

Verification of Assets (Form 4)Northumberland County Housing Corporation
555 Courthouse Road, Cobourg, ON K9A 5J6

It is the Responsibility of the Tenant to have this form completed by a Bank, Trust Company, Credit Union or Financial Institution and to ensure that it is returned to the Housing Corporation. If more than one form is required, please contact your Housing Corporation.

Please use a separate form for each bank/financial institution.

I (and) I											
Residing at hereby authorize that the information requested below be given to the Housing Corporation as required under the terms of the lease.											
Tenant Signature	Date			Tena	nt Sig	nt Signature			Date		
To Whom It May Concern: The rent charged to Housing Corporation 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 Acc	Savings / Chequing Accounts										
Account Number		Balance (\$)		Current Intere Rate						earned in months (\$)	
Incomo Direct Denoci	to /Mai	athly Ouart	orly Vo	orby)							
Income – Direct Deposit	ts (IVIOI	nthiy, Quart	eriy, re		ount			Mont	thly/\/\	/ookly/	
Source			Amount					Monthly/Weekly/ Quarterly/Yearly			
Investments – Investme Plans (RRSP's), Registe										Savings	
Investment Type		Registration Number		Value (\$)		Current Interest Rate		nterest arned ov ast 12 nonths (\$		Maturity Date	
Financial Institution Sea	al or St	amp:									
\downarrow	Name of Financial Institution:										
			Address:								
			Authorized Signature:								
	Position: Phone:										
	Date:							_			



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Tenant Signature		Date	Tenant Signature			nature	Date				
To Whom It May Concer The rent charged to House all available information a "confidential".	sing Co	rporation ter	nants is l	based s) nar	d on t	their GRO \$ above. All	SS inc	come.	Please will be	e provide treated as	
Savings / Chequing Accounts											
Account Number			nce (\$)	e (\$) C		Current Interest Rate				earned in months (\$)	
Income – Direct Deposits (Monthly, Quarterly, Yearly)											
Source			Amount				Monthly/Week Quarterly/Yea				
							_				
Investments – Investme Plans (RRSP's), Registe										Savings	
Investment Type	Registration Number		Value (\$)				Ir e: p:	Interest earned over past 12 months (\$)		Maturity Date	
Figure della disette de la Contraction de la Con	-1 0										
Financial Institution Sea	al or Si	tamp:									
\downarrow			Name of Financial Institution:								
			Address:								
	Authorized Signature:										
			Position:				Phor	ne:	_		
	Date:										