

City of Kawartha Lakes Human Services Box 2600, 68 Lindsay Street North Lindsay, ON K9V 4S7 705-324-9870 cklhumanservices@kawarthalakes.ca

Investment Verification Form - HP102

Instructions for completion:

- The following form is required to be completed to verify eligibility for rent-geared-to income assistance (if the applicant has investments).
- All investments/accounts/assets must be declared for each household member, including assets that are jointly owned with others outside of your household.
- Investment/accounts/assets may include but are not limited to: chequing/savings accounts, RRSP, TFSA, GIC, Annuity, LIRA, LIF, overseas or foreign investments, cash value of a life insurance policy, trust account, or any other income source or asset held by a member of the household.
- A recently printed "Banking Profile" from all of your Financial Institutions that shows the value of all of
 your accounts and investments, or alternatively the Declaration of Assets Form (HP101). Note: the
 Declaration of Assets Form must be completed and signed by a representative from the financial
 institution where the income sources / assets / investments are held. Submit separate forms for
 investments, Investment Verification Form (HP102) held at different institutions (where applicable).
- All assets must be declared and verified as to whether they are cashable or noncashable, and the
 date the term expires, in the case of a term investment. This form
 may be required to be completed annually.
- Attach further documentaion if more space is required.

Applicant/Tenant Last Name: *		Applicant/Tenant First Name: *	
Birth Date (MM/DD/YY) *	Gender Identity	Home phone:	Applicant SIN #:
Co-applicant/Tenant Last Name: *		Co-applicant/Tenant First Name: *	

Co-applicant/Tenant Birth Date (MM/DD/YY) *	Gender Identity	Co-applicant/Tenant SIN #:	Relationship to Applicant/Tenant:
Mailing Address (Stree	t, PO Box, City, Province	, Postal Code):	
Email:			
Account numberValue as of Today's	e (e.g. RRSP, TFSA, LIF, GIO	•	
1. Investment Type		Account number:	
Value as of today's dat	e:	Is this investment/acco	ount cashable?
If the investment is locked-in for a specific time period, indicate the date at which it can be cashed:		If the investment is loc circumstances can it b	-
Include the date the inv	vestment was locked-in:		
Any other information	or statement to indicate i	f and when the investment	t/account is cashable:

2. Investment Type	Account number:	
Value as of today's date:	Is this investment/account cashable?	
\$		
If the investment is locked-in for a specific time period, indicate the date at which it can be cashed:	If the investment is locked-in, under what circumstances can it be unlocked?	
Include the date the investment was locked-in:		
Any other information or statement to indicate i	f and when the investment/account is cashable:	
3. Investment Type	Account number:	
Value as of today's date:	Is this investment/account cashable?	
If the investment is locked-in for a specific time period, indicate the date at which it can be cashed:	If the investment is locked-in, under what circumstances can it be unlocked?	
Include the date the investment was locked-in:		

I. Investment Type	Account number:
Value as of today's date:	Is this investment/account cashable?
f the investment is locked-in for a specific time period, indicate the date at which it can be cashed:	If the investment is locked-in, under what circumstances can it be unlocked?
Include the date the investment was locked-in:	
Anv other information or statement to indicate i	f and when the investment/account is cashab
·	f and when the investment/account is cashab Account number:
5. Investment Type Value as of today's date:	
Any other information or statement to indicate in 5. Investment Type Value as of today's date: \$ If the investment is locked-in for a specific time period, indicate the date at which it can be cashed:	Account number:

Any other information or statement to indicate	if and when the investment/account is cashable:
Name of staff completing this form	Date (MM/DD/YY) *
Signature of staff completing this form	Financial Institution
Contact Information: Phone:	Contact Information: Email:
Consent to Disclose and	Verify Information
Specifically, I/we consent to the information in supporting documentation, to be given, without Human Services, if the information is necessar determining eligibility for Affordable Housing, assistance under the Housing Services Act, 20	t further notice, to the City of Kawartha Lakes y for the purpose of making decisions or Housing Allowance, or rent-geared-to-income
Applicant/Tenant Signature	Date (MM/DD/YYYY)
Co-applicant/Co-tenant Signature	Date (MM/DD/YYYY)

Notice with Respect to the Collection of Personal Information

Personal information provided in this consent and through email messages between applicants and/or tenants and authorized representatives of the City of Kawartha Lakes is collected and used in accordance with the provisions of the Municipal Freedom of Information and Protection of Privacy Act, or as otherwise required or permitted by law. This consent applies to information shared in the form of electronic data exchanges for the delivery of housing programs.