

**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 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 Project:

This application relates to a Registered Charity:

Please provide your Charity Reference Number \_\_\_\_\_

**2. APPLICANTS DETAILS (All applicants)**

Name: \_\_\_\_\_

Position held: (Community Projects only) \_\_\_\_\_

Organisation's name: (Community Projects only) \_\_\_\_\_

Principal business/activities: (Community 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 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](http://www.shect.org) or alternatively, please email [shect@sse.com](mailto: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**      **£** \_\_\_\_\_