

FEBRUARY 2019

SCOTTISH HYDRO-ELECTRIC COMMUNITY TRUST

APPLICATION FORM



Applicants are advised to read the accompanying letter before completing this form.

Trustees will only consider applications for Domestic Properties and non-profit making Community Owned Projects.

Any award is made at the sole discretion of the Trustees and no correspondence will be entered into as to the reason for any grant or refusal.

Incomplete applications will not be considered and particular consideration will be given to further information supplied in the reverse of this form.

1. TYPE OF APPLICATION (All applicants, please tick the appropriate box)

This application relates to a Domestic Property:

This application relates to a non-profit making Community Owned Project:

This application relates to a Registered Charity:

Please provide your Charity Reference Number _____

2. APPLICANTS DETAILS (All applicants)

Name: _____

Position held: (Community Owned Projects only) _____

Organisation's name: (Community Owned Projects only) _____

Principal business/activities: (Community Owned Projects only) _____

Contact address: _____

Postcode: _____

Tel: _____ Fax: _____ Email: _____

3. PROPERTY DETAILS WHERE CONNECTION IS REQUIRED (All applicants)

Address where connection is required: _____

Postcode: _____

Is there an existing power source? Yes No

If yes, please specify: _____

Is the connection for an existing property or for a new build: Existing New

Is the property in use at present? Yes No

Are you or will you be the owner of the property/new build? Yes No

If yes, could you please provide an estimate of value of the property when completed.

If no, please state owner's name: _____

Owner's address: _____

Is the property rented? Yes No

4. DOMESTIC PROPERTY DETAILS (Domestic applicants only)

Will the property be your sole residence once connected? Yes No

If no
Please give details of other property owned, including Council Tax Band and estimated value: _____

Postcode: _____

Are you currently living in the property where connection is required? Yes No

If yes

How long have you lived there? _____ years _____ months

Please provide Council Tax Band and estimated value: _____

If less than 5 years please give your previous address: _____

_____ Postcode: _____

Length of time at previous address: _____ years _____ months

Were you the owner of this address? Yes No

Please provide Council Tax Band and estimated value: _____

If no

Details of current address: _____

_____ Postcode: _____

Are you the owner of your current address? Yes No

How long have you lived there? _____ years _____ months

Please provide Council Tax Band and estimated value: _____

If less than 5 years please give your previous address: _____

_____ Postcode: _____

Length of time at previous address: _____ years _____ months

Were you the owner of this address? Yes No

Please provide Council Tax Band and estimated value: _____

5. CONNECTION DETAILS (All applicants)

When is connection required? _____

Have you had a quote from Scottish and Southern Energy Power Distribution plc? Yes No

If yes, what is the Scottish and Southern Energy Power Distribution reference number and date of quote? _____

If no, have you received a quote from another Distributor? _____

How much were you quoted (inclusive of VAT)? £ _____

Please give a breakdown of the total/estimated expenditure on your project using the proforma set out in Schedule 1.

Have you applied for planning permission? Yes No Not Applicable

If yes, please provide Council name and reference number? _____

If yes, what stage is approval at? No Outline Decision Full Approval

6. APPLICANTS INCOME DETAILS (All applicants must complete this section of the form)

Please provide a note of your GROSS annual **HOUSEHOLD** income: _____

Please state your Occupation: _____

Please select **ONE** of the following options:

I am a UK tax resident and not tax resident elsewhere: Yes No

If NO, please provide the following details:

Jurisdiction(s) of tax residence, including Tax Identification Number with respect to each Jurisdiction: _____
Date of Birth: _____

OR

Please confirm the status of your Charity/Community Group as either (please tick one box)*:

A Financial Institution Yes No

An Active Non-Financial Entity Yes No

A Passive Non-Financial Entity Yes No

* Please refer to HMRC guidance as either a Financial Institution (see IEIM400600) or a Non-Financial Entity (NFE) (see IEIM404040) to determine status.

Was your organisation established or is it resident for tax outside of the UK: Yes No

If Yes, please provide the following details:

Country of establishment/tax residency: _____

Tax Identification Number: _____

Please provide a breakdown of your **MONTHLY** income (NET) and expenditure:

Income	Expenditure
_____ £ _____	_____ £ _____
_____ £ _____	_____ £ _____
_____ £ _____	_____ £ _____
_____ £ _____	_____ £ _____
_____ £ _____	_____ £ _____

Do you have a mortgage on the property where connection is required and if so how much? (Please state full figure and NOT monthly payment).

Please provide details of other significant assets or liabilities:

Assets: _____

Liabilities: _____

If you are a NON-PROFIT MAKING COMMUNITY OWNED PROJECT please state where your assets would go in the event of dissolution:

7. FURTHER INFORMATION (All applicants must complete this section of the form)

Have you received grants from other bodies? Yes No

If Yes, please indicate how much and from whom £ _____

THE TRUSTEES REQUEST THAT YOU PROVIDE FURTHER INFORMATION RELEVANT TO YOUR APPLICATION, EXPLAINING WHY GRANT ASSISTANCE IS REQUIRED AND WHY YOU HAVE SELECTED THIS SITE. **AS MUCH INFORMATION AS POSSIBLE SHOULD BE INCLUDED IN THIS SECTION TO ALLOW THE TRUSTEES TO DETERMINE YOUR ELIGIBILITY FOR AN AWARD.** TRUSTEES WILL NOT CONSIDER INCOMPLETE APPLICATIONS. (PLEASE CONTINUE ON SEPARATE SHEET).

For details of how your personal information is used and stored, please refer to the Privacy Policy on our website at www.shect.org or alternatively, please email shect@sse.com or telephone 01738 455113 to request a copy.

I declare that the information given above is true, complete and accurate and accept that the Trustees decision will be final and subject to such conditions as the Trustees may require.

Signed..... Date.....

Please return completed form to:

YOUR QUOTATION PROVIDER
or
The Trust Secretary
Scottish Hydro-Electric Community Trust
Inveralmond House
200 Dunkeld Road
Perth
PH1 3AQ

APPLICATION FORM – BREAKDOWN OF TOTAL/ESTIMATED EXPENDITURE ON YOUR PROJECT

Please provide a breakdown of project expenditure.

Site, Foundations and Access _____

Legal Fees _____

Water/sewage connection _____

Electricity connection _____

Joinery (including kit costs) _____

Brickwork _____

Electrical _____

Plumbing _____

Decorating _____

Heating _____

Planning, Warrant, & Professional Fees _____

Kitchen/Bathroom Fittings _____

Other Costs (please specify, e.g. self build/trade works etc) _____

TOTAL ESTIMATED COSTS OF COMPLETE PROPERTY **£**_____