



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(s) named above and mail to our office at <i>82 Erie Street, 2nd Floor, Stratford ON N5A 2M4.</i>	
Name(s):	
Address:	

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, 2nd Floor Phone: (519) 271-3773
Stratford, ON N5A 2M4 Fax: (519) 273-7191

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

MORTGAGE	\$	Monthly Payment: Principal
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This letter does not convey any authority to cash or negotiate cheques against these accounts and is given at request of the depositor to satisfy personal requirements.

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