



Human Services Division  
**Overhoused Acknowledgement**

**TO:** United Counties of Leeds & Grenville  
Human Services Division – Housing Department

I/we acknowledge receipt of notice that my/our household is now overhoused as per local occupancy standards for rent-gearred-to-income units.

I/we understand that my/our household is eligible for a Insert Eligible Unit Size bedroom unit, and I/we are willing to accept a transfer to the following locations:

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I/We also acknowledge that if I/we choose not to apply for an internal transfer, then my/our household will be determined ineligible for rent-gearred-to-income assistance and subject to termination of my/our tenancy because I am/we are overhoused.

Signatures of all household members who have signed the lease:

_____ Tenant No.1	_____ Tenant No. 3
_____ Tenant No. 2	_____ Tenant No. 4
_____ Date	

***Please return this completed Acknowledgement to:***

**United Counties of Leeds & Grenville  
Human Services Division  
Housing Department  
25 Central Avenue West, Suite 200  
Brockville, ON  
K6V 4N6  
OR  
Fax: 613-342-8908**