

PROVIDER LETTERHEAD

Insert date

Household Name

Household Address

Dear Household

**Re 90 Day Notice of Decision – Cease to Qualify
(Insert Reason for loss of Subsidy – failure to provide verification)**

You are receiving this letter because you failed to provide all the information needed to determine your eligibility to receive rent-geared-to-income subsidy.

As a result, you cease to qualify to receive any further subsidy for your rent.

As of **(insert date)** your rent will be **(insert amount)** and will no longer be eligible to receive a subsidy.

If you provide the necessary information before the effective date of your increase to market rent, we will review the information provided and you may be eligible to keep your subsidy.

You have the right to appeal this decision, under the Housing Services Act.

Your request must be received in writing, within 10 business days to:

**Provider Name
Provider Address**

If you do not request an appeal, this decision will be final.

Once your subsidy has been removed you will need to reapply to the centralized waitlist and be placed on the waitlist in chronological order.

If you have any questions, please call me at **(insert contact number)**.

Sincerely,

(Name)

c.c: household file

Failure to Provide Information

A household that has been determined to be eligible for rent-geared-to-income assistance ceases to be eligible if the household fails to provide information requested by the service manager for the purposes of,

- a) determining, under subsection 52 (1) of the Act or under a rule under paragraph 6 of subsection 46 (1) whether the household continues to be eligible; or*
- b) determining, under subsection 50 (1) of the Act, the amount of rent payable by the household*

Request for Review of Decision

Date _____

Name of Provider _____

Address of Provider _____

Re: Household Address

I/We am/are requesting a review of the decision to change the rent to **\$(amount on notice of change)** effective **(date on notice of change)** for the following reason(s):

I/We understand that the decision from this review will be final.

Signature of Household

Date

Signature of Household

Date

Signature of Housing

Date

Office Use Only:

Date Received: _____ Received by: _____