

Insert Name and Address

Dear Insert Salutation:

Re: Notice – Overhoused and Ineligible for Rent-Geared-to-Income Assistance

On [date of *Overhoused Determination notice*], we notified you that your household is overhoused. Since you have now been over-housed for 12 months or longer, and your income is above the household income limit for a [Enter Eligible Unit Size], your household is no longer eligible for rent-geared-to-income assistance. Therefore the monthly rent for your unit is set at the Market (Maximum) rent of [Enter Market Rent Amount] effective [Enter Effective Date] of Increase.

If you disagree with this decision, please contact [your contact name/contact information], to discuss your concerns.

If you have contacted the non-profit/co-operative housing provider and you still disagree with this decision, you may ask for an independent review of the decision. People who were not involved in making the original decision will review the decision to ensure compliance with the Housing Services Act and regulations.

Any member of the household may request the review. The request must be made in writing within 30 days of this notice, and clearly marked "Request for Review", or you may complete a Request for Review form, which is available at any Community and Social Services office or any non-profit/co-operative housing provider. Submit your request in person to any Community and Social Services office or mailed to: