



DISTRICT OF TIMISKAMING SOCIAL SERVICES ADMINISTRATION BOARD
REQUEST FOR REVIEW

Date (MM/DD/YY): _____

Provider: _____

Manager: _____

Name of appellant: _____

Appellant's phone number: _____

Date appeal letter was received (MM/DD/YY): _____

Decision being appealed:

- Refused place on Timiskaming Social Housing Registry
- Refused place on special priority status
- Removed from the Timiskaming Social Housing Registry
- Refused an offer of a unit from the common Timiskaming Social Housing Registry
- Refused an offer of a unit from the special needs Timiskaming Social Housing Registry
- Placed on the Timiskaming Social Housing Registry as an overhoused Tenant
- Cut off Rent-Geared-to-Income subsidy
- Dispute over a Rent-Geared-to-Income subsidy calculation
- The size of the unit the household qualifies for

What were the reasons for your decision? (e.g. Legislation, Local Standard, Rent Calculation Data)

What options have already been discussed with the appellant?

Is there other information the committee needs to make a decision?

