**Date:**

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

**Address:**

**Unit#:**

**Notice of Decision – In-year review – rent change**

We recently completed an in-year review of your Rent-Geared-to-Income (RGI) rent because [choose applicable reason(s)]:

* there has been a permanent change in your household composition
* [insert name of household member(s)] began full-time attendance at a recognized educational institution
* [insert name of household member(s)] ceased being in full-time attendance at a recognized educational institution
* [insert name of household member(s)] started receiving [OW or ODSP]
* [insert name of household member(s)] stopped receiving [OW or ODSP]
* [insert name of household member(s)] had their income tax return reassessed
* [insert name of household member(s)]'s income has decreased by 20% or more due to a serious long-term event experienced by [him/her]
* the non-benefit income of your benefit unit exceeds the non-benefit income limit

**This is your notice that, based on our review, your rent will [increase or decrease]. You will have to pay new rent of $[insert rent amount] as of [insert effective date].** *[Note: the rent change takes effect on the first day of the month following the date on which the event occurred for all the above reasons EXCEPT for when the household request for a review due to decrease in income or when the non-benefit income of a benefit unit increases to exceed the monthly non-benefit income limit. In these cases the rent change will take effect on the first day of the month following the month in which the review is completed.]*

This decision was made on [insert date] because [Insert explanation for why household RGI rent is changing].

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 housing provider] 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 review request].*

The current market rent charge for your unit is $[insert market rent amount]. [**Include this sentence if the calculated rent is NOT at market rent**: This is the amount that you would pay if you were no longer eligible for RGI assistance.]

[**Include this paragraph if the calculated rent is at market rent**: The *Housing Services Act, 2011* (section 30 of O. Reg. 367/11) states that an RGI household will no longer be eligible for RGI assistance if they have paid RGI rent that is equal to or more than market rent for 24 consecutive months. Households must notify their housing provider if their income decreases during the 24-month period.]

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

Sincerely,

[Name and Title]