



155 Queen St. N
Hamilton ON
L8R 2V7

Phone: (905) 527-0221
Toll-Free: (866) 780-7275
Fax: (905) 527-3181

HOUSEHOLD INCOME AND ASSETS REVIEW

Assets Form for: _____ (name of household member)

Address: _____

Please complete all sections of the Form, attach all supporting documents, and return to: Victoria Park Management

1. Please read the following information carefully.
2. Please answer YES or NO to indicate if you own or are the part owner of any asset(s). Attach an additional sheet of paper if necessary.
3. Indicate the current VALUE or BALANCE of the asset(s). **Attach all supporting documents for all your assets.**
4. In you are unsure about what may be an asset, please contact the office at (905) 527-0221.

INCOME PRODUCING ASSETS (PLEASE CHECK ONE)			INFORMATION REGARDING ASSET OR IMPUTED INCOME	MONTHLY INCOME (\$\$\$)
BANK ACCOUNT(S)* <small>*Please indicate the bank name & account number</small>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Bank: Account # Value: \$	
			Bank: Account # Value: \$	
TERM DEPOSITS/BONDS/DEBENTURES* <small>*Please indicate the bank name & account number</small>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Bank: Account # Value: \$	
STOCKS, SHARES, MUTUAL FUNDS	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
MORTGAGES AND LOANS HELD	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
TOTAL INCOME PRODUCING ASSETS:				\$
NON-INCOME PRODUCING ASSETS			INFORMATION REGARDING ASSET OR IMPUTED INCOME	VALUE/BALANCE (\$\$\$)
CASH OR NON-INTEREST BEARING CHEQUING ACCOUNT	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
REGISTERED RETIREMENT SAVINGS PLAN (RRSP'S)	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
EQUITY IN A BUSINESS/INVESTMENT <small>(non-income generating only)</small>	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
CAB PLATES / TAXI LICENSES <small>(Only if the owner of the cab plate allows someone else to use the plate - if the owner uses the plate, the income must be shown in Self-Employed Income)</small>	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
LIFE INSURANCE <small>(With cash surrender value)</small>	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
NON-INCOME PRODUCING STOCKS, SHARES, MUTUAL FUNDS	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
REAL ESTATE (House, Land)	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
ART, ANTIQUES, VALUABLES	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
ANY ASSETS HELD IN TRUST	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
TRANSFERRED ASSETS <small>(Includes any asset that is given away or transferred by the applicant or tenant)</small>	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
TOTAL NON-INCOME PRODUCING ASSETS:				\$
ARE YOU RECEIVING INCOME FROM ANY GOVERNMENT GRANT OR COMPENSATION PROGRAM? <small>(E.g. Canada Extraordinary Assistance Plan)</small>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Name of Government Program	Name of Recipient

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