



SDT use only			
Fuel Provider			
Date received		Priority	
Reference Number		Allocated	

STRONSAY DEVELOPMENT TRUST FUEL POVERTY GRANT APPLICATION

One grant per household, Subject availability and qualifying criteria, £50 will be paid directly to the applicant’s domestic fuel provider of choice. This grant can be used for Oil, Electric, bottled gas or solid fuel.

Name of applicant

Address.....

Please choose one of the following and provide relevant details

- Electric provider.....
account/reference number.....
 Please indicate if you have a prepayment key card.

To enable us to process the application/payment efficiently we ask that where possible a recent energy bill or statement be included with this application.

- Oil Provider
- Account/reference number.....
- Ebenezer Stores for Solid fuel
- Olivebank for Solid fuel or bottled gas

We currently only have 50 fuel grants available and will therefore need to prioritise these applications in order for us to reach the most vulnerable and in need in our community. Please indicate all of the following that apply to your household.

<input type="checkbox"/>	Over 70 years of age	<input type="checkbox"/>	Fuel poverty (I would be required to spend more than 10% of my income)
<input type="checkbox"/>	Underlying health condition (receive a yearly letter from NHS)	<input type="checkbox"/>	

Declaration:

I confirm that to the best of my knowledge the information I have provided is accurate and that I understand submitting this application is not a guarantee a fuel grant payment will be issued.

I also Confirm that I am a permanent resident of Stronsay.

Signed by applicant Date.....