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# REQUEST FOR REVIEW

# Loss of Eligibility - Rent-Geared-To-Income Assistance

The purpose of this form is to request a review of your loss of eligibility for Rent-Geared-to-Income (RGI) assistance. Use this form if you:

1. Have been informed by your Housing Provider through a form called a "Notice of Decision - Loss of Eligibility for Rent-Geared-To-Income Assistance" that you have lost your eligibility for RGI assistance; and
2. Are currently living in the unit for which you had an RGI subsidy.

# 1. Applicant Information

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| --- | --- |
| First Name: | Last Name: |
| Street Address: | Unit Number:       Postal Code: |
| Email Address: | Area Code:       Telephone Number: |
| What is the Date Issued on the Notice of Decision? (yyyy-mm-dd) | |
| Name of your Housing Provider: | |
| **You must include a copy of the Notice of Decision – Loss of Eligibility for Rent-Geared-to-Income Assistance you received when submitting this Request for Review.** | |

# 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 Name | Email Address: | Telephone Number: |
| Agency/Legal Clinic Name (if applicable): | | |

# 3. Reasons for Requesting Review (refer to questions on page 2)

# IMPORTANT: This is your opportunity to provide information that will assist the Review Body in making a decision about your request for review. Tell us the full details of why you disagree with this decision and submit copies of any documents that would support your Request for Review. Do not submit original documents.

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| Why do you disagree with the decision to remove your RGI subsidy? Please write the reasons below and attach supporting documentation. |
| You must sign and deliver this form by fax, mail, email **within 30 days of the date when the Notice of Decision was issued**. If you have missed this deadline, you can still ask for a review but you must clearly explain why you needed more time in the box below. |
| Explanation of why Request for Review is being submitted after deadline (if applicable): |

# 4. 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 as my Advocate or other contact person provided on this form.

|  |  |
| --- | --- |
| Applicant(s) Signature:  This must be signed by a member of the household who is 16 years of age or older and is listed on the Lease. | Date:  (yyyy-mm-dd) |

Please ensure that this form is **complete** before sending it to the below address through courier, mail, fax or via email. Include the Notice of Decision and any other supporting documents that will support your request for review.

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

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.