

5 CURRENT REVENUES AND OBLIGATIONS		
MONTHLY FAMILY INCOME	MONTHLY FAMILY DEBT PAYMENTS	MONTHLY FAMILY LIVING EXPENSES
Earnings from employment	Loans (Details below at B)	Rent
Rental income	Credit card	Electricity / Gas / Water
Pension income	Credit card	Telephone
Child tax benefits	Other debts (Details below at C)	Groceries
Other income (Details below at A)	TOTAL <input style="width:100px;" type="text"/>	Daycare
Other assets (Details below at A)		Insurance (Auto)
TOTAL <input style="width:100px;" type="text"/>		Bus passes
		Other (Details below at D)
		TOTAL <input style="width:100px;" type="text"/>

A Other assets/income

B Loans	AMOUNT	PAYMENTS START DATE (YYYY-MM-DD)	PAYMENTS END DATE (YYYY-MM-DD)	MONTHLY PAYMENTS

C Other debts

D Other living expenses

6 FUTURE REVENUES AND OBLIGATIONS

Anticipated revenue or funds: _____ When anticipated _____ YEAR _____ Source _____

Other (Please specify)

Anticipated future obligations: _____

7 SOCIAL ASSISTANCE

Are you or is any other member of your immediate family currently on social assistance? Yes No

	(a) SELF	(b) SPOUSE OR COMMON-LAW PARTNER	(c) OTHER FAMILY MEMBER
If "YES", indicate with a <input type="checkbox"/> as applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date commenced social assistance	(YYYY-MM-DD) <input style="width:150px;" type="text"/>	(YYYY-MM-DD) <input style="width:150px;" type="text"/>	(YYYY-MM-DD) <input style="width:150px;" type="text"/>
Dollar (\$) amount of monthly assistance:	<input style="width:150px;" type="text"/>	<input style="width:150px;" type="text"/>	<input style="width:150px;" type="text"/>

8	EMPLOYMENT INSURANCE BENEFITS		
Are you or is any other immediate family member in receipt of employment insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	(a) SELF	(b) SPOUSE OR COMMON-LAW PARTNER	(c) OTHER FAMILY MEMBER
If "YES", indicate with a <input type="checkbox"/> as applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(YYYY-MM-DD)	(YYYY-MM-DD)	(YYYY-MM-DD)
Date commenced employment insurance			
Dollar (\$) amount received each month:			

9	PROVIDE THE FOLLOWING INFORMATION IF APPLICABLE
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EMPLOYMENT HISTORY - LOAN APPLICANT (For the last 24 months. Add an additional sheet 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 - SPOUSE OR COMMON-LAW PARTNER AND OTHER IMMEDIATE FAMILY MEMBER
(For the last 24 months. Add an additional sheet of paper if required)

Name of family member				
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.)

10	PROVIDE THE FOLLOWING INFORMATION IF APPLICABLE
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VOLUNTARY OR OTHER UNPAID WORK - LOAN APPLICANT (Add additional sheet of paper if required)

Name of organization			
Street and no.			
City	Province	Country	Postal code
Type of work			
Hours per week			Duration

VOLUNTARY OR OTHER UNPAID WORK - SPOUSE OR COMMON-LAW PARTNER AND OTHER IMMEDIATE FAMILY MEMBER (Add additional sheet of paper if required)

Name of family member			
Name of organization			
Street and no.			
City	Province	Country	Postal code
Type of work			
Hours per week			Duration

11	PROVIDE THE FOLLOWING INFORMATION IF APPLICABLE
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IF CURRENTLY ENROLLED IN A SCHOOL, TRAINING OR LANGUAGE PROGRAM - LOAN APPLICANT (Add additional sheet of paper if required)

Name of school or facility		Enrolled <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Street and no.			
City	Province	Country	Postal code
Course of studies			
Date commenced <input type="checkbox"/>	(YYYY-MM-DD)	Duration of course or program <input type="checkbox"/>	Days Months Years Completion date <input type="checkbox"/> (YYYY-MM-DD)

IF CURRENTLY ENROLLED IN A SCHOOL, TRAINING OR LANGUAGE PROGRAM
SPOUSE OR COMMON-LAW PARTNER AND OTHER IMMEDIATE FAMILY MEMBER (Add additional sheet of paper if required)

Name of family member			
Name of school or facility		Enrolled <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Street and no.			
City	Province	Country	Postal code
Course of studies			
Date commenced <input type="checkbox"/>	(YYYY-MM-DD)	Duration of course or program <input type="checkbox"/>	Days Months Years Completion date <input type="checkbox"/> (YYYY-MM-DD)

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. _____ _____
B	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 financial assistance, and if so what was their response. _____ _____
C	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. _____ _____ _____ _____ _____

13 DECLARATION

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

RPRF LOAN CALCULATION

A) Number of persons residing in Canada for whom loan requested (from 4(A)) _____ X 490 \$ = _____ in Canada

B) Number of persons for whom loan requested residing abroad (from 4(B)) _____ X 490 \$ = _____ abroad

TOTAL LOAN AMOUNT REQUESTED (A+B)

<input type="checkbox"/> Approved <input type="checkbox"/> Refused	Reason	
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Signature of officer _____ Signature _____ Date (YYYY-MM-DD)

The information you provide on this form is collected under the authority of the *Immigration and Refugee Protection Act* and will be used for the purpose of 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.**