



**REQUEST FOR AN INTERNAL REVIEW UNDER THE  
HOUSING SERVICES ACT**

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone # \_\_\_\_\_ Date Decision Received \_\_\_\_\_

**Requests for an internal review should be made in writing within 10 business days of the household receiving the notice of the decision.**

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

**Why do you want to appeal?**

- I was denied Rent-Geared-to-Income subsidy
- I disagree with the amount of Rent-Geared-to-Income I must pay
- I was denied Special Priority, or Homeless status
- I was refused a unit
- I was denied a modified unit
- I disagree with the size of unit I qualify for

I would like to have this decision reviewed because:

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(use other side of page if necessary)

Signature \_\_\_\_\_ Date \_\_\_\_\_

**For Housing Services use only**

Date received by  
Administrative Coordinator

Date forwarded to  
Manager/Supervisor

Date of internal review

Date decision letter sent

Decision made