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 <u>within 10 business days</u> 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:

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SOCIAL SERVICES-HOUSING PO BOX 845, 220 COLBORNE St. Brantford, ON N3T 5R7
Phone (519) 759-3330 Fax: (519) 759-1932

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(use additional pages if necessary)

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Signature Date

This form must be returned to the office by _____

Date

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Phone (519) 759-3330 Fax: (519) 759-1932