Community and Social Services Division
Social Housing Program

Request for Review

Please Print

☐ Mr. ☐ Miss ☐ Mrs.	**Last Name**	**First Name**	**Date of Birth** (Month/Day/Year)

Address (number, street, apartment number or rural route)

City / Town	**Postal Code**	**Telephone Number**
		( )

1. **I/We have received notice of the following decision(s). We disagree and request a review of the following decision(s). Check all that apply.**
   - ☐ Household is not eligible for rent-geared-to-income assistance;
   - ☐ The size and type of rent-geared-to-income unit in which household may be accommodated;
   - ☐ Household not included in a category given priority over other categories (i.e. Special Priority);
   - ☐ The amount of rent-geared-to-income payable;
   - ☐ Household is no longer eligible for rent-geared-to-income assistance;
   - ☐ Household is not eligible for a modified unit;
   - ☐ Household is no longer eligible for a modified unit.
2. What is the date on the letter telling you about the decision? _____/_____/_____ (Month / Day / Year)
3. Explain why you disagree with the decision. *Provide any additional information that you think will be helpful. (If you require more space, please attach another sheet of paper)*

4. A request for a review must be made within 30 days of the date you received the letter telling you about the decision.

_____ Applicant/Tenant Signature

_____ Date

_____ Applicant/Tenant Signature

_____ Date

This completed Request for Review may be faxed to (613) 342-8908 or 1-800-770-2170 or mailed to:

United Counties of Leeds and Grenville
Community and Social Services Division
Attention: CSS Administrative Services
25 Central Avenue West, Suite 200
Brockville, ON K6V 4N6