



**Housing Division**  
Social Services Department  
82 Erie Street, Stratford, Ontario N5A 2M4  
Phone: 519-271-3773 Toll Free: 1-800-669-2948

## **Affordable Homeownership Bank Verification of Income and Assets**

It is the responsibility of the applicant to have both pages of this form completed by a bank, trust company or credit union and to ensure that it is returned to the Corporation of the City of Stratford. Each financial institution must complete one form. If more than one form is required, please photocopy this blank form or contact The Corporation of the City of Stratford.

I/we hereby authorize that the information requested below be given to The Corporation of the City of Stratford as required under the terms of my Homeownership applications.

Applicant Name:

Current Address:

Applicant Signature:

Date:

Co-applicant Name:

Current Address:

Co-Applicant Signature:

Date:

### **To Whom It May Concern:**

Eligibility for The Corporation of the City of Stratford's Affordable Homeownership Program is based on the applicant's gross household income. Please provide all available information as requested for the applicant(s) named above. All information will remain confidential.

### **Savings/Chequing Accounts**

<b>Account Number</b>	<b>Balance (\$)</b>	<b>Current Interest Rate %</b>	<b>Interest earned in the past 12 months (\$)</b>

### **Direct Deposits (i.e. Pension Cheques) Made to the above account(s)**

<b>Source</b>	<b>Amount</b>	<b>Monthly/Weekly</b>

**Term Deposits, Investment Certificates, Canada Savings Bonds etc.**

<b>Security</b>	<b>Value (\$)</b>	<b>Current Interest Rate (%)</b>	<b>Interest earned in the Past 12 months</b>	<b>Maturity Date (mm/dd/yyyy)</b>

**Registered Retirement Savings Plans (RRSP's)**

<b>Registration Number</b>	<b>Value (\$)</b>	<b>Interest Rate (%)</b>	<b>Type of R.R.S.P</b>	<b>Valuation Date (mm/dd/yyyy)</b>

Name of Financial Institution:

Address:

Authorized Signature:

Position:

Phone Number:

Date:

The personal information collected on this form is collected by The Corporation of the City of Stratford under the authority of the Housing Services Act, 2011 and will be used by Social Services staff for the purpose of reviewing the application and other administrative purposes. Questions regarding the collection and use of this information may be made to the City Clerk, P.O. Box 818, Stratford, ON, N5A 6W1 or by telephone 519-271-0250 extension 5329 during business hours. If you require this document in an alternate format, please contact the Clerk's office at 519-271-0250 extension 5237 or clerks@stratford.ca.