

SECTION 1: DECISION INFORMATION

Name of the household member that submitted the Request for Review Form (first name, last name)

Street number

Street address

Apartment number

City/Town

Postal code

Primary phone number

Email

Name of housing provider

Date of the decision being reviewed (mm/dd/yy)

Type of decision being reviewed (Please check one box)

eligibility for a rent subsidy

eligibility for size and type of unit

the amount of rent subsidy

eligibility for an in-situ priority category on York Region's wait list for subsidized housing

SECTION 2: DECLARATION

1. I accept the proposed change to the decision noted above
2. I understand that by signing this form I cancel my request for review
3. I understand that the new decision will replace the original decision

Name of household member

Signature

Date (mm/dd/yy)

Housing Provider's Name

Housing Provider's Signature

Date (mm/dd/yy)

Submit the completed form to your housing provider