Housing Stability Program
Housing Services Division
Region of Durham

Housing Stability Program – Request for Appeal

Deadline: Appeals must be received within seven (7) calendar days of when the decision was communicated.

Applicant and Decision Information

Name: _____

Phone: _____

Address: _____

Email: _____

Date of Decision: _____

Decision Appealed: _____

☐ Ineligible

☐ Partial Approval

☐ Other (please specify) _____

Grounds for Appeal

☐ Information submitted was not considered

☐ Criteria applied incorrectly

☐ Administrative or clerical error

Explain why the decision should be reviewed, including any original information not considered or any error that occurred:

_____

_____

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Applicant Declaration

Applicant Declaration: I certify that the information provided is true and complete. I understand that appeals must be submitted within seven (7) calendar days, are limited to eligible review reasons, new information will not normally be considered unless previously submitted, and the appeal decision is final

☐ I have read and understand the above.

Signature

Applicant Name: _____

Signature: _____

Date: _____

☐ Check this box if submitting electronically. This represents my signature.

Submission Information

Housing Stability Program
HousingStabilityProgram@durham.ca