



Housing Department  
 Community Services Group, City of Kingston

**Verification of Assets**

**This form MUST BE Completed by a Bank Official**

**Your bank may charge for this service, any cost 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 Program at the above phone number or print a copy from our website at [www.socialhousingregistry.ca](http://www.socialhousingregistry.ca) . **One form is required for each applicant with assets.**

|                                    |                                        |                              |
|------------------------------------|----------------------------------------|------------------------------|
| Last Name:                         | First Name:                            | Social Insurance Number:     |
|                                    |                                        |                              |
| Home Phone Number:<br>(____) _____ | Business Phone Number:<br>(____) _____ | Cell Number:<br>(____) _____ |

I (We), \_\_\_\_\_  
 (PLEASE PRINT),

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

|                               |             |
|-------------------------------|-------------|
| <b>Signature Applicant #1</b> | <b>Date</b> |
|-------------------------------|-------------|

The following information is required to enable the Social Housing Registry Program 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 (%) |
|----------------------------------------------|-----------|---------------------------|
|                                              |           |                           |
|                                              |           |                           |
|                                              |           |                           |
| Direct Deposits Made to Above Account(s)     |           |                           |
| Source                                       | Amount(s) | Monthly/Weekly            |
|                                              |           |                           |
|                                              |           |                           |
|                                              |           |                           |
| Term Deposits, Investment Certificates, etc. |           |                           |
| Security                                     | Value(s)  | Current Interest Rate (%) |
|                                              |           |                           |
|                                              |           |                           |
|                                              |           |                           |

|                                             |                                                      |
|---------------------------------------------|------------------------------------------------------|
| <b>Financial Institution Seal or Stamp:</b> | <b>Name of Financial Institution</b>                 |
|                                             | _____                                                |
|                                             | <b>Name of Person completing form (PLEASE PRINT)</b> |
|                                             | _____                                                |
|                                             | <b>Position</b>                                      |
|                                             | _____                                                |
|                                             | <b>Phone #</b>                                       |
|                                             | _____                                                |
|                                             | <b>Date</b>                                          |
|                                             | _____                                                |

**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 Program 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-geared-to-income assistance for a housing project operated in the service area of the City of Kingston and the County of Frontenac.

Questions about this collection should be directed to the Manager of the Social Housing Registry Program at the above address or phone number.  
 January 2012