

SH-F03: NOTICE OF INCOMPLETE APPLICATION RECEIVED

*Health & Family Services
Social Housing
Telephone (519) 351-8573 • Fax (519) 351-6404*

NOTICE OF INCOMPLETE APPLICATION RECEIVED

Date

Name

Address

City, Province

Postal Code

Dear:

Your application for assisted accommodation was received in our office on **<date>**. As indicated on your application form, you are required to provide supporting documentation upon submission of the application. Unfortunately, we are unable to process your application, as it is incomplete. Your assistance in providing the following information within 10 days is required:

Upon receipt of the requested information, a new application date and time will be assigned and the review process will commence. Failure to respond may result in inactivation of your file as we will assume that you are no longer interested in rent- geared- to- income accommodation.

Please feel free to contact me if you require further assistance

Sincerely,

Social Housing

Revised April 19, 2006
SH-F03