



**Social Housing Registry Program
Housing and Social Services Department**

Life Insurance Verification

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Name of Policyholder:

Name of Insurance Company:

Branch Address:

I, agree that the information listed below be given to the Social Housing Registry as required under my Part "B" application for Rent-Geared-to-Income (RGI) assistance. I hereby authorize the Social Housing Registry to contact my insurance company to verify the information provided, herein if required. Please provide the following information regarding the life insurance policy or policies, which I hold with your company and send to the Social Housing Registry. Full contact details at the end of this form.

Client's Signature: _____

Date: _____

Policy Number	Policy 1	Policy 2	Policy 3
Type of Policy			
Face Value			
Date Issued			
Maturity Date			
Amount of interest, dividends and/or bonus earned and paid during the last calendar year			
Total cash surrender value			
Policy liens or loans			
Present net value			
Is the insured receiving any benefit under a disability clause in the policy? Enter yes or no	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, state yearly amount:			
To what date will these payments continue. Please enter month, day, year			

Name of Insurance Company Representative: (Please print)

Signature of Insurance Company Representative:

Title of Representative: _____ Phone: _____

Notice with Respect to the Collection of Personal Information

Personal information as defined by the *Municipal Freedom of Information and Protection of Privacy Act (MFIPPA)*, including (but not limited to), names ,addresses and phone numbers, contained in this form or in attachments is collected by the Social Housing Registry pursuant to the *Housing Services Act, 2011. Freedom of Information and Protection of Privacy Act (R.S.O. 1990 c. F31) or the Municipal Freedom of Information and Protection of Privacy Act (R.S.O. 1990 C.m. 56)* and will be used to determine rent-geared-to-income assistance for a housing project operated in the service area of the City of Kingston and the County of Frontenac.

Please complete form in full, sign and deliver to:

The Social Housing Registry, 362 Montreal Street, Kingston, ON K7K 3H5

Inquiries can be directed to:

Phone: 613-546-2695

Toll Free: 1-888-778-4531

Fax: 613-546-2623

Email: theregistry@cityofkingston.ca