*[Print on housing provider/RGI Administrator letterhead]*

Notice of Decision

Loss of Eligibility for Rent Geared-to-Income Assistance

**YOU MAY ASK FOR A REVIEW OF THIS DECISION WITHIN 30 DAYS OF RECEIVING THIS NOTICE**

Follow the instructions in the attached **Request for Review Form**

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| **Date of Notice:**  **(yyyy-mm-dd)** | [insert date this notice was completed] |
| **To:** | [insert names of all household members who signed the lease/occupancy agreement] |
| **Household Address:** | [insert household's address] |
| **From:** | [insert housing provider/RGI Administrator name and address] |
| **Date of Decision:**  **(yyyy-mm-dd)** | [insert date that the housing provider/RGI Administrator staff person made the decision] |
| **Effective Date for Rent Increase:**  **(yyyy-mm-dd)** | [insert date - 1st day of the month following 90 days after the date of this of this Notice] |
| **Market Rent Charge Payable:** | [insert full market charge] |
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| **Reason Why Your Household is Losing Eligibility for RGI Assistance**  *Choose one or more of the reasons listed in the first column below. Complete the rows below that apply and delete the rows that do not apply.* ***Delete all the instructions once you have completed the form.*** | |
| **Did not provide information for annual review of income and assets** | State the dates on which the RGI Administrator asked the household to submit information, the specific information requested and the response of the household to each request. |
| **Did not report mid-year changes in income or who lives in the household** | State the changes in household income, assets or household composition not reported by the household and the date of the changes. **Note:** a household can report a new baby at the next annual review. |
| **Did not try to obtain Income** | State the income type that the household may be entitled to, when the RGI Administrator notified the household in writing to apply for income, the reporting deadline given to the household and the response or lack of response by the household. |
| **Absent from the unit more days than permitted under the Local Absence from Unit rule** | State the relevant section(s) of the Local Rule for Absence from unit. State the period of time during which all members of the household were absent and the evidence and/or documents used to make the decision. |
| **Paid RGI rent equal to market rent for 12 months** | State the following: Under the HSA Regulation 367, s. 30, ahousehold that has been receiving rent-geared-to-income assistance ceases to be eligible for such assistance if, for a period of 12 consecutive months, they have paid RGI rent that is equal to market rent.  State the date on which the household began paying RGI rent equal to Market Rent. |
| **Overhoused under Local Occupancy Standards/refused offers** | State the date on which the RGI Administrator first notified the household they are overhoused and the actions the household has taken (choices: refused three offers, removed their application from the centralized waiting list, or selected less than five preferences on the centralized waiting list). |
| **Did not divest leased or owned residential property** | Identify the address of the property and, if known, when it was bought or leased by a member of the household.  If the household informed the RGI Administrator about acquiring the owned or leased property, state:   1. the date the household acquired the property 2. the date on which the RGI Administrator first notified the household about the requirement to divest 3. the deadline the RGI Administrator gave for divestment, and 4. the response by the household. |
| **Household includes a person not legally resident in Canada** | State the names of persons living in the household who are not legally resident in Canada. Exclude short-term guests as permitted under housing provider/RGI Administrator's Guest Policy. |
| **Former tenant arrears** | State the name of the social housing provider to whom one or more household members owe arrears from a former tenancy. State whether the household has not signed or has defaulted on a signed repayment agreement. Provide the former housing provider's contact name and phone number. |
| **Certain Convictions** | State the following: On [state the date of conviction], a court of law convicted a member of your household of [choose 1. or 2].  1. knowingly obtaining or receiving RGI assistance they were not entitled to, or  2. committing a crime under the Criminal Code (Canada) in relation to the receipt of rent-geared-to-income assistance. |
| **Please note:** [insert RGI Administrator name] made this decision based on the information we have. If you have other information and/or documents that could change the decision, please call or visit the office as soon as possible. | |
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| **Personal contact with household:** | RGI Administrators must attempt to make direct personal contact with household members or someone acting on their behalf before issuing a Notice of Decision Loss of Eligibility for Rent Geared-to-Income Assistance. **Note:** this is not applicable for "certain convictions" or "did not divest leased or owned residential property".  List all contact attempts and responses, if any, from the household. If there was no direct personal contact, explain why. |
| **Name of RGI Administrator representative:** | [insert name of staff person that a household member can speak to about this notice] |
| **Phone number of RGI Administrator representative:** | [insert phone number of the staff person named above] |
| **Signature of RGI Administrator representative:** | [staff person responsible for this notice] |