

RIGHT OF PERMANENT RESIDENCE FEE LOAN APPLICATION

Language of correspondence							
English	OR	French					
Client ID number							

1	1 LOAN APPLICANT										
	Surname (Family name) Given name(s)										
		Date of birth	ate of birth (YYYY-MM-DD) Country of birth Status in Canada Social in						e no.		
	Sex Male Female	Male Female									
Ho	me telephone no. (Area code and no.)	o. (Area code and no.) Work telephone no. (Area code and no.) Fax number (Area code and no.))			
_	2 ADDRESS										
2 ADDRESS Street and no. Apt. no.											
Apt.											
	City	Prov	vince		Country			Pos	stal code		
	MAILING ADDRESS										
	Street and no.							Apt	. no.		
	City	Prov	vince		Country			Pos	stal code		
3	SIZE OF FAMILY										
	Yourself								_		
	Your spouse or common-law partne	er							+		
	Children (regardless of age or degr										
	Previously sponsored relatives who	-			•						
	Any other relatives who are depend								+		
	Relatives you are sponsoring on th	_							+		
	Other dependent children of the pri	incipal applicar	nt who are not applying	g for permanent resid	lence at this time _				.+		
						TOTAL SIZE	E OF FAMII (Total of al	LY UNIT I boxes)			
4	RIGHT OF PERMANENT RESIDENCE I	FEE LOAN RE	QUEST FOR:								
INC TH	CULDE YOURSELF (IF APPLICABLE) AN E RPRF. (Add an additional sheet of pape	D ALL OF YOU	JR FAMILY MEMBER	S INCLUDED IN YO	UR APPLICATION	I WHO ARE NOT EXEM	1PT FROM		RT \$490 MN A OR B		
					DATE OF BIR	TH RELATIONS	SHIP TO	RES	SIDES		
	SURNAME (FAMILY NAME)		GIVEN NAME((S)	(YYYY-MM-D			(A) In Canada	(B) Abroad		
								I			

5	CURRENT REVENUES AND OBLIGATIONS								
	MONTHLY FAMILY INCOME		MONTHLY FAMILY DEE	MONTHLY FAMILY LIVING EXPENSES					
Ear	rnings from employment	Loar	ns (Details below at B)		Rent				
Rer	ntal income	Cred	dit card		Electricity / Gas / W	/ater			
Per	nsion income	Cred	dit cart		Telephone				
Chi	ild tax benefits	Othe	er debts (Details below at C)		Groceries				
Oth	ner income (Details below at A)		TOTAL		Daycare				
Oth	ner assets (Details below at A)				Insurance (Auto)				
	TOTAL				Bus passes				
					Other (Details below	w at D)			
				'		тота	L		
Α	Other assets/income								
_	1			PAYMENTS START DA	TE PAYMENTS E	ND DATE	MONTH V DAVMENTO		
В	Loans		AMOUNT	(YYYY-MM-DD)	(YYYY-MN		MONTHLY PAYMENTS		
С	Other debts								
D	Other living expenses								
6	FUTURE REVENUES AND OBLIGATIONS								
Ant	ticipated revenue or funds:	Wher	YEAF n anticipated	R Source					
Oth	ner (Please specify)								
Ant	ticipated future obligations:								
	7 SOCIAL ASSISTANCE								
Are you or is any other member of your immediate family currently on social assistance? Yes No									
			(a) SELF	SPOU	o) SE OR	ОТН	(c) ER FAMILY MEMBER		
lf "\	YES", indicate with a as applicable			COMMON-LA	COMMON-LAW PARTNER				
	Ш		(YYYY-MM-DD)	(YYYY-	(YYYY-MM-DD) (YYYY-MM-DD)				
Dat	te commenced social assistance								
Dol	Dollar (\$) amount of monthly assistance:								

8	EMPLOYMENT INSURANCE BENEFITS										
Are	Are you or is any other immediate family member in receipt of employment insurance?										
		(a) SELF			(b) SPOUSE OR COMMON-LAW PAI		(c) OTHER FAMILY MEMBER				
If "\	'ES", indicate with a as app	licable									
Dat	e commenced employment insurance		(YYYY-MM-	-DD)	(YYYY-MM-DI	D)	(YYYY-MM-DD)				
Dol	lar (\$) amount received each month:										
9	9 PROVIDE THE FOLLOWING INFORMATION IF APPLICABLE										
	EMPLOYMENT HISTORY - LOAN A	PPLICANT (For the	last 24 months. Add an	additional shee	t of paper if required)						
Cur	rent employer				Salary		From (YYYY-MM-DD)				
Stre	eet and no.				Occupation		To (YYYY-MM-DD)				
City Province				Country		Postal code	Telephone no. (Area code and no.)				
Pre	vious employer				Salary		From (YYYY-MM-DD)				
Stre	eet and no.				Occupation		To (YYYY-MM-DD)				
City	,	Province		Country		Postal code	Telephone no. (Area code and no.)				
	EMPLOYMENT HISTORY - SPOUSE (For the last 24 months. Add an addit			HER IMMEDIAT	E FAMILY MEMBER						
Nar	ne of family member										
Cur	rent employer				Salary		From (YYYY-MM-DD)				
Street and no.					Occupation		To (YYYY-MM-DD)				
City	,	Province Country		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 FOLLO	WING INFORMATION	I IF APPLICABL	E									
	VOLUNTARY OR OTH	ER UNPAID WORK - I	OAN APPLICAN	NT (Add additiona	al sheet of	paper if re	equired)					
Nan	ne of organization												
Stre	et and no.												
City			Province					Coun	try				Postal code
Тур	e of work												
Hours per week Duration													
	VOLUNTARY OR OTH	ER UNPAID WORK -	SPOUSE OR CO	MMON-LAW PA	RTNER A	ND OTHE	R IMM	EDIAT	E FAMILY	/ MEMBER	(Add additional sl	neet of par	per if required)
Nan	ne of family member												
Nan	ne of organization												
Stre	et and no.												
City			Province					Coun	try				Postal code
Тур	e of work												<u> </u>
Hou	rs per week										Duration		
11	PROVIDE THE FOLLO	WING INFORMATION	I IF APPLICABL	E									
	IF CURRENTLY ENRO	LLED IN A SCHOOL,	TRAINING OR I	LANGUAGE PRO	OGRAM -	LOAN AP	PLICA	NT (Ac	dd additior	nal sheet of p	paper if required)		
Nan	ne of school or facility								Enrolled	▶ [Full-time	F	Part-time
Stre	et and no.											,	
City			Province					Coun	try				Postal code
Cou	rse of studies												
Date	e commenced	(YYYY-MM-DD)	Duration of cou	urse or program	•	Days	Mor	nths	Years	Completic	on date	(YY	YY-MM-DD)
	IF CURRENTLY ENRO SPOUSE OR COMMON					Add addit	ional sl	heet of	f paper if r	equired)			
SPOUSE OR COMMON-LAW PARTNER AND OTHER IMMEDIATE FAMILY MEMBER (Add additional sheet of paper if required) Name of family member													
Nan	ne of school or facility								Enrolled	> [Full-time	F	Part-time
Stre	et and no.								1				
City			Province					Coun	try				Postal code
Cou	rse of studies												l
	•	(YYYY-MM-DD)				Days	Mont	hs	Years			(YYY	Y-MM-DD)
Date	e commenced		Duration of cour	se or program						Completion	n date		

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.
Α	Do you have any savings, bank accounts, business shares or real estate? Indicate the location and approximate value in Canadian dollars.
В	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.
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?
Е	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.
	The space provided and any minimation which you leer would be helpful in processing your loan application.

	T								
13	DECLARATION								
I 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.								
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		Signature of loan applicant	Date (YYYY-MM-DD)						
			Date (YYYY-MM-DD)						
		Signature of spouse	Dale († † † f-iviivi-DD)						
	FOR OFFICIAL USE ONLY								
RP	RF LOAN CALCULATION								
A)	Number of persons residing in Canad	la for whom loan requested (from 4(A))	X 490 \$ =	in C	Canada				
B)	B) Number of persons for whom loan requested residing abroad (from 4(B))		X 490 \$ =	abro	oad				
			TOTAL LOAN AMOUNT REQUESTED (A+B)						
	Reason								
	Approved								
	Refused								
Sig	nature of officer								
		Signature		Date (YYYY-MM-DD)	_				
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The information you provide on this form is collected under the authority of the *Immigration and Refugee Protection Act* and will be sued 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**.