

Application form - Age Friendly Melville Assistance Fund 2024-25

Form Preview

Confirmation of eligibility

Applicants: please note

Before completing this application form, you should have read the [Age Friendly Melville Assistance Fund \(AFMAF\) Guidelines](#). If you need assistance with this, or require an alternative format please contact us on the details below.

Incomplete applications will not be considered.

This section of the application form is designed to help you, and us, understand if you are eligible to receive an AFMAF reimbursement. It is important that you confirm your eligibility before completing the application.

If you have any questions in regards to these eligibility criteria, please contact **age.friendly@melville.wa.gov.au** or telephone 08 9364 0666

Applications can take up to thirty working days to be processed once received. We will contact you as soon as possible with an outcome. If successful, you will be reimbursed into your nominated bank account within 15 working days of approval.

Please note that the City receives many applications and funding is limited. Eligibility for funding does not guarantee that application will be successful.

Confirmation of Eligibility

I confirm that:

- I have read and understood the AFMAF guidelines
- I am a City of Melville resident.
- I am over the age of 60, or 50 for Aboriginal or Torres Strait Islander people and able to provide proof of age (driver's licence, seniors card or passport).
- I am able to provide proof of low income (Pensioner Concession Card, Health Care Concession Card or Department of Veterans' Affairs Card)
- Other avenues of funding were considered prior to lodging my application.
- My application is for a service or product essential to my wellbeing, rehabilitation, and safety and to help me maintain my independence.
- I am aware that purchases/services can only be made from an Australian registered business
- I have not already received an AFMAF reimbursement this financial year.
- I have a tax invoice/receipt dated with three months of this application.

☐ Yes

☐

You must confirm that all statements above are true and correct.. If you are completing this form on behalf of someone else, please confirm the applicant's eligibility and that all statements above are true and correct.

Contact Details

* indicates a required field

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Privacy Notice

We pledge to respect and uphold your rights to privacy protection under the [Australian Privacy Principles](#) (APPs) as established under the *Privacy Act 1988* and amended by the *Privacy Amendment (Enhancing Privacy Protection) Act 2012*. Refer to our [Privacy Statement](#).

Applicant Details

Applicant's name *

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Name of the person to apply for an AFMAF reimbursement.

Home address *

Address

Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

Must be an Australian postcode.
Must be a City of Melville address

Gender *

- ☐ Male
☐ Female
☐ Other

Date of birth *

Must be a date.

Applicant must be over the age of 60, or 50 for Aboriginal or Torres Strait Islander people,

What is your country of birth

What is the main language spoken at home?

Phone number *

Must be an Australian phone number.
If using landline please include area code 08

Your living arrangements:

- ☐ Live Alone
☐ Live with Family

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☐ Live with Others

Accommodation status *

- ☐ Own Home
- ☐ Private Rental
- ☐ Public Rental
- ☐ Retirement Village
- ☐ Residential Aged Care
- ☐ Other

If not your own home, have you obtained permission from the owner to complete any modifications/installations? If relevant to your application.

- ☐ Yes
- ☐ No

If no, the funding cannot be approved until approval has been obtained.

Email address:

The outcome of your application will be sent to this address. Applicants completing a hard copy form and do not have an email address, please leave blank.

Proof of low income (valid Pensioner Concession Card, Health Care Concession Card or Department of Veterans Affairs Card) *

Attach a file:

Proof of Age *

Attach a file:

Please attach a copy of your driver's licence, seniors card or passport if your date of birth is not listed on your concession card.

Payment (if application has been approved) *

- ☐ Bank Account
- ☐ Cheque

Bank Name

Account Name

BSB Number

Account Number

Must be a valid Australian bank account format.

Do you identify as a: *

- ☐ Person from Aboriginal/Torres Strait Islander background
- ☐ Person from a Culturally Diverse Background
- ☐ Person with a Disability
- ☐ Primary Carer
- ☐ Prefer not to disclose
- ☐ None of the Above

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Information is confidential and for reporting purposes only.

Other Contact details - Applicant Assistant

Only complete this section if you are completing this form on behalf of the applicant (ie if you are a Carer, Family Member, City of Melville Officer etc)

Contact name

Title First Name Last Name

This is the person who is completing this application for someone else

Relationship

- ☐ Family Member
- ☐ Carer
- ☐ Agency
- ☐ City of Melville Officer
- ☐ Other

Organisation name, if applicable

Organisation Name

To be completed by agency completing this form on behalf of the applicant.

Who completed this form? *

- ☐ Applicant completed form
- ☐ Completed on behalf of Applicant
- ☐ Hard Copy application inputted by City of Melville Officer

Funding Details

* indicates a required field

What product/service have you purchased? *

Purchases/Services can only be made from a Australian Registered Business

Total cost of Purchase (Please note AFMAF only covers up to \$300 of your total purchase) *

\$

Must be a dollar amount.

Supplier/provider of product(s)/service(s) - Business/Organisation Name *

Organisation Name

The business that you have purchased your product/service from.

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Please attach Invoice from Supplier/Provider (must be paid in full) *

Attach a file:

Must show that invoice has been paid.

Please describe how the product/service you purchased will assist you to maintain your independence. *

Certification and Feedback

* indicates a required field

Certification

This section must be completed either by the applicant or the person completing this form on behalf of the applicant.

I certify that to the best of my knowledge the statements made within this application are true and correct.

I agree *

☐ Yes

☐ No

Name of applicant or person completing form on behalf of Applicant *

Title

First Name

Last Name

Date *

Must be a date

Applicant Feedback

You are nearing the end of the application process. Before you review your application and click the **SUBMIT** button please take a few moments to provide some feedback.

Please indicate how you found the online application process: *

☐ Easy

☐ Neutral

☐ Difficult

How did you find out about the Age Friendly Melville Assistance Fund?

- ☐ Social Media
- ☐ Melville Gazette
- ☐ Mosaic
- ☐ City of Melville E-newsletter
- ☐ Community Centre/Library
- ☐ Support agency/Service provider
- ☐ City of Melville Officer
- ☐ Word of mouth (family, friend etc)

☐ Other

Please provide us with your suggestions about any improvements and/or additions to the application process/form that you think we need to consider.