



DISTRICT OF TIMISKAMING SOCIAL SERVICES ADMINISTRATION BOARD  
REQUEST FOR REVIEW

Date (yyyy/mm/dd): \_\_\_\_\_

Agency who made the decision: \_\_\_\_\_

Agency's contact: \_\_\_\_\_ Phone number: \_\_\_\_\_

Name of household member(s): \_\_\_\_\_

Household member contact phone number: \_\_\_\_\_

Please indicate the decision that you would like to be reviewed/being reviewed:

- You have been deemed ineligible for RGI housing
- You have been deemed ineligible for special priority status
- You have been deemed ineligible for RGI and have consequently been removed from the centralized wait list for RGI housing
- You believe that your household was not offered an RGI unit when it was your turn
- Your household has been deemed overhoused
- Your Rent-Geared-to-Income subsidy has been cancelled
- You believe that your RGI subsidy was calculated incorrectly or is based on incorrect information
- You disagree with the size of unit that the household qualifies for
- Your household was deemed ineligible for the special needs wait list
- You are ineligible for an Internal Transfer

What were the reasons for your request for a review of the decision?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is there other information that you can provide that was missing that would influence the decision of the review committee? If yes, please provide copies with this form.

\_\_\_\_\_

\_\_\_\_\_

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Have you spoken to the agency that made the decision about your concerns?

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Is there any additional information that you would like to provide the review committee? If yes, please provide copies with this form.

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