



**Housing Division**  
 Social Services Department  
 82 Erie Street, Stratford, Ontario N5A 2M4  
 Phone: 519-271-3773 Toll Free: 1-800-669-2948

## Form 201 – Request for Review of a Decision

<b>Housing Access Centre Use Only</b>	Date Received:	<input type="checkbox"/> Forwarded to Manager	Access Centre Staff:
Reviewed on:  _____ / ____ / ____ yyyy/mm/dd	<input type="checkbox"/> <b>Upheld</b> Original Decision	Decision Letter sent to Applicant	_____ / ____ / ____ yyyy/mm/dd
	<input type="checkbox"/> <b>Overruled</b> Original Decision	Decision Letter sent to Provider	_____ / ____ / ____ yyyy/mm/dd

**Please print clearly and submit to your Housing Provider or the Housing Access Centre**

Name:

Address:

City:

Province:

Postal Code:

Phone:

Email:

I/We disagree with a decision made by:

The Housing Access Centre

A Housing Provider

What was the date on your Notice of Decision?

### Why do you want to appeal?

I was denied Rent-Geared to Income

I disagree with the amount of Rent-Geared-to Income I must pay

I was denied Special Priority Status

I was refused a unit by a Social Housing Provider/denied transfer request by Provider

I was denied Special Needs eligibility

I disagree with the size and type of unit I am eligible for

I disagree with my Priority on the RGI or Special Needs wait list

Please explain why you disagree with the decision made. If you need more space, please attach another page.

If you feel exceptional circumstances pertain to your situation, please provide all necessary information for consideration. **You are strongly encouraged to contact the Huron Perth Community Legal Clinic at 519-271-4556 for support with this section of the form.**

Have you attached a copy of the Notice of Decision from the Housing Provider?	Yes	No
Have you attached additional supporting documentation?	Yes	No

I/We declare the information I/we have reported is truthful and I/we understand the decision from this review will be final.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please Note: You must sign and deliver this form by fax, mail or in person within 10 business days of receipt of the Notice of Decision you are appealing. To avoid delays, make sure the information you give is complete.**

Please send to the following:

The City of Stratford – Housing Access Centre  
82 Erie St.  
Stratford, ON N5A 2M4  
Fax: 519-271-7191  
Telephone: 519-271-3773 ex 245  
Toll Free: 1-800-669-2948  
Office Hours: Monday to Friday, 8:30 a.m. to 4:30 p.m.

The personal information collected on this form is collected by The Corporation of the City of Stratford under the authority of the Housing Services Act, 2011 and will be used by Social Services staff for the purpose of reviewing the application and other administrative purposes. Questions regarding the collection and use of this information may be made to the City Clerk, P.O. Box 818, Stratford, ON, N5A 6W1 or by telephone 519-271-0250 extension 5329 during business hours. If you require this document in an alternate format, please contact the Clerk's office at 519-271-0250 extension 5237 or clerks@stratford.ca.