

Certificate of Substantial Hardship



Saskatchewan
Justice

Automobile Injury Appeal Commission

504-2400 College Avenue
Regina, Saskatchewan
S4P 1C8

Phone: (306) 798-5545
Toll Free: 1-866-798-5544
Fax: (306) 798-5540

Due to financial hardship, I am unable to pay the application fee of \$75 and request that the fee be waived.

1. Personal Information

Full name _____ Date of birth _____
Name of spouse or common-law spouse _____
Complete home address _____
Number of people living in household _____ Home phone number _____
Occupation/Job _____ Length of employment _____
Driver's License number _____ Social Insurance Number _____
Employer _____ Employer's phone number _____
Employer's address _____

2. Assistance Benefits

Do you or does anyone residing in your household receive benefits from any of the following sources?

Social Assistance _____ Guaranteed Income Supplement _____

3. Income/Expense Statement

Monthly Gross Income (before deductions)

Monthly Gross Income \$ _____
Spouse's Monthly Gross Income _____
Other Earnings: Commissions, Bonuses, Interest Income, etc. _____
Contributions from other people living in household _____
Unemployment/Workman's Compensation, Canada Pension Plan _____
Retirements, etc. _____
Other Income (be specific) _____
Total Monthly Gross Income \$ _____

Monthly Expenses

A. Living Expenses

Rent/Mortgage \$ _____
Total Utilities: Gas, electricity, Water, etc. _____
Food _____
Clothing _____
Health Care/Medical _____
Insurance _____
Car Payment(s)/Transportation Expenses _____
Loan Payment(s) _____
Credit Card Payments _____
Educational/Employment Expenses _____
Other Expenses (be specific) _____
Total Living Expenses **A. \$** _____

B. Payroll Deductions

Income tax \$ _____
CPP _____
EI _____
Other _____
Total Payroll Deductions B. \$ _____

C. Child Support Payment(s)/Spousal Support Payments C. \$ _____

D. Exceptional Expenses D. \$ _____

Total Monthly Expenses (add A, B & C monthly only) \$ _____

Disposable Monthly Income
(Total Gross Monthly Income Less Total Monthly Expenses) \$ _____

4. Assets:

Cash on Hand/Bank (or otherwise available such as stocks, bonds, certificates of deposit) \$ _____
Equity in Real Estate (value of property less what you owe) _____
Equity in Personal Property (such as the value of motor vehicles, stereo, VCR, furniture, jewelry, tools, etc. less what you owe) _____
Do you own anything else of value? _____
Yes___ No ___
If so, describe _____
Total Assets \$ _____

I CERTIFY that my answers are true and reflect my current financial status. I hereby **AUTHORIZE** the Commission representative to obtain records of information pertaining to my financial status from any source in order to verify the information provided by me.

Date Applicant Applicant's Signature