



REQUEST FOR REVIEW (Provider to Committee)

Date: _____

Name of Appellant: _____

Appellant's Phone #: _____

Date appeal letter was received: _____

Decision being appealed:

- refused place on waiting list (centralized, special needs, special priority)
- not offered a unit
- made ineligible for subsidy
- disputed subsidy calculation
- declared over-housed
- refused transfer
- other _____

What were the reasons for your decision?

What options have already been discussed with the appellant?

Is there other information the committee needs to make a decision?

Housing Provider: _____

Individual Submitting Request: _____

Date Submitted: _____