

SECTION 1: DECISION INFORMATION

Name of the household member that submitted the Request for Review Form

Date of the decision being reviewed (MM/DD/YY)

Type of decision being reviewed (Please check one box)

- eligibility for a rent subsidy
- eligibility for size and type of unit
- the amount of rent subsidy
- eligibility for an in-situ priority category on York Region's wait list for subsidized housing

SECTION 2: DECLARATION

1. I accept the proposed change to the decision noted above
2. I understand that by signing this form I cancel my request for review
3. I understand that the new decision will replace the original decision

Tenant/Member Name	Tenant/Member Signature	Date (mm/dd/yy)
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Housing Provider's Name	Provider's Signature	Date (mm/dd/yy)
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Submit the completed form to your Housing Provider