



## Verification of Assets

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### The form **MUST BE** completed by a Bank Official

Your bank may charge for this service, any cost or costs incurred will be your responsibility.

This “Verification of Assets” form is required under Section (A) of Part B of your Housing application Form – Income & Asset Information. If you do not have your cheques automatically deposited, you must still provide us with current photocopies of all income sources, including bank accounts. If you need more than one of these forms, please call the Social Housing Registry or print a copy from our website <http://www.socialhousingregistry.ca>

### One form is required for each applicant with assets

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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Social Insurance Number: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Business Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

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I/We, (Please print): \_\_\_\_\_

hereby authorize that the information requested below be given to the Social Housing Registry as required under my Part “B” application for rent-geared-to-income assistance. I authorize the Social Housing Registry to contact the bank official at my financial institution to verify the information provided herein, if required.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

The following information is required to enable the Social Housing Registry to calculate rent geared-to-income assistance based on gross income. Please provide **all available** information as requested for the applicant named above. All information will be treated as confidential.

**Please specify if Chequing or Savings Account**

	Chequing	Savings	Account Number	Balance	Current Interest Rate%
1	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
2	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
3	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
4	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____

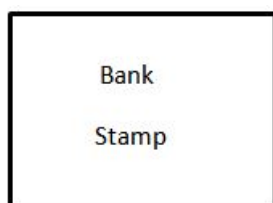
**Direct Deposits Made to Above Account or accounts**

Source	Amount	Monthly	Weekly
1 _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
2 _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
3 _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
4 _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
5 _____	_____	<input type="checkbox"/>	<input type="checkbox"/>

**Term Deposits, Investment Certificates, etc.**

Security	Value or values	Current Interest Rate(%)
1 _____	_____	_____
2 _____	_____	_____

**Financial Institution Seal or Stamp:**



Name of Financial Institution:

\_\_\_\_\_

Name of Person completing form (please print)

\_\_\_\_\_

Position: \_\_\_\_\_ Date: \_\_\_\_\_

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

**Notice with Respect to the Collection of Personal Information**

Personal information as defined by the *Municipal Freedom of Information and Protection of Privacy Act (MFIPPA)*, including (but not limited to), names, addresses and phone numbers, contained in this form or in attachments is collected by the Social Housing Registry pursuant to the *Housing Services Act, 2011* and the Freedom of Information and Protection of Privacy Act (R.S.O. 1990 c. F31) or the *Municipal Freedom of Information and Protection of Privacy Act (R.S.O. 1990 C.m. 56)* and will be used to determine eligibility for rent-g geared-to-income assistance for a housing project operated in the service area of the City of Kingston and the County of Frontenac.

Please complete form in full, sign and deliver to:

The Social Housing Registry, 362 Montreal Street, Kingston, ON K7K 3H5

Inquiries can be directed to:

Phone: 613-546-2695

Toll Free: 1-888-778-4531

Email: [theregistry@cityofkingston.ca](mailto:theregistry@cityofkingston.ca)