Click here to enter date.

Click here to enter text.

Click here to enter text.

Click here to enter text. ON Click here to enter text.

Dear Click here to enter text.:

**Re: Notice of Ineligibility for Rent Subsidy**

We reviewed your rent subsidy based on the information you provided. You are no longer eligible for a rent subsidy. Your rent will increase to the full market rate of **$Click here to enter amount.** on **Click to enter a date.**.

This decision was made because:

* Choose an item.

The reasons for this decision include:

[Outline the details of the decision – e.g. identify documentation that was not submitted, the nature of the unreported change, the nature of the misrepresentation, etc.]

[Include if applicable] **Overpayment of Subsidy:**

Because you did not report [provide details on the reason], your rent did not go up when it should have. You must pay back the rent subsidy you were not eligible to receive. You owe $ **Click here to enter amount.** A breakdown of the overpayment is provided on the next page. Please contact me to set up a repayment plan.

**Decision Review**

If you disagree with this decision, you can request a review. Reviews are done by the Regional Municipality of York. You can get a Request for Review form from me or you can get one online at [www.york.ca](http://www.york.ca)/housing. You must submit your completed Request for Review form to our office by Click or to enter a date.. You must still pay your rent while applying for a review**.**

Please contact me if you have questions about this decision.

Sincerely,

Click here to enter text.

Click here to enter text.

**Overpayment of Subsidy Calculation**

Your overpayment of subsidy was calculated as follows:

|  |  |
| --- | --- |
| **Calculation of Income** | **Monthly****Amount** |
| Adjusted Family Net Income (AFNI) | $ |
| AFNI ÷ 12 | $ |
| Subtotal | $ |
|  | x 30% |
| Utility charge or allowance (if applicable) | $ |
| Total  | $ |
| Extra Charges | $ |
| **Rent Effective Enter date.** | **$** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Month** | **Correct Rent Subsidy Amount** | **Rent Subsidy Provided** | **Overpayment Amount Owing** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  | **Total** | $ |