

# Application for Water Allowance

Please print in BLOCK LETTERS with a black or blue pen

This form is to be used to apply for a water allowance due to a tenant or household member having a health condition or disability, that requires the use of a significant amount of extra water. For more information or assistance with this form, phone **1800 422 322**, 24 hours a day, seven days a week.

Client reference number

Payment reference number

T-File number

## Tenant details

Title  
Mr, Mrs, Ms, Miss, Mx  
Last name or family name

Given name (s)

Unit/House number

Street/Avenue

Town/Suburb

Postcode

Contact number

Email address

## Health and Disability Allowance Details

1. Who is the household member who has a health condition or disability that requires the use of a significant amount of extra water?

Family name


Given name (s)

2. What is the name of the health condition or disability?

Please provide a brief description of the health condition or disability

Describe how the health condition or disability requires the use of a significant amount of extra water.

## Documentary Evidence

 Please attach medical evidence that includes information about the amount of extra water your household must use due to the health condition or disability. For example, the number of extra baths or showers the household member must take. You must also attach confirmation from your doctor or hospital. Submit the completed form to your local Department of Communities and Justice (DCJ) office.

Full name (please print)

Signature

Date

### Office Use Only

Team name

Team number

Prepared by (please print)

Position (please print)

Signature

Date referred to Housing Statewide Services

Is the tenant on actual water charges?

Yes

No

Tenant is not eligible for a water allowance

### Housing Statewide Services Use

Date received

Does the Water Authority provide an allowance?

Yes

No

Assist the tenant to obtain the appropriate allowance from the water authority

Application Outcome

Approved

Declined

Homes updated?

Yes

No

If approved, amount of allowance to be paid per quarter

\$

Allowance calculation

Reason for decision

Date letter issued to tenant

Date letter and form saved to tenant's digital container