
- Plumbing costs that will reduce ongoing water costs
- Payment of arrears on your Metrowater bill (in exceptional circumstances)
- Assistance with special needs in relation to water use
- Please advise disability _____
- Education on water conservation

6. REFERRING ORGANISATION

- Name of representative assisting with this form:
- Name of referring organisation:
- Address:
- Phone Number:

7. DECLARATION

YOU MUST ATTACH

- Proof of all income (for yourself, partner and any other contributing adults)
- Evidence of benefit payments, showing your name and address as well as amounts before deductions
- A copy of your full and latest bank statement from your main account (one month minimum)

I declare that the information I have given on this form is complete and correct.
I authorise the Metrowater Community Trust to contact Metrowater and to contact any referral agency, other organisation or relevant person for clarification and/or confirmation of amounts owing or other information, which the Trustees consider relevant to my application.

Signature

Date

NB: Please send photocopies of documents where possible. The Trust will try to return any original documents, but cannot accept responsibility loss or damage during postage.

