

Positive Ageing Assistance Application Form 2026/2027

Form Preview

Eligibility

* indicates a required field

Important information

Before completing this application form, please:

- Note that the maximum amount of Positive Ageing Assistance per person is \$150 annually;
- Read the [Positive Ageing Assistance Guidelines](#);
- Preview the Application Form, so you can gather all information needed.

If you need any assistance with this or an alternative format, please contact grantfunding@fremantle.wa.gov.au or **08 9432 9999**.

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 this grant. It's crucial that you complete these questions before any others to ensure you do not waste your time applying for an unsuitable grant.

If you have any questions in regards to these eligibility criteria, please contact grantfunding@fremantle.wa.gov.au.

Eligibility questions

To be eligible for the Positive Ageing Assistance funding, you must be able to meet the following conditions:

- Be a resident of the City of Fremantle.
- Be able to provide a proof of concession card.
- Have considered other avenues of funding prior to applying. For example, My Age Care packages and avenues through your service provider.
- Ensure that you are applying to receive funding for an essential service to your well-being, rehabilitation and safety of the recipient.
- Be over the age of 65 or over the age of 55 for Aboriginal or Torres Strait Islanders.
- Be aware that purchases can only be made from an Australian Registered Business with a current ABN.

Do you confirm that you meet the above conditions *

Yes No

If "No", you may not be eligible to apply. If you have any questions, please contact the grantfunding@fremantle.wa.gov.au.

Have you received funding from the City of Fremantle within the same financial year as this application? *

Yes No

If 'Yes', please confirm that you are eligible by contacting grantfunding@fremantle.wa.gov.au.

Positive Ageing Assistance Application Form 2026/2027

Form Preview

I confirm that I have read and understood the Positive Ageing Assistance guidelines *

Yes No

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

Contact Details

* indicates a required field

Privacy and collection 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*. To view our privacy statement visit: [Privacy Policy - City of Fremantle](#).

Collection Notice

The City of Fremantle collects the personal information you provide for the purpose of responding to your enquiry or request, and to carry out related local government functions. Your information may be shared with authorised City officers or contractors where necessary to process your request, but will not otherwise be disclosed unless required or authorised by law. By contacting the City you agree to the collection of this information in accordance with the Council Privacy Policy.

For more information, including the option to de-identify, please see our [Privacy Statement and Policy](#) or contact us at governance@fremantle.wa.gov.au

Applicant details

Applicant Name *

First Name

Last Name

Address *

Address

Address Line 1, Suburb/Town, State/Province, and Postcode are required.

Phone number *

Must be an Australian phone number.

Email *

Must be an email address.

Positive Ageing Assistance Application Form 2026/2027

Form Preview

Date of birth *

Must be a date.

Do you identify as an Aboriginal and/or Torres Strait Islander person? *

- Yes
- No
- Prefer not to say

Proof of Concession

Please upload proof of concession (ie. eligible Centre Health Care card or Pension Card)

Attach a file:

Living arrangements

What is your current living arrangement? *

- Living alone
- Living with family
- Living with others

Please choose the option that best applies to your current situation.

What is the status of your accommodation?

- Own home
- Public rental
- Other

If 'other' please give more information

Home modifications

Are you applying for this funding to implement access modifications to your home (i.e. rails, ramps, home access upgrades)?

- Yes
- No

If you are applying for this funding to implement access modifications to your home, have you received permission from the owner to complete these?

- Yes
- No

If 'no' the funding cannot be approved until a copy of the approval is supplied.

Funding details

Positive Ageing Assistance Application Form 2026/2027

Form Preview

* indicates a required field

Funding request

Requested funding amount *

Up to \$150 per year.

What will you be purchasing? *

Supplier or Service Provider

(Business or Organisation name)

Please attach a quote from the company providing the goods or service if applicable:

Attach a file:

Project title *

Word count:

Please enter your name here

Bank details

Name of Bank

Address of Bank

Bank Account

Account Name

BSB Number

Account Number

Must be a valid Australian bank account format.

Certification

* indicates a required field

Positive Ageing Assistance Application Form 2026/2027

Form Preview

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

Yes

No

Name of applicant *

First Name

Last Name

Date certified *

Must be a date.