



VERIFICATION OF ASSETS (FORM 4)

It is the responsibility of the tenant to have this form completed by a bank, trust company or credit union and to ensure that it is returned to the local housing corporation. If more than one form is required, please contact the Housing Department at the phone number below.

I _____ (and) I _____

Residing at _____ hereby authorize that the information

Requested below be given to the Corporation for the City of Brantford – Housing Department as required under the terms of my lease.

TENANT SIGNATURE	DATE	TENANT SIGNATURE	DATE

TO WHOM IT MAY CONCERN:

The rent charged to Corporation of the City of Brantford – Housing Department tenants is based on their gross income. Please provide all available information as requested for the tenant(s) named above. All information will be treated as “Confidential”.

Savings/Chequing

Account number	Balance (\$)	Current Interest Rate (%)	Interest earned Past 12 Months (\$)

Direct Deposits Made to Above Account(s) (List Below)

Source	Amount	Monthly/Weekly	Source	Amount	Monthly/Weekly

Term Deposits, Investment Certificates, etc.

Security	Value (\$)	Current Interest rate (%)	Interest Earned Past 12 mont	Maturity Date (Y/M/D)

Registered Retirement Savings Plans (R.R.S.P.'s)

Registration No.	Value (\$)	Valuation Date (Y/M/D)	Type of R.R.S.P. (Y/M/D)

Financial Institution Seal or Stamp:

Name of Financial Institution	
Address	
Authorized Signature	
Position	
Phone Number	Date