

**Request for Internal Review  
(Appeal) Form**

Completion of this form by a tenant/applicant is a request for a review (appeal) of a decision provided to them by their Housing Provider/Service Manager.

**Please complete and print clearly**

Name (s): \_\_\_\_\_

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

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

Telephone Number: Home : \_\_\_\_\_ Other: \_\_\_\_\_

Name of Housing Provider, if applicable: \_\_\_\_\_

Date of This Request: \_\_\_\_\_ (day/month/year)

Date The Notice of Decision was received by the household:  
\_\_\_\_\_ (day/month/year)

Date Decision was made by the Housing Provider: (as noted on Notice or letter)  
\_\_\_\_\_ (day/month/year)

Outline reasons for asking for an appeal: (attach additional paper if required)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attachments: You must attach a copy of the Notice of Decision (or letter) received from your Housing Provider. You may also attach any other document to support your reasons for the appeal.

Send To: **Your Housing Provider (who will forward to the Service Manager)**

Or alternately, you may send, hand deliver or fax your request to the Service Manager:

**Social Services & Housing Department,  
Housing Services  
12 Gilbertson Drive, P.O. Box 570  
Simcoe, ON N3Y 4N5  
Phone: 519-426-6170 or 905-318-6623 ext. 3122  
Fax: 519-426-9974 (phone to ensure that your fax was received)  
Email: housing@hnhss.ca**

Please Note: It is very important that your Housing Provider is aware of this request for a review (appeal). You must provide a copy of this request form to your Housing Provider.