



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

Assets Review Form – Form 306

Please take one of these forms to each bank or financial institution where you have an account or assets on deposit. **You must complete and sign the Consent and Notification portion of the form below.**

Consent and Notification

Name:

Address:

Personal information contained on this form or on attachments is collected for the City of Stratford pursuant to the Housing Services Act, 2011, and the Freedom of Information and Protection of Privacy Act, (RSO 1990 C. F. 31) of the Municipal Freedom of information and Protection Of Privacy Act, (RSO 1990, c. M. 56) and will be used to determine the rent geared-to-income assistance. Personal information may be disclosed to The City of Stratford, non-profit housing providers, agencies who assist in the provision of affordable housing and to social agencies providing social assistance to the tenants. The tenant consents to the verification, disclosure and transfer of information given on this form and attachments to any of the above entities and will provide any required supporting material.

Signature:

Date:

To the Bank:

Please provide the information requested for the person or people named above and return it to your customer or our office at 82 Erie Street, Stratford, Ontario, N5A 2M4

Questions regarding the collection of this information pursuant to the Freedom of Information and Protection of Privacy Act and the Municipal Freedom of Information and Protection of Privacy Act should be directed to:

Public Housing Manager, City of Stratford, Social Services Department

82 Erie Street, Stratford, Ontario, N5A 2M4
Phone: 519-271-3773, Fax: 519-273-7191

Type of Asset	Account	Amount	Interest Rate
Personal Chequing Account	#	\$	%
Savings Account	#	\$	%
Other Accounts	#	\$	%
Term Deposits	#	\$	%
Guaranteed Income Certificates	#	\$	%
RRSPs	#	\$	%
Bonds	#	\$	%
Canada Savings Bonds	#	\$	%
Stocks	#	\$	%
Other	#	\$	%
Mortgage	#	\$	%

This letter does not convey any authority to cash or negotiate cheques against these accounts and is given at the request of the depositor to satisfy personal requirements.

Authorized Bank Signature:	Bank Stamp (with address):
Date:	

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.