AFMAF 26/27 Application Form

Form Preview

Confirmation of eligibility

Applicants: please note

Eligibility criteria has been updated in 2026. To qualify for this grant you will need to hold a valid Low Income Healthcare Card.

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 **melinfo@melville.wa.gov.au** or telephone 08 9364 0666.

Applications can take up to 30 working days to be processed. We will contact you via email as soon as possible with an outcome. If successful, you will be reimbursed into your nominated bank account within 30 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 hold a current Health Care Card OR Pensioner Concession Card
- I have read and understood the AFMAF guidelines (updated in 2026).
- I am a City of Melville resident.
- I meet the age requirement (60+, or 50+ for Aboriginal or Torres Strait Islander people) and can provide proof of age (e.g. driver's licence, seniors card, or passport).
- I have considered other funding options before applying.
- My application is for a product or service that supports my wellbeing, safety, rehabilitation, or independence.
- I understand that purchases must be made from an Australian registered business.
- I have not received an AFMAF reimbursement this financial year.
- I have a tax invoice or receipt dated within the last three months.

○ Yes ○ No

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

Privacy and Information Sharing

The City of Melville is committed to protecting your privacy.

We collect your personal information to process your AFMAF application in accordance with the Privacy and Responsible Information Sharing Act 2024 (PRIS Act). By submitting your application, you acknowledge that your information will be used for assessment, administration, and reporting purposes. If you choose not to provide the required information, we may be unable to process your application.

Your information will:

- Only be used for the purpose it was collected
- Be handled in accordance with privacy laws and City policies
- Not be shared unless required or authorised by law

You can request access to or correction of your personal information at any time.

For full information about how The City handles your personal information, please visit our privacy page.

Applicant Details

Applicant's name *

Title | First Name | Last Name

Name of the person to apply for an AFMAF reimbursement.

Home address *

Address

Suburb | State | Postcode

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

Email

Date of birth *

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

Phone number *

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

Accommodation status *

- ☐ Own Home
- ☐ Private Rental
- ☐ Public Housing
- ☐ 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
- ☐ Not Applicable

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

Please attach a copy of your relevant Concession Card *

Attach a file:

You must hold a valid Healthcare card OR Pensioner Concession Card to be eligible for this grant opportunity

Which concession card did you upload a copy of? *

- ☐ Pensioner Concession Card
- ☐ Health Care Card

No more than 1 choice may be selected.

Please attach a copy of your driver's licence, seniors card or passport to confirm date of birth

Attach a file:

Funding Details

* indicates a required field

What type of product or service have you purchased?

- ○ Equipment or aid
- ○ Home modification
- ○ Health or medical service
- ○ Personal support service
- ○ Household support service
- ○ Other (please specify)

Please provide detail on the product or service you purchased *

e.g. gutter cleaning service

Requested amount (Please note AFMAF covers up to $300 of your total purchase)

Must be a dollar amount.
Must be a $ amount

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

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

Invoice from Supplier or Provider (must be paid in full) *
Attach a file:

How will this product or service support your independence?
- ○ Reduce my reliance on others
- ○ Support my health, wellbeing, mobility or recovery
- ○ Enhance my safety
- ○ Assist with home maintenance
- ○ Other:

Choose the answer most relevant

Banking Details

Bank Account *
Account Name

BSB Number | Account Number

Certification and Feedback

* indicates a required field

Can we contact you to provide feedback on your experience with the Age Friendly Melville Assistance Fund?*
- ○ Yes - by email
- ○ Yes - by phone
- ○ Yes - by email or phone

○ No, I do not wish to be contacted
Due to the volume of responses, we may not be able to contact all individuals who answer "yes"

Would you like to provide any additional comments or feedback?

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