

## Request for Review of a Decision (Appeal)

### To be completed by the Applicant/Tenant

**Your rights:**

After a Notice of Decision is given to an applicant or rent-geared-to-income (RGI) tenant, they have a right to request a review of the decision within 10 business days of receiving the Notice.

The request for review must be received in writing and explain why you disagree with the decision and include supporting information.

**Why would you request a Review of Decision?**

You can request a review for decisions you disagree with only if the decision was about:

- A refusal to offer your household a unit
- Your RGI eligibility
- Your Special Needs eligibility
- The amount of RGI for which you qualify
- The size and type of unit you are allowed
- Your priority on the RGI or Special Needs wait list

**When can I request a review?**

A Request for Review of a Decision can be made within **10 business days** of receiving the Notice of Decision. Your request must be in writing.

**What to do next:**

Please complete the **Request for Review of a Decision Form** (page 2) and return it to Niagara Regional Housing within **10 business days** of the date you receive the Notice of Decision.

**Niagara Regional Housing**

1815 Sir Isaac Brock Way  
 PO Box 344  
 Thorold, ON L2V 3Z3  
 Phone: 905-682-9201 Toll Free: 1-800-232-3292 Fax: 905-935-0476

**Then what will happen?**

Once a request is received it will be sent to the Appeal Committee which consists of individuals who were not involved in the original decision.

The review will be completed within **30 business days** of the request date.

The decision will be provided to the household in writing by the Appeal Committee within **10 business days**.

**Timelines for Special Provincial Priority (domestic violence) applicants/households:**

Reviews of decisions related to a Special Provincial Priority household must be completed and the decision of the appeal committee made within ten (10) business days after the request for the review is received;

Notice of the decision and reasons of the appeal committee must be given within five (5) business days after the decision was made; and

Notice of the decision of the appeal committee must not be given to any other member of the household other than the member who requested the review.

**The decision of the Appeal Committee is final.**

## Request for Review of a Decision

**Please type or print clearly and submit to your Housing Provider or the Housing Access Centre**

Name(s):	Client #:
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Address:

City:	Province:	Postal Code:
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Phone number where you can be reached:	E-mail:
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I (we) disagree with a decision made by:     the Housing Access Centre, or  a Housing Provider

What is the date on your Notice of Decision? Year:                      Month:                      Day:

**Why do you want to appeal?**

- I was denied Rent-Geared-to-Income
- I disagree with the amount of Rent-Geared-to-Income I must pay
- I was denied Special Provincial Priority status (for victims of domestic violence)
- I was denied Urgent status
- I was denied Homeless status
- I was refused a unit by a Social Housing provider
- I was denied Special Needs eligibility (modified unit)
- I disagree with the size and type of unit for which I qualify
- I disagree with my priority on the RGI or Special Needs waiting list

**Please explain why you disagree with the decision made?**

A copy of the Notice of Decision from the Housing Provider is attached	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Additional supporting documentation is attached	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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**Sign Here**

I (we) declare that the information I (we) have reported is truthful and I (we) understand that the decision from this review will be final.

<b>Applicant(s) Signature:</b> → <span style="border: 2px solid black; display: inline-block; width: 400px; height: 25px; vertical-align: middle;"></span>	<b>Date:</b> _____ / ____ / ____ yyyy/mm/dd
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**Please Note: You must sign and deliver this form by fax, mail or in person within 10 business days of receipt of the Notice of Decision you are appealing. To avoid delays, make sure that the information you give is complete.**

Send to: Niagara Regional Housing 1815 Sir Isaac Brock Way PO Box 344 Thorold, ON L2V 3Z3 Or Fax: 905-935-0476	Contact: Housing Access Centre Telephone: 905-682-9201 Toll free: 1-800-232-3292 Office hours: Monday to Friday 8:30 a.m. to 4:30 p.m.
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<b>Housing Access Centre Use Only</b>	Date Received: _____ / ____ / ____ yyyy/mm/dd	<input type="checkbox"/> Forwarded to Manager _____ / ____ / ____ yyyy/mm/dd	Access Centre Staff:
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Date Reviewed: _____ / ____ / ____ yyyy/mm/dd	<input type="checkbox"/> <b>Overtured</b> Original Decision  <input type="checkbox"/> <b>Upheld</b> Original Decision	<input type="checkbox"/> Decision Letter sent to Applicant _____ / ____ / ____ yyyy/mm/dd	<input type="checkbox"/> Decision Letter sent to Provider _____ / ____ / ____ yyyy/mm/dd
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