## **Security Incentive Scheme 2025/2026**

Local residents can use this form to apply for a rebate of up to \$250 on the purchase, installation or repair of eligible home safety or security items purchased within the last 18 months. The Scheme aims to support Armadale residents to take an active role to improve the level of security within and around their property. Residents may apply for a rebate every five years.

## **Eligibility:**

To be eligible for the Scheme, you must comply with the following:

- Be a resident within the City of Armadale, or
- Be the property owner, an agent authorised to act on their behalf, or a tenant with consent from one of these.
- Invoice must be within 18 months of receipted date to be eligible.
- Residents may apply for a rebate every five years (due to high demand).

#### **Conditions:**

- 1. For items 1-6 in the table, security devices must be provided and installed by a registered business with a Security Agents License, and sensor lights by a registered electrician.
- 2. For items 7-10 in the table, installation may be carried out by the applicant, owner or employee of a registered business but proof of installation may be requested e.g. DIY will require photos as proof of installation.
- 3. Applications for improvements, repairs or additions to existing devices may be eligible.
- 4. One rebate per residence every five years.
- 5. The City provides no guarantee that a security rebate can be provided to all applicants if the allocated budget is fully expended prior to the end of the financial year.
- 6. Feedback form needs to be completed before payment is issued.
- 7. Applicants can install multiple security items in their home, however the total rebate amount will be **capped at** \$200.00 per residence.
- 8. Applicants holding a valid Pensioner Concession, Health Care or WA Seniors Card, are entitled to claim a maximum security rebate amount of \$250.00 per residence.

#### **Rebates**

The following table lists items available for the rebate and the rebate amount claimable:

Item/Device	Rebate	Rebate for Pensioner Concession, Health Care or WA Senior Card holders only
Security sensor light	\$50	\$60
2. Keyed window locks (per lock)	\$25	\$30
3. Security window screen (per window)	\$50	\$75
4. Roller shutters	\$200	\$250
5. Security screen door	\$200	\$250
6. Professional CCTV / Security cameras install	\$200	\$250
7. Video doorbells	\$50	\$75
8. Meter box Security	\$30	\$50
9. Self installed security cameras (photo proof)	\$100	\$150
10. Door deadlocks (per lock)	\$30	\$50
Maximum home security rebate	\$200	\$250

### **Application Instructions**

## **Step 1 - Claiming a Security Incentive Scheme rebate:**

Forward the completed Security Incentive Scheme application to the City of Armadale along with:

1. A copy of the invoice and or receipt for DIY or full payment of the installed security item(s), undertaken by owner or a registered business with a Security Agent License and within 18 months of the receipt date.

### **AND**

2. A copy of the Home Occupier's valid Pensioner / Health Care / Seniors Concession card (where applicable).

### AND

3. Proof of address within the City of Armadale (utility bill, rates notice etc.).

### Step 2 - Lodge your application:

### Email applications to:

CSAdministration@armadale.wa.gov.au

### Mail to:

City of Armadale Community Development Locked Bag 2 Armadale, WA 6992

### In person to:

City of Armadale Administration Centre 7 Orchard Avenue, Armadale 6112 Business hours: 8.15am - 4.45pm, Monday – Friday

### Step 3 - Confirmation

The City will review your application and advise you via email of the outcome of your application. Funds will be transferred electronically. Please complete and sign the EFT form as part of the application.



# **Security Incentive Scheme Application 2025/2026**

All sections need to be completed.

## **Applicant details**

Applicant name:

	Address						
	(location of security device):	Suburb:				Postcode:	
	Contact number:			Email:			
Do you have a valid Concession  Card?  — Pensioner — Health Care Card					☐ Senio	ors Card	
	Have you previously claimed a Security No						
Se	ecurity device details						
	Reason for installat	tion (pick one):	☐ New home		Increase security	☐ Victim	of crime
	Security items for in	nstallation		Qı	uantity	Total Quo	ote
	☐ Security sensor light						
☐ Keyed window locks (per lock)							
	☐ Security window screen (per window)						
☐ Roller shutters							
	☐ Security screen door						
	☐ Professional CCTV / Security cameras install						
	☐ Video doorbells						
	☐ Meter box Security						
	☐ Self installed security cameras (photo proof)						
	Door deadlocks (pe	r lock)					

Security Company License Number:

## **Installation Authority**

Do you live in the p	roperty:	☐ Yes		l No	
Are you the property owner? (If No, the details of the Owner / Landlord / Property Manager are required below)		☐ Yes		l No	
Owner / Landlord / Property Manager details					
Name:					
Contact number:					
Address details:					
Declaration by Owner / Landlord / Property Manager					
☐ I approve the installa	ation of the security device to the above-me	entioned prop	erty.		
$\Box$ I have provided a copy of the invoice and paid receipt in full for the installed security items.					
☐ I have provided proof of address within the City of Armadale (utility bill, rates notice etc.)					
☐ As per the conditions on page 1, I accept that the City provides no guarantee that the rebate can be provided to all applicants if the allocated budget is fully expended prior to the end of the financial year.					
Signature:			Date:		

## **Security Incentive Scheme-Feedback Form**

In order for the City of Armadale to ensure high standards in the provision of its services and to evaluate the success of the Security Incentive Scheme, please take a few minutes to complete this feedback form.

Please tick one answer for each question.

How did you find out about the Security Incentive Scheme?

- Facebook
- City of Armadale website
- Council/ Community meeting
- Other

- Brochure
- Newsletter
- Police/ Support service

Word of mouth

How safe do you feel in your home?

- I feel very safe
- I feel safe

- I feel unsafe
- I feel very unsafe

Are there any areas in the City of Armadale where you feel unsafe (please be very specific)?

- Yes
- No

Have you been a victim of crime in the past 5 years?

- Yes
- No

Do you report crime and suspicious activities to the WA Police?

- Yes
- No

For each issue, tell us whether you think this is a major problem, a minor problem or not a problem in your suburb?

	Major problem	Minor problem	Not a problem
Graffiti			
Property damage			
Drug use and drug dealing			
Anti-social behaviour			
Stealing from people and cars			
Burglary			

Did you know about the Security Incentive Scheme before you installed your security items?

Yes

No





Telephone: (08) 9394 5000 Website: www.armadale.wa.gov.au Email: accounts@armadale.wa.gov.au Address: Locked Bag 2, Armadale, WA 6992

## **Electronic Funds Transfer Form (EFT)**

Office Use Only- COA Finance

Electronic Fund Transfer (EFT) is the City's preferred method of payment. Funds will be deposited directly to your nominated bank account. A description will appear on your bank statement to identify the payment . If there are any changes to your banking details please let City- Finance department know immediately.

The City of Armadale will not be held responsible for any delays or errors in payment due to the factors out of the City's control (including but not limited to those resulting from banking industry systems).

Trading name:					
Full Name:		(Given Name(s)			
Address:					
ABN:	ABN: Contact No:				
Email for remittance advices:					
Reason of the Payment :					
Banking details- (Please ensure your bank details are correct and clear for processing)					
BSB:	Account number:				
Bank name and branch:					
Account name:					
Declaration: I/We hereby acknowledge and accept this information provided above is correct and accept the conditions of EFT as stated in this application.					
Signature (Authorised Signature):	Signature (Authorised Signature):				
Company/Individual Name:					
Job title:					
OFFICE US	SE ONLY				
Requesting COA Officer to complete (Indicate applicate	ole funds/section to whic	ch this application refers)			
Bonds Rates Other (please specify)	NAR No:				
If Bond- Category No & Trust ID:/	HPE Content Manager No	):			
If Rates- Assessment No:	Other Details:				
Notes:					
Requesting COA Officer Name: Signature & Date :					
Requesting COA Supervisor/Manager Name :	Signature & Da	ite :			
Finance Department: Checked/Updated- Officer Name and Signature:					

