INTERNAL REVIEW / APPEAL REQUEST FORM - APPELLANT

# TO BE COMPLETED BY HOUSEHOLD:

**I am requesting an Internal Review / Appeal of the attached Decision, made by my Housing Provider (name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**on (date - mm/dd/yyyy) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Names of Household Members*

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DECLARATION**

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| **By signing this form, I confirm the following:**   * I have had an opportunity to communicate about the Decision with my Housing Provider staff. * I understand my request for an internal review will be forwarded to the City of Ottawa, as Service Manager, and that there is a two-step internal review/appeal process that I will be required to follow. * **First**: I understand that I must attend a **mandatory** Case Conference by teleconference during business hours. * **Second**: I understand that if the matter is not resolved at the Case Conference, an Internal Review Hearing will then be scheduled. The Hearing will take place by teleconference during business hours.     **Initial \_\_\_\_\_\_\_** |

**ABOUT THE CASE CONFERENCE**

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| The purpose of the Case Conference is to discuss the rent-geared-to-income (RGI) rules for the type of RGI decision that was made and to ensure both my household and my Housing Provider has all information and documents used to make the Decision.   * Housing Provider staff and a City of Ottawa Housing Services Program Administrator will also participate in the Case Conference * The Case Conference will take place within two (2) weeks of this internal review/appeal request. * The Case Conference will be scheduled for forty-five (45) minutes. * You will be contacted by the City of Ottawa Housing Services staff to confirm the Case Conference date, time and teleconference dial-in information. |

**ABOUT THE INTERNAL REVIEW HEARING**

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| If the matter is not resolved at the Case Conference, an Internal Review Hearing will be scheduled. The Hearing will take place before an independent Review Panel.   * The Hearing will be scheduled after the Case Conference occurs. * The Hearing will occur by teleconference during business hours. * The Hearing will be scheduled for forty-five (45) minutes. * Hearings occur on only two (2) dates each month. These dates are determined by the City of Ottawa. Participation on the teleconference Hearing is encouraged, but not required and the teleconference Hearing will proceed at the scheduled time whether you are participating. * The Review Panel could uphold the original decision or overturn the original decision and make a new decision that could have an outcome that is more or less favorable for my household than the original decision. * The Decision made by the Review Panel will be final. |

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| Do you plan to participate on the teleconference Case Conference? (please circle)  Yes If yes, who will be participating? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    No If no, who will be participating on your behalf? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Do you prefer to attend an English or French Case Conference? (please circle)  English French  If you speak a language other than English or French, and you need an interpreter, please specify which language (*and dialect if applicable*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    If you need an interpreter, arrangements will be made by the City of Ottawa for a professional independent interpreter to be present on the teleconference call to assist you at the Case Conference. |
| Do you or anyone attending on your behalf have accessibility needs we should be aware of to prepare?  Yes No If yes, please explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**REASONS FOR REQUESTING THE REVIEW**

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| **I am requesting a review of the Decision. I would like this review for the following reason(s)** *(Attach additional pages if necessary)***:** |

**Completed by:** Nameof person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Personal information collected in this form is done in accordance with the *Municipal Freedom of Information and Protection of Privacy Act* and under the authority of the *Housing Services Act, 2011* (“HSA”), s. 155-159 and Ontario Regulation 367/11, s. 138-139 and will be used solely for the purpose of internal review of a certain decision or decisions made under the *HSA* related to Rent-Geared-to-Income assistance. |