#  Request for Review Form

Please type or print and return to this form by mail to:

City of Toronto, Housing Stability Services
**Attention: Review Body**
Metro Hall, 55 John Street, 6th Floor
Toronto, Ontario, M5V 3C6
Fax: (416) 696-3718
E-mail: socialhousing@toronto.ca

# 1. Applicant Information [ ]

|  |  |
| --- | --- |
| Last Name:        | First Name:       |
| Mailing Address:       | Apartment Number:       Postal Code:       |
| Email Address:        | Area Code:       Telephone Number:        |
| What is the date on your Notice of Decision? (mm/dd/yyyy) |
| Name of Housing Provider:      Please provide a copy of the Notice of Decision received from your Housing Provider. |

# 2. Advocate or Other Contact Person

If you would like another person to act as a representative on your behalf, or would like someone else to know the details of your request, please complete this section:

|  |  |  |
| --- | --- | --- |
| Advocate/Agency:       | Email:       | Telephone Number:      |

# 3. Applicant Consent

For the purposes of reviewing a loss of eligibility decision, I consent to the City of Toronto obtaining, disclosing or exchanging my personal or other information (including information contained in tenancy file or other files) at any time, from, to or with my housing provider, the City of Toronto and the person named in the Advocate or other contact person section of this form.

|  |  |
| --- | --- |
| Applicant(s) Signature:      Note: You must be 16 years of age or older to request a Review  | Date: (mm/dd/yyyy) |

**Form continues on following page.**

**Request for Review Form – continued**

# 4. Reasons for Requesting Review (mandatory)

|  |
| --- |
| Why do you disagree with the decision made? Please write the reasons below and attach supporting documentation. |
| **Please Note**: You must sign and deliver this form by fax, mail, email or in person within 20 business days of receipt of the Notice of Decision you received from your housing provider. If you have missed this deadline, you can still ask for a review but you must explain why you needed more time. |
| Explanation of why Request for Review is being submitted after deadline (if applicable):       |

[ ]

The personal information on this form is collected under the authority of the City of Toronto Act, S.O. 2006, Chapter 11, Schedule A, s. 136(c) and Housing Services Act, S.O. 2011, Chapter 6, Schedule 1, s. 42 to s. 67. The information is used to allow city staff to determine an applicant's eligibility for rent geared-to-income assistance. Questions about this collection can be directed to the Manager, Housing Stability Services, Metro Hall, 55 John Street, 6th Floor,

Toronto, Ontario, M5V 3C6 or by telephone at 416-392-4126.