

French

Language of correspondence

OR

English

<b>RIGHT OF PERMANENT RESIDENCE</b>
FEE LOAN APPLICATION

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Canadä

FEE LOAN APPLICATION						Client ID number					
1	LOAN APPLICANT										
	Surname (Family name) Given name(s)										
Sex     Male     Female         Date of birth (YYYY-MM-DD)     Country of birth     Status in Canada   Social in						Social ins	cial insurance no.				
Home telephone no. (Area code and no.)     Work telephone no. (Area code and no.)     Fax number (Area code and no.)							no.)				
2	ADDRESS										
	Street and no.								Apt.	no.	
	City	Pro	vince		Countr	у			Post	al code	
	MAILING ADDRESS										
	Street and no.								Apt.	no.	
	City	Pro	vince		Countr	у			Post	<sup>D</sup> ostal code	
3	SIZE OF FAMILY								I		
	Yourself										
	Your spouse or common-law partne	er							+		
	Children (regardless of age or degr	ee of depende	ency) that depend on ye	ou or your spouse or	common-law p	bartner			+		
	Previously sponsored relatives who										
	Any other relatives who are depend	dent on you or	your spouse or commo	on-law partner for sup	pport				+		
	Relatives you are sponsoring on the	e Undertaking							+		
	Other dependent children of the pri	ncipal applica	nt who are not applying	g for permanent reside	ence at this tim	ne				+	
							TOTAL SIZE OF FA (Total o	MILY UNI			
4	RIGHT OF PERMANENT RESIDENCE I	FEE LOAN RE	EQUEST FOR:								
	L CULDE YOURSELF (IF APPLICABLE) ANI E RPRF. (Add an additional sheet of pape	D ALL OF YO		S INCLUDED IN YOU	JR APPLICATI	ION WHO	O ARE NOT EXEMPT FRO			T \$490 IN A OR B	
SURNAME (FAMILY NAME) GIVEN NAME(S) DATE OF BIRTH (YYYY-MM-DD) RELATIONSHIP TO LOAN APPLICANT In							DES (B) Abroad				
						-+					

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5 CURRENT REVENUES AND OBLIGATIONS								
MONTHLY FAMILY INCOME	MONTHLY FAMILY DE	NTHLY FAMILY DEBT PAYMENTS			MONTHLY FAMILY LIVING EXPENSES			
Earnings from employment	Loans (Details below at B)	ıs (Details below at B)			Rent			
Rental income Credit card			EI	Electricity / Gas / Water				
Pension income	Credit cart		Te	Telephone				
Child tax benefits	Other debts (Details below at C)			Groceries				
Other income (Details below at A)	TOTAL			Daycare				
Other assets (Details below at A)		<u></u>	] [In:	Insurance (Auto)				
TOTAL	-		В	us passes				
			Of	ther (Details below at I	D)			
					TOTAL			
A Other assets/income								
B Loans	AMOUNT	PAYMENTS ST (YYYY-MM		PAYMENTS END D (YYYY-MM-DD		MONTHLY PAYMENTS		
C Other debts								
D Other living expenses								
6 FUTURE REVENUES AND OBLIGATIONS								
Anticipated revenue or funds:	YEA When anticipated	R Source						
Other (Please specify)								
Anticipated future obligations:								
7 SOCIAL ASSISTANCE								
Are you or is any other member of your immediate family cu	rrently on social assistance?		ר 🗌 א	/es 🗌 No				
	(a) SELF	CON	(b) SPOUSE MMON-LAW	OR PARTNER	OTHE	(c) ER FAMILY MEMBER		
If "YES", indicate with a as applicable								
Date commenced social assistance	(YYYY-MM-DD)	]	(YYYY-MM	<u>1-DD)</u>		(YYYY-MM-DD)		

Dollar (\$) amount of monthly assistance:

Are you or is any other immediate family r	Yes No							
		(a) SELF		(b) SPOUSE OI COMMON-LAW PA		(c) OTHER FAMILY MEMBER		
If "YES", indicate with a as app	licable				·			
		(YYYY-MM-	-DD)	(YYYY-MM-D	D)	(YYYY-MM-DD)		
Date commenced employment insurance								
Dollar (\$) amount received each month:								
9 PROVIDE THE FOLLOWING INFOR	RMATION IF APPLI	CABLE						
EMPLOYMENT HISTORY - LOAN A	PPLICANT (For the	e last 24 months. Add ar	additional shee	t of paper if required)				
Current employer				Salary		From (YYYY-MM-DD)		
Street and no.				Occupation		To (YYYY-MM-DD)		
City	Province	Country		Postal code		Telephone no. (Area code and no.		
Previous employer				Salary		From (YYYY-MM-DD)		
Street and no.				Occupation		To (YYYY-MM-DD)		
City	Province		Country	Postal code		Telephone no. (Area code and no.)		
EMPLOYMENT HISTORY - SPOUSI (For the last 24 months. Add an addit			I HER IMMEDIAT	E FAMILY MEMBER				
Name of family member								
Current employer				Salary		From (YYYY-MM-DD)		
Street and no.				Occupation		To (YYYY-MM-DD)		
City	City Province Country			Postal code		Telephone no. (Area code and no.		
Previous employer	Salary		From (YYYY-MM-DD)					
Street and no.				Occupation		To (YYYY-MM-DD)		
City	ty Province Country			1	Postal code	Telephone no. (Area code and no.)		
					1			

EMPLOYMENT INSURANCE BENEFITS

8

10 PROVIDE THE FOLLOWING INI	ORMATION IF	APPLICABLE							
VOLUNTARY OR OTHER UNPAID WORK - LOAN APPLICANT (Add additional sheet of paper if required)									
Name of organization									
Street and no.									
City		Province		Coun	try				Postal code
Type of work									
Hours per week							Duration		
VOLUNTARY OR OTHER UNPA	ID WORK - SPC	USE OR COMMON-LAW PARTNER	AND OTHER IM	MEDIAT	E FAMIL	Y MEMBER (	Add additional sh	eet of pap	per if required)
Name of family member									
Name of organization									
Street and no.									
City		Province		Coun	try				Postal code
Type of work									
Hours per week							Duration		
11 PROVIDE THE FOLLOWING INI	ORMATION IF	APPLICABLE							
IF CURRENTLY ENROLLED IN	A SCHOOL, TR	AINING OR LANGUAGE PROGRAM	I - LOAN APPLIC	ANT (Ad	ld additior	nal sheet of p	aper if required)		
Name of school or facility					Enrolled		] Full-time	F	art-time
Street and no.					1				
City		Province		Coun	try				Postal code
Course of studies		1							
Date commenced	(-MM-DD)	uration of course or program	Days M	onths	Years	Completio	n date	(YY	(Y-MM-DD)
SPOUSE OR COMMON-LAW PA		AINING OR LANGUAGE PROGRAM THER IMMEDIATE FAMILY MEMBE		sheet of	f paper if r	required)			
Name of family member									
Name of school or facility					Enrolled		Full-time	F	art-time
Street and no.					1				
City		Province		Coun	try				Postal code
Course of studies		1		_					
Date commenced	-MM-DD) Du	ration of course or program	Days Mo	nths	Years	Completion	date 🕨	(YYY	Y-MM-DD)

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12	ANSWER THE FOLLOWING QUESTIONS AS THOROUGHLY AS POSSIBLE. IF ANY OF THE QUESTIONS ARE NOT APPLICABLE TO YOUR SITUATION PLEASE INDICATE WITH A "N/A" OR A SIMPLE STATEMENT.
A	Do you have any savings, bank accounts, business shares or real estate? Indicate the location and approximate value in Canadian dollars.
	Do you have close contact with your or your spouses' or common-law partner's parents? Indicate if they are living in or outside of Canada. Have they been approached for
В	financial assistance, and if so what was their response.
с	Have you approached a bank or other financial institution for the loan? (Answer only if you have been in Canada for 3 years or more)
D	Do you currently have the processing fee(s) associated with your application for permanent residence? If so, how did you acquire these funds? If not, how do you intend to obtain these funds?
-	
E	How do you plan to cover the transportation costs of bringing your family to Canada?
F	If you are not currently employed, outline the efforts you have made to obtain employment.
G	In the space provided add any information which you feel would be helpful in processing your loan application.
0	

13	DECLARATION									
l ce	I certify that the above information is true and give consent to Citizenship and Immigration Canada to verify any of the information provided on this application.									
	Signature of loan applicant	Date (YYYY-MM-DD)								
	Signature of spouse	Date (YYYY-MM-DD)								
	FOR OFFICIAL USE ONLY									
RP	RF LOAN CALCULATION									
A)	Number of persons residing in Canada for whom loan requested (from 4(A))	X 490 \$ =	in Car	nada						
B)	Number of persons for whom loan requested residing abroad (from 4(B))	X 490 \$ =	abroa	ıd						
		TOTAL LOAN AMOUNT REQUESTED								
		(A+B)								
	Approved									
	Refused									
-										
0.0										
Sig	nature of officer  Signature		Date (YYYY-MM-DD)	-						
1	Cignataic									

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