

COMPASSIONATE APPEAL – FINANCIAL STATEMENT
Appeal due to Extreme Sickness or Poverty under Section 357 (d.1) of the Municipal Act

Assessed Owner: _____

Assessed Address: _____

Marital Status: _____ Age: _____

Occupation: _____ Employer: _____

If married, give particulars of spouse as follows:

Age: _____ Occupation: _____

Children:

<u>Name & Age</u>	<u>Address</u>	<u>Occupation</u>	<u>Income</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other Dependants: _____

Financial Information

Property Purchase price _____
 Year of Purchase _____
 Mortgage Owing _____
 Line of Credit Owing _____
 Credit Card Debt _____
 Cash in Bank _____
 GIC's, Bonds, RRSP's, etc _____
 Insurance Policies _____
 Do you own an automobile? _____ Year _____

other properties owned:
 Address: _____

 Mortgage Owing: _____

Monthly Income

Household Salary _____
 Old Age Pension _____
 Superannuation _____
 Other Pension _____
 Child Tax Credit _____
 Social Assistance _____
 Income from dependant _____
 Rental Income _____
 Other Income (specify) _____

Monthly Expenses

Mortgage/Line of Credit _____
 Fuel (furnace) _____
 Hydro/Water _____
 Telephone _____
 Insurance: House _____
 Insurance: Car _____
 Car Payment _____
 Gas for Car _____
 Medication _____
 Food _____
 Transportation _____
 Cable/Internet _____
 Credit card _____
 Other expenses _____

I, _____, consent that the Corporation of the City of Hamilton may inspect and have access to information and records relating to any assets held by me or on my behalf in any financial institution. In addition, the City may investigate balances on liabilities owing by myself or joint property owner.

Signature of Applicant _____ Date _____

I, _____, do hereby declare that the information given in this application and any supporting documents is true, correct and complete in every respect, and I make this solemn declaration conscientiously believing it to be true and knowing it is of the same force and effect as if made under oath and by virtue of The Canada Evidence Act.

Signature of Applicant _____ Date _____

Personal information of this form is collected under the authority of Section 357 of the Municipal Act, 2001