

**CHC Request for Review of Decision
 Housing Services Act
 Windsor Essex**

Households receiving a rent subsidy from the Windsor Essex Community Housing Corporation (CHC) and are requesting a review of a decision are required to submit a completed a Request for Review Form and supporting documentation to the Director of Corporate Services, 945 McDougall Street, Windsor ON, N9A 1L9, in any one of the following ways:

- (a) in person to any CHC District Office, or to the CHC Main Office located at 945 McDougall Street Windsor ON N9A 1L9,
- (b) After hours drop box located at the CHC Main Office,
- (c) by mail or courier
- (d) by email to info@wehc.com ; or
- (d) by any method directed or permitted by the Windsor Essex Community Housing Corporation (CHC)

Please print

First and Last Name of persons requesting a Review of a Decision			
Full Mailing Address			
Contact Information			
Please indicate the methods you find acceptable for the Review Committee to communicate with you. You may choose one or more of the following:			
<input type="checkbox"/> by Phone at:		<input type="checkbox"/> by Email at:	
<input type="checkbox"/> by Fax at:		<input type="checkbox"/> by Mail to:	
Alternate Contact			
Is there a representative that assisted you with submitting this Request for Review that you authorize to act on your behalf? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES , to Alternate Contact above, please complete the following:			
Alternate Contact Name: _____		Phone Number: _____	
<i>For purposes of processing and completing a Review of my request, I hereby authorize Review Committee to share my personal and confidential information and otherwise communicate with the person identified above as my Alternate Contact.</i>			
Reason a review of a decision is requested:			
The undersigned does not agree with the decision			
[] about the amount of geared-to-income rent that has been calculated and determined payable and/or that the undersigned,			
[] is not eligible for rent-geared-to income assistance;			
[] is not eligible for special needs housing;			
[] is not eligible for a specific number of bedrooms or certain type of unit.			

Why do you disagree with the decision made? Please provide the details, relevant information and attach any documentation to support the reasons why you disagree with the decision. If additional space is needed please feel free to attach any additional material.

Declarations and Consents

The undersigned acknowledge, understand, agree and declare that:

1. The decisions by the Review Committee are final.
2. The written request must be submitted within 10 business days after receipt of the original decision. The individual or household requesting the Review may make a written request for an extension to the 10 business day rule which may or may not be granted by the Review Committee in its sole discretion.
3. I/We may withdraw this request to review a decision by giving written notice of the withdrawal to the Review Committee but such a withdrawal is not effective if it is received after the Review is completed.
4. The undersigned consents to the use, disclosure, transfer and exchange of information and associated documents and verifications from third parties for the purpose of: verifying the validity and accuracy of the information provided; to inform and make a determination and decision pursuant to this Request for Review; to provide information to the municipal, provincial or federal governments to satisfy program reporting requests and requirements.
5. The personal information collected on this form is being collected pursuant to the authority under the *Municipal Freedom of Information and Protection of Privacy Act, 2001*, S.O. 2001, c.25, as amended. Inquiries relating to this collection of information should be directed by mail to the Director of Corporate Services, Windsor Essex Community Housing Corporation (CHC) 945 McDougall Street, Windsor ON, N9A 1L9
6. I/We give consent and authorization to all members of the CHC Internal Review Committee and its authorized representatives:
 - a) to disclose and make inquiries to verify and obtain the information necessary to produce the fairest and most expeditious resolution of the Review and I/We authorize any person, corporation or any organization having knowledge of any such required information to release the information to the CHC Internal Review Committee or their authorized representatives. I/We agree to provide any supporting material required to process the information for the purposes the information is collected.
 - b) to disclose the information given on this form to municipal, provincial and federal departments and agencies that assist in the provision of affordable housing and social agencies providing social assistance to me/us and persons listed on this form.
7. I/We hereby release all members of the CHC Internal Review Committee and the authorized representatives and, any employee, officer, agent or contractor from any liability or claim arising from the collection, storage, use or dissemination of any information received or collected pursuant to this Request for Review.
8. I/We hereby certify and declare that the information contained on this form is true and accurate.
9. I/We acknowledge and understand that falsification, misrepresentation, or omission of any of my/our information will be cause to terminate any processing and/or completion of the processes related to this Request for Review.

APPLICANT(S) for this Request for Review of a Decision

Date	Print Name	Signature