## Address of Rental Unit

|  |  |
| --- | --- |
| Unit / Apt. / Suite | Street Address |
| City | Postal Code |

The undersigned certifies that on <insert date (dd/mm/yyyy)>, I gave a copy of the following document(s):

* Notice of a Decision determining, under subsection 52 (1) of the *Housing Services Act*, *2011*, that the household is no longer eligible for rent-geared-to-income (RGI) assistance, that included:

i. a statement of the reasons for the decision,

ii. a statement that a member of the household may request a review, and

iii. information about how to request a review and what the deadline is for doing so.

* A copy of the City's Request for Review form, including direction on how to obtain the form online.

To the following person(s):

* <Insert name of household member notice was addressed to>
* More than one household member, on the same date and in the same way.

(If you check this box, attach a list of the names and addresses of the people you served.)

By the following method of service:

* Handing the document(s) to the person(s)
* Handing the document(s) to an adult person in the tenant's rental unit.
* Leaving the document(s) in the mailbox, or place where mail is normally delivered.
* Placing the document(s) under the door of the rental unit or through a mail slot in the door.
* Sending the document(s) by courier to the person(s).
* Sending the document(s) by certified mail to the person(s).
* Sending the document(s) by mail or Xpresspost to the last known address of the person(s), at:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* A different method of service (provide details)

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## Signature

The undersigned acknowledges that this statement will be relied upon by the City of Toronto in considering an application for review of a Loss of Eligibility decision. The undersigned also acknowledges that a false statement may result in their disqualification to administer the Rent-Geared-to-Income (RGI) Program.

|  |  |
| --- | --- |
| Name (First Name, Last Name) | Housing Provider |
| Role of signor (e.g. RGI Administrator; landlord) | Telephone Number |
| Signature (the person who served the document(s) must sign the form) | Date (yyyy-mm-dd) |