



**Community and Social Services Division
Social Housing Program
Request for Review**

Please Print

<input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs.	Last Name	First Name	Date of Birth (Month/Day/Year)
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Address (number, street, apartment number or rural route)

City / Town	Postal Code	Telephone Number ()
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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**