



TOWN OF  
**Bassendean**

# Verge Maintenance Assistance Program

Resident Information and Application Form





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## **PART A – INFORMATION**

### **What is the Verge Maintenance Assistance Program?**

Central to the Town's commitment to improve services through our Access and Inclusion Plan 2024-2028, the Town understands that not all members of our community are able to undertake verge maintenance.

Subject to approval, the Town may provide support to property owners or occupiers to maintain their grassed verge, provided they meet the eligibility criteria by demonstrating they are unable to undertake mowing due to age, disability or other medical condition.

### **Are there eligibility criteria?**

Yes, the Applicant(s) must meet the following criteria:

1. Permanently reside in the Town of Bassendean and occupy the property that is subject to this application, and
2. Have a disability or other medical condition that renders maintenance of the verge impractical (evidence of current care approval or medical certificate confirming there is a medical reason which prevents the applicant from being able to undertake mowing of the verge), and
3. Have no other members of the household, relatives or neighbours who can assist in maintaining the verge, and
4. Are receiving a Commonwealth Pension, for example, an aged or disability pension (evidence required).

**NOTE:** To be eligible for the program applicants must provide evidence to support their application. Applicants must reapply every 12 months and be reassessed against criteria.

### **How do I apply?**

Residents must apply for the verge mowing assistance program by completing **Part B** of this form. Each application is assessed on a case-by-case basis against the eligibility criteria. The Town may seek further information from the applicant to assist in decision making.

**From 1 July 2024, residents receiving Verge Maintenance Assistance (who are the property owner) must not be in arrears for payment of rates, without a payment plan in place.**



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**If I am unsuccessful with this application, are there any community organisations that could assist me with the maintenance of the verge?**

Yes, there are a number of organisations that provide home and garden maintenance support services.

[Silverchain](#) or [People Who Care](#) assist individuals and families that may need some extra help with everyday tasks. Property owners or occupiers will need to contact these organisations directly to see if they are eligible for this service.



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## PART B – APPLICATION

Please fill out this form and return it by email, post or in person to the Town of Bassendean:

35 Old Perth Road, Bassendean WA 6054  
PO Box 87, Bassendean WA 6934

**Phone:** (08) 9377 8000  
**Email:** mail@bassendean.wa.gov.au

### APPLICANT DETAILS:

Title:

First Name:

Surname:

Property Address:

Phone Contact:

Email Contact:

### ARE YOU THE OWNER / OCCUPIER?

- Yes  
 No

### ARE YOU RENTING?

- Yes  
 No

### DO YOU HAVE A DISABILITY OR OTHER MEDICAL CONDITION THAT PREVENTS YOU FROM MOWING THE VERGE?

- Yes  
 No

If yes, please attach medical evidence/certificate to support application.

### DO YOU HAVE A PARTNER/CARER/FAMILY OR FRIEND WHO CAN ASSIST YOU?

- Yes  
 No



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### DO YOU RECEIVE THE COMMONWEALTH PENSION?

- Yes  
 No

If yes, please provide your Centrelink Customer Reference Number (CRN):

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Type of Pension:

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### DECLARATION:

I, \_\_\_\_\_, declare that the information I have provided in this application is accurate and true and I confirm that, to the best of my knowledge and belief, I am eligible to receive the requested verge maintenance assistance.

#### Privacy and Responsible Information Sharing

The personal information collected on this form will be used by the Town of Bassendean to manage and administer its services and meet legal and governance obligations. Your information may be disclosed to relevant third parties where necessary to provide these services or where required or permitted by law.

**Print Name:**

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**Sign:**

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**Date:**

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### SUPPORT BY APPROVED HEALTH PROFESSIONAL:

I have discussed the application with \_\_\_\_\_ and declare that to the best of my knowledge and belief, the information provided is true and correct. I support the application for verge maintenance assistance. My role is: \_\_\_\_\_

**Name:** (please print name)

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**Signature & Stamp:**

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**Date:**

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## Attachments

- Proof of your identity and address
- Medical evidence/certificate to support application
- Any other supporting documentation

### Office Use Only:

|                               |  |
|-------------------------------|--|
| Date Received:                |  |
| Record Number:                |  |
| Assessment Outcome:           |  |
| Assessed by:                  |  |
| Comments:                     |  |
| Referred for implementation:  |  |
| Resident notified of outcome: |  |