



Hamilton

Community & Emergency Services Department

Housing Services Division

350 King Street East, Unit 110, Hamilton ON

Phone: 905-546-2424, ext.3708

## **Social Housing Review Panel Information Sheet**

The Social Housing Review Panel provides an independent review of **certain** decisions made by a social housing provider (landlord) or Access to Housing (ATH). Reviews are completed by members of the Social Housing Review Panel, which includes housing providers, tenant advocates and city staff representatives. This independent review is to ensure that legislation, regulations, policy and procedures have been followed.

Housing providers and tenants or Access to Housing and applicants are encouraged to resolve issues themselves wherever possible. The Social Housing Review Panel requires that both parties have made attempts to resolve the matter before a review is required. Tenants must complete an internal review with their housing provider before requesting a review from the Social Housing Review Panel. A request for a Panel review can be made for **only** the following decisions:

- amount of Rent Geared to Income (RGI) rent/housing charge payable;
- eligibility for RGI assistance;
- size and type of RGI unit;
- eligibility for special needs housing;
- priority on the centralized waiting list (ATH).

Use this form to request a Review (on the back of this page). The completed form must be received by the City of Hamilton **no later than 10 days after the internal review completed by your housing provider.**

This form is also used if you are requesting a Review of an Access to Housing decision.

The request form includes sections for you to explain:

- why you are requesting the review, and;
- if you will bring someone with you.

Once the request is submitted, **you will be contacted** with the date, time and location of the review. Please note the Housing Provider or Access to Housing will also have the same opportunity to meet with the Review Panel and provide any supporting documentation relating to the decision.

You will be informed in writing of the Review results within five (5) business days of the Review. **Decisions of the Social Housing Review Panel are final. There is no further opportunity to appeal final decisions.**

You may withdraw your request for a Review by making a written request prior to the completion of the Review.

All Requests for Reviews (or withdrawals) must be submitted to:

**Manager of Social Housing  
Housing Services Division-City of Hamilton  
350 King Street East Suite 110  
Hamilton, ON L8N 3Y3**

**\*\*If you require accessible services to attend or participate in this process, or to access information in alternative formats, please call 905-546-2424 ext. 3708**



Hamilton

## REQUEST FOR REVIEW

First Name:		Last Name:	
Mailing Address:			Apt. #
City:	Province:	Postal Code:	
Telephone number where you can be reached: Area Code: (        ) Number:		Housing Provider Name:	
Email Address:			

1. What was the date of your Internal Review or Access to Housing Notice of Decision?  
 Month:                                      Day:                                      Year:

2. What is the reason for your review? (Please check one box)

Do not agree with the decision that I/we are not eligible for Rent-Geared-to-Income housing

Do not agree with the decision about the amount of Rent-Geared-to-Income charged/payable

Do not agree with the decision of the bedroom or unit size for our household

Do not agree with the decision that we are not eligible for Priority Status

Do not agree with the decision that I/we are not eligible for special needs housing

3. You must attend the Review meeting in person. Will someone else attend with you? (2 people maximum). Name:                                      Name:

4. Why do you disagree with the decision made? Please write the reasons below and attach additional reasons and any supporting documents using a separate sheet.

**Sign Here**

<b>Signature:→</b> <div style="border: 2px solid black; width: 300px; height: 30px; margin: 5px 0;"></div>	<b>Date:</b>  (month/day/ year)
<b>Please Note:</b> You must be 16 years of age or older to request a Review	

Please Note: You must sign and deliver this form by mail or in person within 10 business days of receipt of the Notice of Decision/ Internal Review you want reviewed. To avoid delays, make sure that the information you give is complete.

Send or deliver to: **City of Hamilton, Housing Services Division**  
**110-350 King St E.**  
**Hamilton, ON,**  
**L8N 3Y3**

**Contact:** Telephone: (905) 905-546-2424 x. 3708  
 SHRP@hamilton.ca

Office hours: Monday to Friday 8:30 a.m. to 4:00 p.m.

**For Office Use Only**

Date Received: \_\_\_\_\_ Logged by: \_\_\_\_\_ Scheduled : \_\_\_\_\_

Results:  upheld  varied Date Applicant/Tenant Notified: \_\_\_\_\_ Date ATH/Provider Notified: \_\_\_\_\_