

# Payment Assistance Scheme

## Assessment checklist for agencies only

Customer Name

DOB

Sydney Water account number

Property address

Contact number (home)

Mobile

Email

Customer type  owner-occupier  private tenant  public or community housing tenant

**Note: If the customer is a public or community housing tenant, they are not eligible for payment assistance. They can contact their relevant housing authority for assistance.**

Does the customer own more than one property? (Multiple property owners are not eligible for PAS, but can access other support)  Yes  No

Does the customer receive Centerlink payments?  Yes  No

Owner-occupier: Is there a pension rebate on the bill?  Yes  No

Does the tenant have an invoice from the agent?  Yes  No

Does the tenant have an invoice from the agent?  Yes  No

How many people live in the property? / Number of children / Total household income

### Hardship indicators – tick all that apply

- Low income
- Pension concession
- Change of employment
- Bereavement
- Illness/disability
- Relationship breakdown
- Refugee/asylum seeker
- Long term financial hardship
- Change in family circumstances
- CALD
- DV
- Other extraordinary circumstances (fire, flood, accident etc)

Comments

Has customer had PAS previous quarters?

Yes  No

Does the customer agree to go on a payment plan?

Yes  No

*Where possible encourage arrangement as close to regular water use.*

If yes, amount

\$  fortnightly | monthly

Have you discussed CentrePay?

Yes  No

Have you offered

EAPA

Yes  No

Emergency assistance

Yes  No

Financial counselling

Yes  No

Other assistance offered

Are there any leaks at the property?

Yes  No

### Assessor

Agency Name

Phone

Email

Case workers Name

Phone

Email

### Privacy Notice:

We're collecting the applicant's personal information and your agency details for the purposes of determining their eligibility for the Payment Assistance Scheme. We will keep the information secured and it will be accessible only to the Customer Care team. Any information provided is voluntary, however if you do not provide sufficient information, we may be unable to assess the application. To access or update the applicant's or your agency's information, please contact us at [customer care@sydneywater.com.au](mailto:customer care@sydneywater.com.au)

### Declaration:

I have the applicant's consent to undertake this assessment and submit it on their behalf. All information that has been provided by me I believe to be correct.

### Notes

- At the end of your assessment, please email this form to **customer care@sydneywater.com.au**
- Keep a copy of this form for two years from the date of assessment for audit purposes
- If you'd like more resources or training, or you have any questions please contact **customer care@sydneywater.com.au** or call the Customer Care team on **1800 222 280**.

### Office use only

#### Outcome

PAS	Approved	Declined	Amount \$	Date
Assessed by	Name			

