

EXPRESSION OF INTEREST FOR TENANCY OF AGED RESIDENTIAL UNITS, 15 HILL STREET, URALLA

DEADLINE FOR APPLICATIONS TO E.O.I: 5:00pm, Monday 3rd February 2025.

Uralla Shire Council invites expressions of interest for the tenancy of Single Bedroom Aged Residential Units 1 and 2 at 15 Hill Street, Uralla. These units are available for eligible persons who meet the following criteria:

UNIT DETAILS:

- Location: 15 Hill Street, Uralla (Units 1 and 2 available)
- Fortnightly Rent: \$331 (subject to annual increase on 1 September, determined from the current pension rate)
- Tenancy Agreement: Minimum of 2 years
- Availability: Immediate occupancy upon selection (second unit 6 weeks)

ELIGIBILITY CRITERIA:

- Age: Preferably aged 60 years or over
- Residency: Preferably residing within the Uralla Shire Council area
- Independence: Must be able to live independently
- Rent Payment: Must demonstrate ability to pay the required rent
- Non-Accessible: Please note these premises are not disability accessible

INSPECTIONS:

- Dates: Wednesday 29 January to Friday 31 January 2025
- **Booking:** Inspections by <u>appointment only</u>. To arrange an inspection, please contact Council on (02) 6778 6300 between 8:30am and 5:00pm, Monday to Friday.

HOW TO APPLY:

- **Application:** Expression of Interest (EOI) can be submitted in person, by mail or email by 5:00pm, Monday 3rd February 2025.
 - **Mail:** Hill St Unit EOI, Uralla Shire Council, PO Box 106, Uralla NSW 2358
 - Email: council@uralla.nsw.gov.au
 - Hand-delivered applications: can be submitted at Customer Service.

FURTHER INFORMATION:

• Full selection criteria and application documents form part of this notice or can be obtained from Council's office at 32 Salisbury Street, Uralla NSW.

For more details about these units and the application process, please contact Uralla Shire Council at (02) 6778 6300 or email <u>council@uralla.nsw.gov.au</u>.

Uralla Shire Council is committed to providing housing solutions that support our community, particularly seniors and those in need.



Hill St Unit Evaluation Weighting.

Applicants to note the criteria to be addressed within the application and weighting percentage.

Criteria	Description	Weighting
	Is the applicant a current resident of uralla shire	
USC LGA Local	council, or a neighbouring shire	15%
Densioner	Does the applicant/s receive the full, part or no	
Pensioner	pension	15%
Availability	Assessed on the timing the prospective tenant/s	
Availability	could move in	15%
	Assessed on the combination of needs identified	
Demonstrated Need	in the application including but not limited to the	
Demonstrated Need	reasoning for wanting to become a tenant (page 3	
	application)	30%
Domonstrated affordability	Assessed on a combination of financial factors	
Demonstrated affordability	received on the applicants rental viability	25%



Council Chambers and Administrative Centre: 32 Salisbury Street, Uralla NSW 2358 Address all correspondence to: EOI Hill St Units, Uralla Shire Council, PO Box 106, Uralla NSW 2358 council@uralla.nsw.gov.au | www.uralla.nsw.gov.au | p 02 6778 6300 | f 02 6778 6349

Please note: Applications will only be accepted if all questions are completed and required information is attached. Please send completed application form to:

EOI Hill ST Units Uralla Shire Council PO Box 106 URALLA, NSW, 2358

Email: council@uralla.nsw.gov.au

DETAILS OF	APPLICANT			
Name				
Mr, Mrs, M	s, Miss	Given names		
Surname				
Address				
Unit/flat/ho	ouse number	Street name		
Suburb				Postcode
Contact Tel	ephone No (Home)		(Mobile)	
Email addre	ess			
Primary lang	guage spoken:			
		e indicate your preferred languag	e:	
	MPLETE THIS FORM			
Follow steps	below and attach requi	red documents:		
• S ⁴	tep 1: Complete all sect	tions of the application		
		h all relevant documentation		
• S [*]	tep 3: Ensure that the o	declaration and consent forms are	e signed	

- Step 4: Complete the checklist at the back of the form
- Step 5: Take or send the form with your documentation to Uralla Shire Council by the due date and time stipulated in the E.O.I.



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ABOUT THIS APPLICATION

Your application will be assessed on the basis of the information you provide, so before you fill in this form, please read it carefully. You must attach certain documents with your application. Photocopies are acceptable.

Any information you provide will remain confidential, subject to Council's Privacy Management Plan.

When we receive your application you will receive correspondence confirming receipt of your application. Please ensure you complete all sections of the application form and attach required documentation. Your application form will not be accepted if it is incomplete.

ABOUT COUNCIL'S AGED RESIDENTIAL UNITS

If you wish to live in a Council aged residential unit you must complete this application form. If your application meets Council's eligibility criteria you will be notified whether your application has been successful. Upon selection, Council will refer the property management to Properties Uralla. If during the selection period your

contact details change, you must notify us immediately by either email or telephone T: (02) 6778 6300, E: council@uralla.nsw.gov.au.

Council will give priority to applicants who are homeless or at risk of homelessness. Council will also give priority to existing Uralla Local Government Area residents.

SECTION I — GENERAL ELIGIBILITY

Please list members of the household who will be living with you, including yourself.

Surname	First and middle name	Date of Birth	Married/ Single	Relationship to Applicant	Country of Birth

Each person listed in the application must provide documentation which shows their identity. Any one of the following three options will be accepted.

- 1. One form of identification with your photograph and signature e.g. Passport, driver's license; or
- 2. Two forms of identification with your signature, e.g. credit card, Health Care Card, Pensioner Concession Card; or
- 3. Two forms of identification, one with your signature, the other with your photo

How many years have you lived in the Uralla Shire area? ____

Do you or anyone to be housed with you receive a FULL pension?

YES
1 5

NO



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If Yes, provide details:	
(SELF) Pension number:	
Pension type:	
(OTHER)	
Pension number:	
Pension type:	
	plication must provide an Income Statement, e.g. from Centrelink or the s showing your payment amounts. The letter/statement must not be more than
Driver's licence number (if app	licable):
	tor:
Next of Kin:	
Relationship to you:	
Have you inspected the unit? YES	NO
What is your demonstrated ne	ed to move into a Council aged residential unit?



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When would you be ready to	move into a Cour	ncil age	d residential unit?
	1 MONTH		OTHER
Please specify reason for othe	r:		
	-		t five years owned/part/owned or sold any real estate
including; land, a house, unit,		al prop	erty?
YES	NO		
If renting, boarding or lodging,	, how much rent,	/board	do you pay per month? \$
Name and telephone number			
·	0		
SECTION II — FINANCIAL STAT	TEMENT		
I advise that my financial situa	tion is as follows	:	
Pension:	\$		per fortnight
Rent Assistance:	\$		per fortnight
Pharmaceutical Allowance:	\$		per fortnight
Do you have any of the follow	ing?		
Monies held in a trust:		YES	NO
Superannuation funds which c	an be accessed:	YES	NO
Shares:		YES	NO
Stock market bonds and Inves	tments:	YES	NO
If you answered YES to any of	the above, pleas	e provid	de documentation that shows the value of these assets
	c) per annum:	\$	



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Savings: \$

Each person listed in this application must provide a copy of a recent bank statement. The statement must not be more than four weeks old. If you have more than one bank account, statements showing all account balances must be attached. Please note: An A.T.M. receipt is not sufficient documentation.

Rent from property investment:\$ _____Per annum

Other income (please specify below): \$ _____

Value of any other assets: \$ _____

(Assets generally include money in the bank, shares, land and so on. Assets do not include personal belongings, car, and furniture or superannuation funds).

Are you or anyone to be housed with you employed? YES NO

If yes, please provide the following details:

Name of company	Hours worked per week	Gross (before tax) weekly income \$

To confirm your employment details, please provide a wage statement signed by your employer that shows the gross income received over the last 8 weeks and any other salary entitlements.

DECLARATION

I/We declare that all the information requested in this application for a Council aged residential unit has been provided and is true and correct.

Declared by:

(Full name of applicant)

(Signature of applicant)

Witnessed before me:

(Print name)

(Signature)

Dated:	



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SECTION III — CHECKLIST

Before you return this form, have you:

Attached all other relevant documentation?

PRIVACY STATEMENT

Council is required to comply with the Information Protection Principles in the *Privacy and Personal Information Protection Act 1998* (NSW) (PPIPA) and the Health Privacy Principles (HPPs) in the *Health Records and Information Privacy Act 2002* (HRIPA). These laws promote the protection of personal and health information in New South Wales (NSW).

The personal and health information you provide to us in this application is for the purpose of assessing your application for a Council residential aged unit. The provision of this information is voluntary, however if you do not provide the information requested in this form Council may not be able to assess your application.

The personal and health information provided to Council in this application form will be securely stored in Council's records electronic management system. Your information will be protected from unauthorised access, use, modification or disclosure. For more information on how Council deals with personal and health information, refer to Council's Privacy Management Plan.

Council will not disclose your information to any third parties unless required by law, for example to a law enforcement agency when there is a serious and imminent threat to any person's health or safety.

You can contact Council at any time to view or correct your personal information held by us. Contact Council during normal business hours on (02) 6778 6300 or write to us at: Uralla Shire Council, PO Box 106, Uralla NSW