



APPLICATION TO SPONSOR AND UNDERTAKING

BEFORE YOU START, READ THE INSTRUCTION GUIDE
TYPE or PRINT in black ink

A SPONSOR FOR OFFICE USE ONLY
ID number ▶

1. If you are found ineligible to sponsor, indicate whether you want
 To withdraw your sponsorship. All processing fees less \$75 will be repaid.
 To proceed with the application for permanent residence.

Your language for correspondence
 English French

Your full name
 Family name
 Family name before marriage, if applicable
 Given name(s)

2. Your sex Male Female

3. Your date of birth
 Day Month Year

4. Your country of birth

5. Your mailing address

6. Your residential address, if different from your mailing address

7. Your telephone number

	Country code	Area code	Number
At home	()	()	
At work	()	()	
Other	()	()	
Facsimile number	()	()	

8. a) Your marital status
 Never married Married ▶ Date of marriage Year Month Day
 Widowed Legally separated Annulled marriage Divorced
 Common-law ▶ Date relationship started Year Month Day

b) Do you have a conjugal partner?
 No Yes ▶ Date relationship started Year Month Day

9. Have you previously been married, in a common-law or conjugal relationship?
 No Yes ▶ Give details below.
 Name of previous spouse or partner
 Date of birth Day Month Year
 Type of relationship Spouse Common-law partner Conjugal partner
 From Year Month Day to Year Month Day
 Date of divorce/separation/death, as applicable Year Month Day

BAR CODE LABEL

FOR OFFICE USE ONLY
 PA ID no. ▶
 Kit identifier ▶
 Receipt no. ▶

10. Are you a
 Canadian citizen? No Yes ▶ Became a citizen on Year Month Day
 Permanent resident? No Yes ▶ Became a permanent resident on Year Month Day
 If you are a Canadian citizen, is your claim to Citizenship by descent? No Yes

11. If you are a permanent resident or a naturalized Canadian citizen, give the name of the country where your application for permanent residence was processed

Full name at the time you became a permanent resident
 Family name
 Given name(s)
 Record of landing/confirmation of permanent residence number

B CO-SIGNER FOR OFFICE USE ONLY
 ID number ▶

1. Full name
 Family name
 Family name before marriage, if applicable
 Given name(s)

2. Sex Male Female

3. Date of birth
 Day Month Year

4. Country of birth

5. Telephone number

	Country code	Area code	Number
At home	()	()	
At work	()	()	
Facsimile number	()	()	

6. Relationship to the sponsor
 Spouse ▶ Date of marriage Year Month Day
 Common-law partner ▶ Date relationship began Year Month Day

7. Has the co-signer previously been married or in a common-law relationship with someone other than the sponsor?
 No Yes ▶ Give details below.
 Name of previous spouse or partner
 Period of marriage or common-law relationship
 From Year Month Day to Year Month Day



8. Is the co-signer a
 Canadian citizen? No Yes ▶

Became a citizen on		
Year	Month	Day

Permanent resident? No Yes ▶

Became a permanent resident on		
Year	Month	Day

9. If the co-signer is a permanent resident or a naturalized Canadian citizen, give the name of the country where his or her application for permanent residence was processed

Full name at the time the co-signer became a permanent resident

Family name

Given name(s)

Record of landing/confirmation of permanent residence number

C PERSON BEING SPONSORED AND HIS OR HER FAMILY MEMBERS

1. Person you are sponsoring (principal applicant)

Family name

Given name(s)

Date of birth

Day	Month	Year
-----	-------	------

Country of birth

Country of nationality or of habitual residence, if different from country of birth

Marital status Sex Male Female

Relationship to sponsor

Spouse Common-law partner Conjugal partner

Dependent child ▶ A B C

Other (specify) ▶

Length of undertaking ▶

ID number ▶

2. Accompanying spouse or common-law partner of principal applicant

Family name

Given name(s)

Date of birth

Day	Month	Year
-----	-------	------

Country of birth

Marital status Sex Male Female

Relationship to principal applicant

Spouse Common-law partner

Other (specify) ▶

Length of undertaking ▶

ID number ▶

3. Accompanying dependent children of persons in 1 and/or 2

Family name

Given name(s)

Date of birth

Day	Month	Year
-----	-------	------

Country of birth

Marital status Sex Male Female

Relationship to principal applicant

Dependent child ▶ A B C

Other (specify) ▶

Length of undertaking ▶

ID number ▶

Family name

Given name(s)

Date of birth

Day	Month	Year
-----	-------	------

Country of birth

Marital status Sex Male Female

Relationship to principal applicant

Dependent child ▶ A B C

Other (specify) ▶

Length of undertaking ▶

ID number ▶

Family name

Given name(s)

Date of birth

Day	Month	Year
-----	-------	------

Country of birth

Marital status Sex Male Female

Relationship to principal applicant

Dependent child ▶ A B C

Other (specify) ▶

Length of undertaking ▶

ID number ▶

3. Accompanying dependent children of persons in 1 and/or 2 (continued)

Family name

Given name(s)

Date of birth

Day	Month	Year

Country of birth

Marital status Sex Male Female

Relationship to principal applicant

Dependent child A B C

Other (specify)

Length of undertaking

ID number

4. Non-accompanying family members

Family name

Given name(s)

Date of birth

Day	Month	Year

Country of birth

Marital status Sex Male Female

Relationship to principal applicant

Spouse Common-law partner

Dependent child A B C

Other (specify)

ID number

Family name

Given name(s)

Date of birth

Day	Month	Year

Country of birth

Marital status Sex Male Female

Relationship to principal applicant

Dependent child A B C

Other (specify)

ID number

Family name

Given name(s)

Date of birth

Day	Month	Year

Country of birth

Marital status Sex Male Female

Relationship to principal applicant

Dependent child A B C

Other (specify)

ID number

Family name

Given name(s)

Date of birth

Day	Month	Year

Country of birth

Marital status Sex Male Female

Relationship to principal applicant

Dependent child A B C

Other (specify)

ID number

5. Have you submitted a previous sponsorship application in respect of which a final decision has not been made for any of the persons named in this section?

No Yes You cannot submit this application. If you do, it will be returned to you unassessed.

6. a) Address where the person you are sponsoring lives

Home telephone number

Country code	Area code	Number
()	()	

If you are sponsoring a member of the spouse or common-law partner in Canada class, do not complete b) and c); proceed to 7 immediately.

b) If the above address is not in the country of nationality of the person you are sponsoring, has that person been lawfully admitted for a period of at least one year in the country where he or she is living?

No The application will be processed at the visa office responsible for the country of which the person you are sponsoring is a national. Proceed to 7.

Yes Answer c) below.

c) Do you wish to have the application for permanent residence of the person you are sponsoring processed at the visa office responsible for this country?

Yes The application will be processed at the visa office responsible for the country of which the person you are sponsoring is a national.

No

7. Mailing address, if different from address in 6. a).

D ADOPTION

1. Check one of the following boxes:

Child already adopted abroad

Adoption order issued on

Year	Month	Day

Child to be adopted abroad

Child to be adopted in Canada

Child's country of residence/source country for adoption

E ELIGIBILITY ASSESSMENT

If you answer "NO" to any questions 1 to 4, you are not eligible to be a sponsor (or co-signer, if applicable). You should NOT submit your application.

	SPONSOR		CO-SIGNER	
	YES	NO	YES	NO
1. Are you 18 years of age or older?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you a Canadian citizen or permanent resident?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you sponsoring a member of the family class or a member of the spouse or common-law partner in Canada class?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you reside in Canada and in no other country? <i>If you answered "NO", but are a Canadian citizen living exclusively outside Canada, you may still be eligible to sponsor. See Who can sponsor in the Guide for information on residency.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you answer "YES" to any questions 5 to 13, you are not eligible to be a sponsor (or co-signer, if applicable). You should not submit your application. See **Who can sponsor** in the Guide for information.

5. Are you in receipt of social assistance for a reason other than disability?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Are you an undischarged bankrupt as defined in the <i>Bankruptcy and Insolvency Act</i> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Have persons you previously sponsored or their family members received social assistance during the validity period of the undertaking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Did you co-sign an undertaking where the sponsored person or his or her family members received social assistance during the validity period of the undertaking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you been ordered to leave Canada?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Are you late in making a required payment on an immigration loan, a performance bond or any other amounts you agreed to pay under Canadian immigration legislation, and have not made arrangements to defer payments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Are you currently detained in a jail, prison, penitentiary or reformatory?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. In the five years preceding your application, have you been convicted of a sexual offence or an offence against the person in relation to one of your family members?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Are you in default of a court order to make support payments to your spouse, former spouse, common-law partner, former common-law partner or child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If your answer to questions 14 to 16 is YES, see your guide for circumstances under which processing may be suspended.

14. Are you the subject of an application to revoke your citizenship for which a decision has not been made yet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Are you the subject of a report on inadmissibility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Have you been charged with an offence under an <i>Act of Parliament</i> punishable by a maximum term of imprisonment of at least 10 years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If yes, give the following details:

Charge

Place

Date

Year	Month	Day
<input type="text"/>	<input type="text"/>	<input type="text"/>

F RESIDENCY DECLARATION

Complete this section only if you are a Canadian citizen living exclusively outside Canada. See **Who can sponsor** in the Guide for information on residency.

Immediately after my spouse, common-law or conjugal partner and dependent children become permanent residents, I intend to live in:

a Canadian province or territory other than Quebec the province of Quebec

G UNDERTAKING

I undertake to provide for the basic requirements of the sponsored person and his or her family members who accompany him or her to Canada, if they are not self-supporting. I promise to provide food, clothing, shelter, fuel, utilities, household supplies, personal requirements, and other goods and services, including dental care, eye care, and other health needs not provided by public health care. I understand that the money, goods or services provided by me must be sufficient for the sponsored person to live in Canada.

I promise that the sponsored person and his or her family members will not need to apply for social assistance.

I make these promises so that the sponsored person and his or her family members listed on this undertaking can be admitted to Canada as permanent residents. I understand that the sponsored person and his or her family members will be admitted solely on the basis of their relationship to me (as sponsor) and that they do not need to have the financial means to become established in Canada.

I understand that the validity period of this undertaking begins on the day on which the sponsored person enters Canada if that person enters Canada with a temporary resident permit or, if already in Canada, on the day on which the sponsored person obtains a temporary resident permit following an application to remain in Canada as a permanent resident, and in any other case on the day on which the sponsored person becomes a permanent resident. The length of the undertaking will vary according to the relationship of the sponsored person and his or her family members to me (as sponsor) and their age and it ends:

- A. if the sponsored person is my spouse, common-law partner, or conjugal partner, on the last day of the period of 3 years following the day on which they become a permanent resident;
- B. if the sponsored person or family member is a dependent child of the sponsor or of the sponsor's spouse, common-law partner or conjugal partner and is less than 22 years of age when they become a permanent resident, on the earlier of
 - the last day of the period of 10 years following the day on which they become a permanent resident, or
 - the day on which they reach 25 years of age,
- C. if the sponsored person or family member is a dependent child of the sponsor or of the sponsor's spouse, common-law partner or conjugal partner and is 22 years of age or older when they become a permanent resident, on the last day of the period of 3 years following the day on which they become a permanent resident; and
- D. if the sponsored person or family member is a person other than a person referred to above, on the last day of the period of 10 years following the day on which they become a permanent resident.

I understand that the undertaking remains in effect no matter what may change in my life. For example, if I am divorced, change jobs, become unemployed, and/or go back to school, I will still be responsible to the sponsored person and his or her family members I am sponsoring or for whom I am co-signing.

I understand that, pursuant to section 135 of the Regulations to the *Immigration and Refugee Protection Act*, if I breach any of my sponsorship obligations I will be in default. I also understand that I will be in default if a government makes a payment that I have promised to repay in this undertaking. For example, if I fail to provide for the basic requirements of the sponsored person and his or her family members and they receive social assistance during the validity period of the undertaking, I will be in default. I understand that I will continue to be in default until the amount of benefits received are repaid in full or repaid to the satisfaction of the government concerned.

I understand that all social assistance paid to the sponsored person or his or her family members becomes a debt owed by me to Her Majesty in right of Canada and Her Majesty in right of the province concerned. As a result, the Minister and the province concerned have a right to take enforcement action against me (as sponsor or co-signer) alone, or against both of us.

The Minister and the province concerned may choose not to take enforcement action to recover money from me if the default is the result of abuse or in other circumstances. The decision not to act at a particular time does not cancel the debt. The Minister and the province concerned may recover the debt when circumstances have changed.

I understand that I will not be allowed to sign or co-sign an additional application to sponsor another person under the *Immigration and Refugee Protection Act* and its Regulations if I am in default of any sponsorship undertaking. This holds true for both this undertaking and any past undertakings where I have not satisfactorily paid back my debts.



SPONSORSHIP AGREEMENT

Quebec residents need not complete this form

The sponsor and, if applicable, the co-signer must, before a sponsorship undertaking can be approved, enter into a written agreement with the person to be sponsored (i.e. the principal applicant) if this person is 22 years of age or older or, if less than 22 years of age, is the sponsor's spouse, common-law partner or conjugal partner. This agreement lists the obligations and responsibilities that fall unto the sponsor and, if applicable, the co-signer as well as unto the person being sponsored and his or her family members.

Sponsor's details

Family name

Given name(s)

Date of birth

Day	Month	Year

Co-signer's details (if applicable)

Family name

Given name(s)

Date of birth

Day	Month	Year

Sponsored person's details

Family name

Given name(s)

Date of birth

Day	Month	Year

OBLIGATIONS OF THE SPONSOR AND, IF APPLICABLE, THE CO-SIGNER

As sponsor or co-signer, I promise to provide for the sponsored person and his or her family members' basic requirements for a period that begins the day on which the sponsored person enters Canada with a temporary resident permit or, if already in Canada on the day on which the sponsored person obtains a temporary resident permit following an application to remain in Canada as a permanent resident, and in any other case on the day on which the sponsored person becomes a permanent resident and ends:

- A. if the sponsored person is the spouse, common-law partner, or conjugal partner of the sponsor, on the last day of the period of 3 years following the day on which they become a permanent resident;
- B. if the sponsored person or family member is a dependent child of the sponsor or of the sponsor's spouse, common-law partner or conjugal partner and is less than 22 years of age when they become a permanent resident, on the earlier of
 - the last day of the period of 10 years following the day on which they become a permanent resident, or
 - the day on which they reach 25 years of age;
- C. if the sponsored person or family member is a dependent child of the sponsor or of the sponsor's spouse, common-law partner or conjugal partner and is 22 years of age or older when they become a permanent resident, on the last day of the period of 3 years following the day on which they become a permanent resident; and
- D. if the sponsored person or family member is a person other than a person referred to above, on the last day of the period of 10 years following the day on which they become a permanent resident.

Basic requirements include food, shelter, clothing, fuel, utilities, household supplies, personal requirements and health care not provided by public health, including dental care and eye care.

I promise that financial obligations or other personal circumstances over the applicable period referred to above will not prevent me from honouring this agreement and the sponsorship undertaking I signed or co-signed;

I promise that the sponsored person and his or her family members will not need to apply for social assistance benefits; and

I promise to respond promptly to requests for help from the sponsored person and his or her family members by giving money, buying items or providing services for their living expenses.

OBLIGATIONS OF THE PERSON TO BE SPONSORED

As the person to be sponsored, I promise to make every reasonable effort to provide for my own basic requirements as well as those of my accompanying family members;

I promise to ask the sponsor and co-signer (if applicable) for help if I or my family members are having difficulty supporting themselves or meeting their own basic requirements.

IMPORTANT INFORMATION

Elderly parents or grandparents who are sponsored are not expected to look for a job to care for themselves.

Sponsored persons and/or their family members who are being abused or assaulted by their sponsors should seek safety away from their sponsors even if this means that they will have to apply for social assistance benefits. A sponsor cannot force Citizenship and Immigration Canada to remove you from Canada.

An undertaking is unconditional and may not be terminated. Under no circumstances does the granting of Canadian citizenship, divorce, separation or relationship breakdown, financial deterioration or moving to another province cancel the undertaking.

LEGAL AND FINANCIAL CONSEQUENCES

The co-signer, if applicable, is jointly and severally or solidarily bound with the sponsor to perform the obligations of the sponsorship undertaking and is liable with the sponsor for any breach of those obligations. If the sponsor and, if applicable, the co-signer do not provide support as required, the sponsored person can take legal action.

AUTHORIZATION FOR DISCLOSURE OF PERSONAL INFORMATION

The sponsored person consents to the release to the sponsor or co-signer of information concerning social assistance the sponsored person or his or her family members applied for or received during the validity period of the sponsorship undertaking.

DECLARATION

I understand the contents of this agreement, having asked for and obtained an explanation on every point that was not clear to me.

Signature of sponsor

Date

Day	Month	Year

Signature of co-signer

Date

Day	Month	Year

Signature of sponsored person (principal applicant)

Date

Day	Month	Year



FINANCIAL EVALUATION

IMM
1283
(08-2004)
English

ABOUT YOU AND, IF APPLICABLE, YOUR CO-SIGNER

1. A) Your full name

Family name

Given name(s)

B) Is your spouse or common-law partner co-signing the undertaking?

No Yes Give the following details.

Full name of your spouse or common-law partner

Family name

Given name(s)

Date of birth

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

The information you provide on this form is collected under the authority of the **Immigration and Refugee Protection Act** and **Regulations** and will be used in **assessing your eligibility as a sponsor** according to the regulatory requirements. It will be retained in the Personal Information Bank CIC PPU 013. It may be shared with other organizations in accordance with the consistent use of information under the **Privacy Act**. Under the **Privacy Act** and the **Access to Information Act** individuals have the right to protection of and access to their personal information. Details on these matters are available at infosource.gc.ca and through the Citizenship and Immigration Call Centre. **Infosource is also available at Public Libraries in Canada.**

YOUR FAMILY MEMBERS AND PERSONS INCLUDED IN UNDERTAKINGS IN EFFECT OR NOT YET IN EFFECT SIGNED BY YOU AND, IF APPLICABLE, YOUR CO-SIGNER

2. You

3. A) Current undertaking

Number of persons included in section C of your *Application to Sponsor and Undertaking* (form IMM 1344A)

B) Previous undertakings

i) Number of persons included in previous undertakings you signed as a sponsor and that are still in effect. Provide details on the back of this page.

ii) Number of persons included in previous undertakings you signed as a sponsor and that are not yet in effect (persons who have not yet become permanent residents). Provide details on the back of this page.

iii) Number of persons included in previous undertakings you co-signed, where these undertakings are still in effect. Provide details on the back of this page.

iv) Number of persons included in previous undertakings you co-signed where these undertakings are not yet in effect (persons who have not yet become permanent residents). Provide details on the back of this page.

4. Complete this section only if your spouse or common-law partner is co-signing the undertaking

i) Number of persons included in previous undertakings your spouse or common-law partner signed as a sponsor and that are still in effect. Do not include persons already accounted for in 2. or 3.B(iii). Provide details on the back of this page.

ii) Number of persons included in previous undertakings your spouse or common-law partner signed as a sponsor and that are not yet in effect (persons who have not yet become permanent residents). Do not include persons already accounted for in question 3.B(iv). Provide details on the back of this page.

iii) Number of persons included in previous undertakings your spouse or common-law partner co-signed, where these undertakings are still in effect. Do not include persons already accounted for in question 3.B(i). Provide details on the back of this page.

iv) Number of persons included in previous undertakings your spouse or common-law partner co-signed where these undertakings are not yet in effect (persons who have not yet become permanent residents). Do not include persons already accounted for in question 3.B(ii). Provide details on the back of this page.

5. Your spouse or common-law partner, if not included in 3. above. Provide details on the back of this page if he or she is not co-signing the undertaking.

6. Every other family member not included above and dependent on you financially, whether they are living with you or not. Enter their number in the box on the right and provide details on the back of this page.

FINANCIAL REQUIREMENT

7. Total number of persons for the purpose of determining your minimum necessary income.

Add the numbers entered in the boxes for 2, 3, 4, 5 and 6 above and write the total here.

8. Minimum necessary income.

See instructions on how to complete this form for details

9. Total income available to sponsor

Add amounts in boxes 14 and 19 and enter total here

If this amount is less than the amount of the minimum necessary income above, you do not meet the sponsorship eligibility requirements. Do not send your application.



Details of your family members and persons included in undertakings in effect or not yet in effect signed by you and, if applicable, your co-signer.

Family name	Given name(s)	Date of birth		
		D	M	Y

3. B. i) Persons included in previous undertakings you signed as a sponsor and that are still in effect.

3. B. ii) Persons included in previous undertakings you signed as a sponsor and that are not yet in effect.

3. B. iii) Persons included in previous undertakings you co-signed and that are still in effect.

3. B. iv) Persons included in previous undertakings you co-signed and that are not yet in effect.

4. i) Persons included in previous undertakings your spouse or common-law partner signed as a sponsor and that are still in effect.

4. ii) Persons included in previous undertakings your spouse or common-law partner signed as a sponsor and that are not yet in effect.

4. iii) Persons included in previous undertakings your spouse or common-law partner co-signed and that are still in effect.

4. iv) Persons included in previous undertakings your spouse or common-law partner co-signed and that are not yet in effect.

5. Your spouse or common-law partner, if he or she is not co-signing the undertaking.

--	--	--	--	--

6. Every other family member not listed above and dependent on you financially, whether they are living with you or not.

10. Your current situation

Check box below which best describes your current situation.

Unemployed ▶ Give details of your current situation and indicate how you support yourself. If you need additional space, provide details on a separate sheet of paper.

Employed ▶ You are working for an employer and are paid a salary, wages or a commission for your services.

Self-employed ▶ You have your own business, practice a trade or a profession and conduct activities for a profit.

11. Complete the sections (A, B and/or C) which apply to your situation during the 12 months preceding the date of your application. If your situation changed during that period, in the Period I column, enter information on the most recent period and, in the next columns, enter information on the previous period(s), which make(s) up the rest of the 12 months preceding your application. Refer to your guide for additional information. If you need additional space, provide details on a separate sheet.

TWELVE MONTHS PRECEDING DATE OF APPLICATION

		PERIOD I	PERIOD II	PERIOD III																		
A UNEMPLOYED	Income	<table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">From</td> <td style="text-align: center;">To</td> </tr> <tr> <td style="text-align: center;">Day Month Year</td> <td style="text-align: center;">Day Month Year</td> </tr> <tr> <td style="text-align: center;"> _ _ </td> <td style="text-align: center;"> _ _ </td> </tr> </table>	From	To	Day Month Year	Day Month Year	_ _	_ _	<table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">From</td> <td style="text-align: center;">To</td> </tr> <tr> <td style="text-align: center;">Day Month Year</td> <td style="text-align: center;">Day Month Year</td> </tr> <tr> <td style="text-align: center;"> _ _ </td> <td style="text-align: center;"> _ _ </td> </tr> </table>	From	To	Day Month Year	Day Month Year	_ _	_ _	<table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">From</td> <td style="text-align: center;">To</td> </tr> <tr> <td style="text-align: center;">Day Month Year</td> <td style="text-align: center;">Day Month Year</td> </tr> <tr> <td style="text-align: center;"> _ _ </td> <td style="text-align: center;"> _ _ </td> </tr> </table>	From	To	Day Month Year	Day Month Year	_ _	_ _
	From	To																				
Day Month Year	Day Month Year																					
_ _	_ _																					
From	To																					
Day Month Year	Day Month Year																					
_ _	_ _																					
From	To																					
Day Month Year	Day Month Year																					
_ _	_ _																					
	\$	\$	\$																			
B EMPLOYED	Name of employer	<table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">From</td> <td style="text-align: center;">To</td> </tr> <tr> <td style="text-align: center;">Day Month Year</td> <td style="text-align: center;">Day Month Year</td> </tr> <tr> <td style="text-align: center;"> _ _ </td> <td style="text-align: center;"> _ _ </td> </tr> </table>	From	To	Day Month Year	Day Month Year	_ _	_ _	<table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">From</td> <td style="text-align: center;">To</td> </tr> <tr> <td style="text-align: center;">Day Month Year</td> <td style="text-align: center;">Day Month Year</td> </tr> <tr> <td style="text-align: center;"> _ _ </td> <td style="text-align: center;"> _ _ </td> </tr> </table>	From	To	Day Month Year	Day Month Year	_ _	_ _	<table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">From</td> <td style="text-align: center;">To</td> </tr> <tr> <td style="text-align: center;">Day Month Year</td> <td style="text-align: center;">Day Month Year</td> </tr> <tr> <td style="text-align: center;"> _ _ </td> <td style="text-align: center;"> _ _ </td> </tr> </table>	From	To	Day Month Year	Day Month Year	_ _	_ _
	From	To																				
	Day Month Year	Day Month Year																				
	_ _	_ _																				
	From	To																				
	Day Month Year	Day Month Year																				
	_ _	_ _																				
	From	To																				
	Day Month Year	Day Month Year																				
	_ _	_ _																				
Address																						
Telephone number																						
Name of supervisor																						
Occupation/position																						
Hours worked per week																						
Rate: <input type="checkbox"/> per week	\$	\$	\$																			
<input type="checkbox"/> per hour	\$	\$	\$																			
Income	\$	\$	\$																			
C SELF-EMPLOYED	Name of business	<table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">From</td> <td style="text-align: center;">To</td> </tr> <tr> <td style="text-align: center;">Day Month Year</td> <td style="text-align: center;">Day Month Year</td> </tr> <tr> <td style="text-align: center;"> _ _ </td> <td style="text-align: center;"> _ _ </td> </tr> </table>	From	To	Day Month Year	Day Month Year	_ _	_ _	<table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">From</td> <td style="text-align: center;">To</td> </tr> <tr> <td style="text-align: center;">Day Month Year</td> <td style="text-align: center;">Day Month Year</td> </tr> <tr> <td style="text-align: center;"> _ _ </td> <td style="text-align: center;"> _ _ </td> </tr> </table>	From	To	Day Month Year	Day Month Year	_ _	_ _	<table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">From</td> <td style="text-align: center;">To</td> </tr> <tr> <td style="text-align: center;">Day Month Year</td> <td style="text-align: center;">Day Month Year</td> </tr> <tr> <td style="text-align: center;"> _ _ </td> <td style="text-align: center;"> _ _ </td> </tr> </table>	From	To	Day Month Year	Day Month Year	_ _	_ _
	From	To																				
	Day Month Year	Day Month Year																				
	_ _	_ _																				
From	To																					
Day Month Year	Day Month Year																					
_ _	_ _																					
From	To																					
Day Month Year	Day Month Year																					
_ _	_ _																					
Occupation/position																						
Share in business	%	%	%																			
Net income	\$	\$	\$																			

12. Calculation of income based on the Option C printout

12A	Amount of line 150 on your Option C printout issued by the Canadian Revenue Agency (see the Document Checklist for details on how to obtain your Option C printout)		1
12B	Benefits and/or allowances included in line 150 on your Option C printout:		
	• Amount of provincial allowance you received for instruction or training		2
	• Amount of social assistance paid to you by a province	+	3
	• Amounts other than special benefits paid to you under the <i>Employment Insurance Act</i>	+	4
	• Amount of guaranteed income supplement paid to you under the <i>Old Age Security Act</i>	+	5
	Total amount of allowances and/or benefits included in line 150 on your Option C printout: add lines 2 to 5	=	6
12C	Available income based on the Option C printout: line 1 minus line 6	-	7

13. Calculation of income based on preceding 12 months

13A	PERSONAL INCOME FROM EMPLOYMENT		
	Income you earned from employment in the 12 months preceding your application and for which you have received or will receive a T-4		
	Add amounts entered on last line of columns I, II and III in Section 11B and enter total here		1
	If necessary, provide on a separate sheet details of income earned from employment not included in line 1 and enter total here	+	2
	PERSONAL INCOME FROM BUSINESS (PROFESSIONAL) AND OTHER SELF-EMPLOYMENT		
	Add amounts entered on last line of columns I, II and III in Section 11C and enter total here	+	3
	If necessary, provide on a separate sheet details of net income earned from self-employment not included in line 3 and enter total here	+	4
	Total personal income from employment, business and other self-employment: add lines 1 to 4	=	5
13B	OTHER INCOME		
	Net rental income		6
	Investment and interest income	+	7
	Pension income	+	8
	Maternity, parental or sickness benefits paid under the <i>Employment Insurance Act</i>	+	9
	Other income ▶ Specify <input style="width: 150px; height: 20px;" type="text"/>	+	10
	Total other income: add lines 6 to 10	=	11
13C	Available income based on preceding 12 months: add lines 5 and 11	+	12

Your available income

14	Enter the greater of the two amounts in 12C or 13C; this is your available income.	
-----------	--	--

15. Your spouse's/common-law partner's current situation

Check box below which best describes your spouse's/common-law partner's current situation.

Unemployed ► Give details of your spouse's/common-law partner's current situation and indicate how he/she supports him/herself. If you need additional space, provide details on a separate sheet of paper.

Employed ► Your spouse/common-law partner is working for an employer and is paid a salary, wages or a commission for his/her services.

Self-employed ► Your spouse/common-law partner has his/her own business, practices a trade or a profession and conducts activities for a profit.

16. Complete the sections (A, B and/or C) which apply to your spouse's/common-law partner's situation during the 12 months preceding the date of your application. If his/her situation changed during that period, in the Period I column, enter information on the most recent period and, in the next columns, enter information on the previous period(s), which make(s) up the rest of the 12 months preceding your application. Refer to your guide for additional information. If you need additional space, provide details on a separate sheet.

TWELVE MONTHS PRECEDING DATE OF APPLICATION

		PERIOD I	PERIOD II	PERIOD III									
		From	To	From	To	From	To						
		Day	Month	Year	Day	Month	Year	Day	Month	Year	Day	Month	Year
A UNEMPLOYED	Income	\$		\$		\$							
	B EMPLOYED	Name of employer											
Address													
Telephone number													
Name of supervisor													
Occupation/position													
Hours worked per week													
Rate: <input type="checkbox"/> per week <input type="checkbox"/> per hour		\$		\$		\$		\$		\$		\$	
Income	\$		\$		\$		\$		\$		\$		
C SELF-EMPLOYED	Name of business												
	Occupation/position												
	Share in business	%		%		%		%		%		%	
	Net income	\$		\$		\$		\$		\$		\$	

17. Calculation of income based on the Option C printout

17A	Amount of line 150 on the Option C printout issued to your spouse/common-law partner by the Canadian Revenue Agency (see the Document Checklist for details on how to obtain the Option C printout)	_____ _____	1
17B Benefits and/or allowances included in line 150 on your spouse's/common-law partner's Option C printout:			
	• Amount of provincial allowance he/she received for instruction or training	_____ _____	2
	• Amount of social assistance paid to him/her by a province	+ _____ _____	3
	• Amounts other than special benefits paid to him/her under the <i>Employment Insurance Act</i>	+ _____ _____	4
	• Amount of guaranteed income supplement paid to him/her under the <i>Old Age Security Act</i>	+ _____ _____	5
	Total amount of allowances and/or benefits included in line 150 on your spouse's/ common-law partner's Option C printout: add lines 2 to 5	= _____ _____	6
17C	Available income based on the Option C printout: line 1 minus line 6	- _____ _____	7

18. Calculation of income based on preceding 12 months

18A PERSONAL INCOME FROM EMPLOYMENT			
Income your spouse/common-law partner earned from employment in the 12 months preceding your application and for which he/she has received or will receive a T-4			
	Add amounts entered on last line of columns I, II and III in Section 16B and enter total here	_____ _____	1
	If necessary, provide on a separate sheet details of income earned from employment not included in line 1 and enter total here	+ _____ _____	2
PERSONAL INCOME FROM BUSINESS (PROFESSIONAL) AND OTHER SELF-EMPLOYMENT			
	Add amounts entered on last line of columns I, II and III in Section 16C and enter total here	+ _____ _____	3
	If necessary, provide on a separate sheet details of net income your spouse/common-law partner earned from self-employment not included in line 3 and enter total here	+ _____ _____	4
	Total personal income from employment, business and other self-employment: add lines 1 to 4	= _____ _____	5
OTHER INCOME			
18B	Net rental income	_____ _____	6
	Investment and interest income	+ _____ _____	7
	Pension income	+ _____ _____	8
	Maternity, parental or sickness benefits paid under the <i>Employment Insurance Act</i>	+ _____ _____	9
	Other income ▶ Specify <input style="width: 200px;" type="text"/>	+ _____ _____	10
	Total other income: add lines 6 to 10	= _____ _____	11
18C	Available income based on preceding 12 months: add lines 5 and 11	+ _____ _____	12

Your spouse's/common-law partner available income

19	Enter the greater of the two amounts in 17C or 18C; this is your spouse's/common-law partner's available income.	_____ _____
-----------	--	---------------



STATUTORY DECLARATION OF COMMON-LAW UNION

(IF APPLICABLE)

Country: Province/State/Territory: To Wit:	In the matter of an application made pursuant to the <i>Immigration and Refugee Protection Act</i> and Regulations And In the matter of common-law union,
--	---

We, _____ (name of declarant) and _____ (name of declarant's partner) of _____ (name of city, town, village), county of _____ (if applicable) in _____ (name of province, state, territory) in the country of _____ (name of country), solemnly declare that we have cohabited in a conjugal relationship for _____ continuous year(s) from _____ to _____.

Day Month Year Day Month Year

1 My common-law partner and I: a) Have jointly signed a residential lease, mortgage or purchase agreement relating to a residence in which we both live. <input type="checkbox"/> Yes <input type="checkbox"/> No	b) Jointly own property other than our residence. <input type="checkbox"/> Yes <input type="checkbox"/> No	c) Have joint bank, trust, credit union or charge card accounts. <input type="checkbox"/> Yes <input type="checkbox"/> No	d) Have declared our common-law union under the <i>Canadian Income Tax Act</i> . (T-1 "General - Individual Income Tax Return") <input type="checkbox"/> Yes <input type="checkbox"/> No
--	---	--	---

2 I have life insurance on myself which names my common-law partner as beneficiary. <input type="checkbox"/> Yes <input type="checkbox"/> No	3 My common-law partner has life insurance on him/herself which names me as beneficiary. <input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

4 If none of the above sections applies, what other documentary evidence do you have that would indicate your relationship as common-law partners?

5 SOLEMN DECLARATION

We make this solemn declaration conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath.

Name of declarant	Signature of declarant
Name of declarant's partner	Signature of declarant's partner
Declared before me at (City, Town, Village)	Commissioner of Oaths (Name)
county of	Signature of Commissioner of Oaths
in the province/state/territory of _____ in (country)	
this _____ day of _____ of the year _____	

Information to be provided on the Statutory Declaration of Common-law Union is collected under the authority of the *Immigration and Refugee Protection Act* and is required to determine your eligibility or that of your partner with respect to an application for sponsorship, an application for permanent residence or an application for temporary residence. It may be used to enforce any provisions of the Act or its regulations and may be provided to provincial authorities pursuant to federal/provincial information exchange agreements. Information you provide on this form will be stored in Personal Information Banks CIC PPU 013 (Sponsors of immigrants), CIC PPU 015 (Immigration case files), CIC PPU 051 (Foreign students records and case file), CIC PPU 053 (Permanent resident data system), CIC PPU 054 (Foreign workers records and case file). It is protected and accessible under the provisions of the *Privacy Act* and the *Access to Information Act*. Instructions for obtaining information are provided in InfoSource, a copy of which is located in all Citizenship and Immigration offices.



USE OF A REPRESENTATIVE

A representative is someone who has your permission to conduct business on your behalf with Citizenship and Immigration Canada (CIC) and Canada Border Services Agency (CBSA). You may have **one** representative only. If you appoint an additional representative, the previous representative will no longer be authorized to conduct business on your behalf and receive information on your case file.

Your dependent children aged 18 years or older must complete their own copy of this form if they have a representative.

- I am: appointing a representative. **Complete Sections A, B and D.**
 cancelling the appointment of a representative. **Complete Section A, C and D.**

SECTION A: APPLICANT INFORMATION

1. Your full name

Family name (Surname)

Given name(s)

2. Your date of birth

Day	Month	Year

3. If you have already submitted your application:

Name of office where the application was submitted

Location of office

Type of application
(permanent residence, extension of study permit, etc.)

4. Your Citizenship and Immigration Canada Identification number (if known)

Client Identification (ID) or
Unique Client Identifier (UCI) number

SECTION B: APPOINTMENT OF REPRESENTATIVE

- I authorize the following individual to serve as my representative and to conduct business on my behalf with Citizenship and Immigration Canada and Canada Border Services Agency.
- I authorize Citizenship and Immigration Canada and Canada Border Services Agency to release information from my case file and that of my dependent children under 18 years of age to my representative. This authorization is in accordance with the *Privacy Act*.
- I am aware that any information which would be subject to exemption, if I had the right of access under the *Privacy Act* or the *Access to Information Act*, will likely not be released.

5. Your representative's full name

Family name (Surname)

Given name(s)

6. Your representative: (choose one)

is **UNPAID** and is a:

- family member or friend
 member of a non-governmental or religious organization
 member of the Canadian Society of Immigration Consultants, a Canadian provincial or territorial law society, or the *Chambre des notaires du Québec*.
 other

is or will be **PAID** and is a member in good standing of:

- the Canadian Society of Immigration Consultants (CSIC)
▶ Membership ID number
- a Canadian provincial or territorial law society
▶ Which province or territory?
▶ Membership ID number
- the *Chambre des notaires du Québec*
▶ Membership ID number

7. Your representative's contact information

Name of firm or organization (if applicable)			
Mailing address			
Postal code/ZIP			
Telephone number	Country code	Area code	Number
	()	()	
Fax number	Country code	Area code	Number
	()	()	
E-mail address (if applicable)			

By indicating your representative's e-mail address, you are hereby authorizing Citizenship and Immigration Canada to transmit your file and personal information to this specific e-mail address.

8. Your representative's declaration:

- I declare that the information in Section B is truthful, complete and correct.
- I understand and accept that I am the person appointed by the applicant to conduct business on the applicant or sponsor's behalf with Citizenship and Immigration Canada and Canada Border Services Agency.

Signature of representative

Date

Day	Month	Year

SECTION C: CANCEL THE APPOINTMENT OF A REPRESENTATIVE

I withdraw my authorization for this person to serve as my representative, to receive information on my case file and to conduct business on my behalf with Citizenship and Immigration Canada and Canada Border Services Agency.

9. Your representative's full name

Family name (Surname)

Given name(s)

Name of firm or organization
(if applicable)
SECTION D: YOUR DECLARATION**10.**

- I declare that the information I have given is truthful, complete and correct.
- I understand all the foregoing statements, having asked for and obtained an explanation for every point that was not clear to me.

Signature of applicant

Date

Day	Month	Year

Signature of spouse or common-law partner
(if applicable)

Date

Day	Month	Year

Warning! It is a serious offence to give false or misleading information on this form.

The information you provide on this form is collected under the authority of the *Immigration and Refugee Protection Act* and will be used in assessing your application according to the requirements of the Act. It will be retained in a Personal Information Bank identified in **Infosource**. It may be shared with other organizations in accordance with the consistent use of information under the *Privacy Act*. Under the *Privacy Act* and the *Access to Information Act* individuals have the right to protection of and access to their personal information. Details on these matters are available at infosource.gc.ca and through the Citizenship and Immigration Call Centre. **Infosource is also available in Canadian public libraries.**