# þÿ

# REQUEST FOR REVIEW

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

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

* have been issued a form called a "Notice of Decision (NOD) – Loss of Eligibility (LOE) for Rent-Geared-To-Income Assistance (RGI)” by your Housing Provider informing you that your household is losing eligibility for RGI assistance; **AND**
* are currently living in a unit for which you are receiving RGI assistance.

**You must sign and deliver this form by fax, mail or email (see below) within 30 days of the date the Notice of Decision – Loss of Eligibility for Rent-Geared-To-Income Assistance was issued.**

# Requester Information

|  |  |
| --- | --- |
| First Name: | Last Name: |
| Street Address: | Unit Number:       Postal Code: |
| \*Email Address: | Area Code:       Telephone Number: |
| What is the **date the Notice of Decision – LOE was Issued**? yyyy-mm-dd (this can be found on the top of the Notice of Decision - LOE) | |
| 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.** | |
| **\*Important information about communicating with Housing Stability Services:**  The City of Toronto cannot guarantee the confidentiality of communications sent or received by **email**. If you choose to send, or consent to receive, information by email that is of a confidential, personal or sensitive nature, such as information related to this Request for Review – Loss of Eligibility for RGI Assistance, you do so at your own risk.  **Do you consent for Housing Stability Services’ LOE Review Body to communicate with you and/or your advocate about this Request for Review by email? (check one):**  Yes  No  You may withdraw or change this consent at any time during the review process by contacting us by email, mail or fax at the address or number noted below. | |

# Advocate or Other Contact Person

If you would like another person to act as a representative on your behalf for this review, and/or would like someone else to know the details of your review request, please complete this section:

|  |  |  |
| --- | --- | --- |
| Advocate/Other Contact Person Name | Email Address: | Telephone Number: |
| Agency/Legal Clinic Name (if applicable): | | |

# 

# Reason(s) for requesting a review

|  |
| --- |
| **IMPORTANT:** This is your opportunity to provide information that you would like the LOE Review Body to consider when making a decision about whether or not your household will remain eligible for RGI assistance.  Tell us the full details of why you disagree with your housing provider’s decision to remove your RGI assistance.  **Submit copies of any documents that would support your Request for Review. Do not submit original documents.** |
| Tell us the reason(s) you disagree with your housing provider’s decision to remove your RGI assistance here: |

# Explanation of late submission

|  |
| --- |
| Requests for Review that are submitted more than 30 days after the Notice of Decision - Loss of Eligibility for Rent-Geared-To-Income Assistance was issued may or may not be eligible for review. |
| If your Request for Review is being submitted late, provide a detailed explanation of why it is late and attach copies of any supporting documents. |
| **Note: If your late submission is because of a medical condition, you must attach written/signed confirmation from a qualified Health Care Professional confirming that your medical condition made it impossible for you to submit the Request for Review by the deadline.** |

# Applicant Consent

For the purposes of reviewing this loss of eligibility decision, I consent the City of Toronto in obtaining, disclosing or exchanging my personal or other information (including information contained in my tenancy file or other files) at any time during the review process, from, to or with my housing provider, and the person named as my Advocate or other contact person provided on this form.

|  |  |
| --- | --- |
| Requester(s) Signature:  **This must be signed by a member of the RGI household who is 16 years of age or older.** | Date:  *(yyyy-mm-dd)* |

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

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

|  |
| --- |
| **\*\* Important information about communicating with Housing Stability Services by email:**  The City of Toronto cannot guarantee the confidentiality of communications sent or received by email. If you choose to send, or consent to receive information by email, that is of a confidential, personal or sensitive nature, such as information related to this Request for Review – Loss of Eligibility for RGI Assistance, you do so at your own risk. |

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.