

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

- (a) In person to any CHC office or by mail to 945 McDougall Street, Windsor, ON N9A 1L9,
- (b) By registered mail or courier
- (c) By email to info@wehc.com ; or
- (d) By any method directed or permitted by the Windsor Essex Community Housing Corporation

Please print

|   |                               |                          |
|---|-------------------------------|--------------------------|
| <b>First and Last Name of persons requesting a Review of a Decision</b>   |                               |                          |
| <b>Full Mailing Address</b>   |                               |                          |
| <b>Contact Information</b><br>Please indicate the methods you find acceptable for the Review Committee to communicate with you. You may choose one or more of the following:  |                               |                          |
| by Phone at:  | by Email at:                  |                          |
| by Fax at:  | by Mail to:                   |                          |
| <b>Alternate Contact</b><br>Is there a representative that assisted you with submitting this Request for Review that you authorize to act on your behalf? If <b>YES</b> , to Alternate Contact above, please complete the following:<br><b>Alternate Contact Name:</b> _____ <b>Phone Number:</b> _____<br><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>                           |                               |                          |
| <b>Reason a review of a decision is requested:</b><br>The undersigned does not agree with the decision  |                               |                          |
| <input type="checkbox"/> about the amount of geared-to-income rent that has been calculated and determined payable by the undersigned and/or that the undersigned:<br><input type="checkbox"/> is not eligible for rent-geared-to income assistance<br><input type="checkbox"/> is not eligible for Priority I – Special Priority status<br><input type="checkbox"/> is not eligible for Priority II status<br><input type="checkbox"/> is not eligible for special needs housing<br><input type="checkbox"/> is not eligible for a specific number of bedrooms or certain type of unit |                               |                          |
| State the date you received the decision you want reviewed:   |                               |                          |
| What is the name of the organization that made the decision you want reviewed?  |                               |                          |
| Organization’s Mailing Address  | Organization’s Contact Person | Organization’s Phone No. |
| Did you ask the organization that made the original decision to review and re-consider the decision? <input type="checkbox"/> Yes No <input type="checkbox"/>   |                               |                          |
| If Yes, state the date you asked the organization to review or re-consider the decision:  |                               |                          |
| If Yes, state the date the organization responded to your request to review or re-consider the decision:  |                               |                          |

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 Act, 2001*, S.O. 2001, c.25, as amended. Inquiries relating to this collection of information should be directed by mail to the Executive Director of Housing and Children Services 400 City Hall Square East, P. O. Box 428 Windsor, Ontario N9A 6L7.
6. I/We give consent and authorization to all members of the Housing Services 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 Housing Services 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 Housing Services Review Committee, The Corporation of the City of Windsor, and the organization that made the original decision I/We requested be reviewed and their respective 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 |
|------|------------|-----------|
|      |            |           |
|      |            |           |
|      |            |           |