



REQUEST FOR AN INTERNAL REVIEW UNDER THE SOCIAL HOUSING REFORM ACT

Name _____ Address _____

Phone # _____ Date Decision Received _____

Requests for an internal review must be made in writing within 10 business days of the household receiving the notice of the decision. Extension can be made in extenuating circumstances only.

If you would like free legal advice you may contact the Community Legal Clinic – Brant, Haldimand, Norfolk at 1100 Clarence Street South, Suite #203, Brantford, Ontario, 519-752-8669.

This decision concerned: (please check appropriate box)

- eligibility for assistance
- type of accommodation
- category (special priority, special needs)
- waiting lists for units
- amount of RGI
- deferral of rent

I would like to have this decision reviewed because:

(use additional pages if necessary)

Signature

Date

This form must be returned to the office by _____
Date