# Pre-eligibility Form - CCTV
Form Preview

## Confirmation of eligibility

### PRE-ELIGIBILITY FORM STEPS

**Step 1 – Read Terms and Conditions and Application Instruction**

Please read over all the Terms and Conditions and all of the Application Instructions. This will ensure your application process goes smoothly and you get a quality CCTV system and your funding in a timely manner.

**Step 2 – Contact security installers and get some quotes**

There are many security companies and installers that will be able to provide you with a quality CCTV system. Speak to them about options for your property, and how much you are able to spend. Make sure you let them know the minimum technical requirements as part of this program (refer to items 5, 6 and 9 of the terms and conditions). The City recommends obtaining two or three quotes to keep prices competitive.

**Step 3 – Complete the Pre-Eligibility Check form.**

Application must include valid quotes.

**Step 4 – Confirmation Email - Pre approval**

If eligible, The City will send you an email confirming funding pre-approval. This allocates funding to your project, so you can go ahead with your installation. The email will contain all the details for you to apply for your funding after installation and payment as well as a digital copy of this application form.

**Step 5 – Install and pay for your CCTV system**

Please have your CCTV system installed by your security installer. It is completely up to you which installer you go with. Remember to get a copy of your proof of payment, and the technical specifications of your system.

***FINAL APPLICATION FORM STEPS - (Separate form link will be emailed with your pre-approval)***

If you have any questions in relation to this CCTV Rebate, please email melsafe@melville.wa.gov.au

## Confirmation of Eligibility

**I confirm that:**

- I have read and understood the CCTV Residential Rebate Terms and Conditions.
- I am a City of Melville resident.
- You are the property owner, an authorised agent, or a tenant with the property owner's signed consent

○ 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.

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## Contact Details

* indicates a required field

### Privacy Notice

*We collect your personal information to process your request in accordance with the standards set out in the Privacy and Responsible Information Sharing Act 2024 (PRIS Act). By completing this form, you confirm that you have read and acknowledge the collection of your personal information. For full information about how we handle 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** *

Must be an email address.

**Phone number** *

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

**Accommodation status** *
☐ Own Home
☐ Private Rental

**If not your own home, have you obtained permission from the owner to complete any modifications/installations? If relevant to your application.**
☐ Yes
☐ No
Only complete if in a rental

**Please attach a copy of the permission letter from the owner of the property if a tenant.**
Attach a file:

## Funding Details

* indicates a required field

**Requested amount ($200)** *

Must be a dollar amount.
Must be a $ amount

**Quote 1** *
Attach a file:

**Quote 2**
Attach a file:

**Quote 3**
Attach a file:

## Banking Details

**Bank Account** *
Account Name

BSB Number | Account Number

Must be a valid Australian bank account format.

## Certification and Feedback

* indicates a required field

### Certification

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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