

Water Allowance Application Form

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.

Primary Tenant details

Full name:

Address: Postcode:

Date of Birth:

Phone:

Email:

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?

Full name:

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.

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.

Full name:

Signature:

Date: