**Date:**

**To:** [name each member of the household 16 years of age and older]

**Address:**

**Unit #:**

We received your written request on [date housing provider received the request] asking for consideration of extenuating circumstances that resulted in you not being able to meet the Rent-Geared-to-Income (RGI) program requirement of [state which RGI requirement(s) household is not meeting and the deadline].

The *Housing Services Act* allows several areas in which leniency can be permitted in the enforcement of some rules if it is satisfied that there are extenuating circumstances. For the purposes of the RGI assistance program, extenuating circumstances are defined as unforeseen circumstances that are out of the control of the household, are unlikely to occur again and would result in the household not being eligible to receive RGI.

Granting of extenuating circumstances can only allow for an extension of the time provided to a household to meet requirements and cannot exempt you from complying with the requirements of the RGI assistance program.

This is to inform you that [name of housing provider] has reviewed your extenuating circumstances consideration request.

[If approved] The request has been approved based on [state the reason(s) why the request has been approved]. Your household has been granted an extension in order to comply with this RGI program requirement. The new deadline for your household to [state what must be done by the household] is [new deadline to comply]. Please note that failing to comply with this requirement by this date may result in your household losing eligibility for RGI assistance.

[If not approved] The request is not approved because [state the reason(s) why it is not approved and explain why the request did not meet the extenuating circumstances criteria]. This decision was made on [insert date].

You can ask for a review of this decision by sending a written request by [insert date –30 days after the housing provider issues this notice] addressed to [insert name of RGI administrator] at the address shown on this notice. We will schedule a review within \_\_\_ business days of receiving this request [note: cannot be more than 30 days after the housing provider receives the request of review].

If you have any questions, please contact [insert name and phone number].

Sincerely,

[Name and Title]