

**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:

Name and Age	Address	Occupation	Income
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**Financial Information**

Property Purchase Price

other properties owned:

Year of Purchase

Mortgage Owing

Address:

Line of Credit Owing

Credit Card Debt

Cash in Bank

GIC's, Bonds, RRSP's, etc

Insurance Policies

Mortgage Owing:

Do you own an automobile?    Yes    No    Year

**Monthly Income**

**Monthly Expenses**

Household Salary

Mortgage/Line of Credit

Old Age Pension

Fuel (furnace)

Superannuation

Hydro/Water Telephone

Other Pension

Insurance (house)

Child Tax Credit

Insurance (car)

Social Assistance

Car Payment

Income From Dependant

Gas for Car

Rental Income

Medication

Other Income (specify)

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