Last Revised: Dec 7, 2004

SAMPLE LETTER OPPORTUNITY TO COMMENT ONLY

| Date: | | |
|------------------|------|--|
| Name of Resident | | |
| Address | | |

OPPORTUNITY TO COMMENT

Dear Resident(s):

We have received information about [insert type of information, e.g. persons living in your unit or your household income]. This information has caused us to reassess your [e.g. eligibility for rent-geared-to housing assistance, or place on the waiting list, or the unit you occupy] and could lead to [e.g. a loss of your rent-geared-to-income subsidy]. This means that [e.g. the rent for your unit could increase to the market rent of \$].

The following is a summary of the information we have received:

[Insert a summary of the information received]

Before we make a final decision, you have an opportunity to provide us with your comments on the information that we have received.

- Your comments must be in writing and we must receive them by no later than [insert a date that is at least 30 calendar days from the date of this letter].
- You may provide your comments by using the attached Form 'A', which may be completed by any member of your household and signed by all members who are 16 years or older. Please make your comments as thorough as possible.
- You may also provide us with any relevant documentation if you wish.
- If you do not wish to make any comments on the information, please complete the attached Form 'B', and have it signed by all members of your household who are 16 years or older.
- If we do not receive your comments by the abovementioned date, we will assume that you have no comments.

Sincerely,

Attachments:

- Form 'A' Comments Form Letter
- Form 'B' No Comments Form Letter

Form 'A' - Comments

| Date: | |
|--|---|
| To Housing Provider: Address of Housing Provider: | |
| Dear Housing Provider: | |
| Re: Opportunity to Comment – [Address of L | Jnit] |
| I/We understand that you have information that of [Underline or insert appropriate wording] our geared-to-income subsidy, our place on the waiting list, or the unit we occupy other | |
| I/We understand that any household member(s) you must receive the comments by [that in addition to written comments I/we may att We would like to make the following comments a |]. I/we also understand ach other relevant documents. |
| Signature of Resident | Date |
| Signature of Resident | Date |
| Signature of Resident | Date |
| Signature of Resident | Date |
| Office Use Only: Date Received: | Received by: |

Please feel free to use additional paper to outline your comments.

Form 'B' - No Comments

| Date: | | | |
|--|--------------|--|--|
| To Housing Provider: Address of Housing Provider: | | | |
| Dear Housing Provider: | | | |
| Re: Opportunity to Comment - [Address of Unit] | | | |
| I/We understand that you have information [Underline or insert appropriate wordin our geared-to-income subsidy, our place on the waiting list, or the unit we occupy other | 99] | | |
| I/We hereby agree that we will not be ma We understand that, by not making any co on the information you have received. | | | |
| I/We also understand that all members of older must sign below if we agree not to p | • | | |
| Signature of Resident | Date | | |
| Signature of Resident | Date | | |
| Signature of Resident | Date | | |
| Signature of Resident | Date | | |
| Office Use Only: | | | |
| Date Received: | Received by: | | |