

Application Form - Age Friendly Melville 2020-2021

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 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 for AFMAF. 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 **agefriendly@melville.wa.gov.au** or telephone 08 9364 0666

Applications can take up to fifteen working days to be processed once received. We will contact you as soon as possible.

Confirmation of Eligibility

I confirm that the applicant ...

- has read and understands the program guidelines
- is a City of Melville resident,
- is able to provide proof of pension card
- Other avenues of funding were considered prior to the application.
- The application is for a service essential to the wellbeing, rehabilitation, and safety of the recipient.
- the applicant must be over the age of 60 or 50 for Aboriginal or Torres Strait Islander.
- is aware that only purchases/services can be made from an Australian Registered Business
- Has not received funding this financial year.

Yes

No

You must confirm that all statements above are true and correct.

Contact Details

* indicates a required field

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](#).

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Applicant Details

Applicant's name (Name of person to receive AFMAF) *

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

Name of the person to receive Activelink

Home address *

Address		
<input type="text"/>		
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.

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
- Live with Others

Accommodation Status

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

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

- Yes
- No

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

Email address: *

Must be an email address.

Your decision will be sent to this address. Applicants completing hardcopy form and do not have an email address please leave blank.

Proof of low income (i.e eligible Centrelink card). Please attach a copy. *

Payment (if approved)

- Bank Account
- Cheque
-

Please note details can be provided once email confirmation to proceed is provided if preferred) See guidelines for items required if funding is approved.

Bank Account

Account Name

BSB Number Account Number

Must be a valid Australian bank account format.

Is the applicant? *

- Person from Aboriginal/Torres Strait Islander background
- Person from a Culturally Diverse Background
- Prefer not to disclose

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

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Organisation name, if applicable

Organisation Name

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

How did you assist the applicant? *

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

Funding Details

* indicates a required field

What will you be purchasing? *

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

Total Cost of Purchase (Please note AFMAF only covers up to \$200 of your total purchase) *

\$

Must be a dollar amount.

Supplier/Provider of Services - Business/Organisation Name *

Organisation Name

The Company you will be asking to provide service/equipment.

Please describe how the Age Friendly Melville Funding will assist you *

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.

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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

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