

# PROVIDER LETTERHEAD

DATE

Household Name  
Household Address

Dear Household:

## Re: Notice of Rent Change

Thank you for providing all the information needed to determine your eligibility to receive rent-geared-to-income subsidy.

Based on your information your rent will be **(insert amount)** as of **(insert date)**.

Rent Charge	\$	
Cable	\$	
Parking		\$
A/C	\$	_____
<b>Total Rent</b>	<b>\$</b>	

The maximum (market) rent for your unit is **(insert amount)**. This is the amount you would pay if you were not eligible for rent-geared-to income subsidy.

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

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

**Providers Name**  
**Providers Address**

Remember, to keep your rent-geared-to-income subsidy, you must report all changes in your household income or people living in your household, in writing, to (insert provider name) within **30** days of the change. You also need to provide documents to verify the changes.

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

Sincerely,

**Name**  
c.c.: household file

**If you require this material in a different format please contact the office.**