**YOU MAY ASK FOR A REVIEW OF THIS DECISION WITHIN 30 DAYS OF THE DATE THIS NOTICE WAS ISSUED.** Follow the instructions in the attached **Request for Review Form.**

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| **Date Issued:**  **(yyyy-mm-dd)** | [insert date the RGI Administrator issued the decision] |
| **To:** | [insert names of all household members 16 years of age or older] |
| **Household Address:** | [insert household's full address] |
| **From:** | [insert housing provider name and address] |
| **Effective Date for Loss of Eligibility for RGI Assistance:**  **(yyyy-mm-dd)** | [insert same date as Date Issued] |
| **Effective Date for Increase to Market Rent:**  **(yyyy-mm-dd)** | [insert date - the effective date for increase to market rent is the first (1st) day of the month ninety (90) days after this Notice is issued] |
| **Market Rent Charge Payable:** | [insert full market charge] |
| **Deadline to Request a Review of this Decision:**  **(yyyy-mm-dd)** | [insert date – 1st business day 30 days after the date this Notice is issued] |
| **Reason Why Your Household is Losing Eligibility for RGI Assistance**  *Choose one or more of the reasons listed in the first column below. Insert required information in 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 household income & RGI review** | 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 changes within 30 days of the change** | Select the change(s) not reported by the household and the date of the change(s):   * household composition permanently changed on [insert date]. **Note:** a household can report a new baby at the next annual review. * member of household has ceased to be a full-time student on [insert date] * member of household [started or stopped] receiving social assistance on [insert date] * member of social assistance benefit unit had a permanent increase in income that caused the benefit unit to exceed their non-benefit income limit [insert date] * member of household has had their income tax return reassessed or additionally assessed since the last household income & RGI review [insert date] * Change in a member of household's right to stay in Canada [insert day] |
| **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 24 months** | State the following: A household that has been receiving RGI assistance ceases to be eligible for such assistance if, for a period of 24 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. |
| **Over-housed under Local Occupancy Standards/refused offers** | State the date on which the RGI Administrator issued the Notice of Decision - Over-housed and the household:   * Refused offer of suitable housing * Failed to maintain an active application on the centralized waiting list |
| **Did not divest leased or owned residential property that is suitable for year-round use** | 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. |
| **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. |
| **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 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 RGI 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. | |
| **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.  List all contact attempts and responses, if any, from the household. If there was no direct personal contact, explain why. |
| **Name of RGI Administrator who made this decision:** | [insert name of the person who made this decision] |
| **Phone number of RGI Administrator who made this decision:** | [insert phone number of the person who made this decision] |
| **Email address of RGI Administrator who made this decision:** | [insert email address of the person who made this decision] |
| **Signature of RGI Administrator who made this decision:** | [signature of the person who made this decision] |