



RIGHT OF PERMANENT RESIDENCE FEE LOAN APPLICATION

Language of correspondence

English OR French

Client ID number

1 LOAN APPLICANT					
Surname (Family name)			Given name(s)		
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth D M Y	Country of birth	Status in Canada	Social insurance no.	
Home telephone (Area code) No.	Work telephone (Area code) No.	Fax number (Area code) No.			

2 ADDRESS			MAILING ADDRESS		
Street no.		Apt. no.	Street no.		Apt. no.
City	Province/Country	Postal code	City	Province/Country	Postal code

3 SIZE OF FAMILY	
Yourself	1
Your spouse or common-law partner	+
Children (regardless of age or degree of dependency) that depend on you or your spouse or common-law partner	+
Previously sponsored relatives who are still dependent on you or on your spouse or common-law partner for support (previous undertaking still valid)	+
Any other relatives who are dependant on you or your spouse or common-law partner for support	+
Relatives you are sponsoring on the Undertaking	+
Other dependent children of the principal applicant who are not applying for permanent residence at this time	+
TOTAL SIZE OF FAMILY UNIT (Total of all boxes)	▶ <input style="width: 50px; height: 20px;" type="text"/>

4 PERMANENT RESIDENCE FEE LOAN REQUEST FOR:				INSERT \$975 IN COLUMN A OR B		
INCLUDE ALL PERSONS WHO WILL BE INCLUDED IN YOUR APPLICATION FOR PERMANENT RESIDENCE OR UNDERTAKING TO SPONSOR. (Add additional sheet of paper if required.)						
SURNAME (FAMILY NAME)	GIVEN NAME(S)	DATE OF BIRTH D M Y			RESIDES	
					(A) In Canada	(B) Abroad



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 \$	Daycare \$
Other assets (Details below at A) \$		Insurance (Auto) \$
TOTAL \$		Bus passes \$
		Other (Details below at D) \$
		TOTAL \$

A Other assets/income

B Loans	AMOUNT	PAYMENTS START DATE			PAYMENTS END DATE			MONTHLY PAYMENTS
		D	M	Y	D	M	Y	
	\$							\$
	\$							\$

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 <input type="checkbox"/>	(b) SPOUSE OR COMMON-LAW PARTNER <input type="checkbox"/>	(c) OTHER FAMILY MEMBER <input type="checkbox"/>
D M Y	D M Y	D M Y
Date commenced social assistance		
Dollar (\$) amount of monthly assistance:	\$ _____	\$ _____

If "YES", indicate with an "X" as applicable

8 EMPLOYMENT INSURANCE BENEFITS

Are you or is any other immediate family member in receipt of employment insurance? YES NO

If "YES", indicate with an "X" as applicable

(a) SELF	(b) SPOUSE OR COMMON-LAW PARTNER	(c) OTHER FAMILY MEMBER
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D M Y	D M Y	D M Y
\$ _____	\$ _____	\$ _____

9 PLEASE PROVIDE THE FOLLOWING INFORMATION IF APPLICABLE

EMPLOYMENT HISTORY - LOAN APPLICANT (For last 24 months. Add additional sheet of paper if required)

Current employer		Salary	From ▶	Day	Month	Year
Street and no.		Occupation	To ▶	Day	Month	Year
City	Province/Country	Postal Code	Telephone ▶	Area code	No.	
Previous employer		Salary	From ▶	Day	Month	Year
Street and no.		Occupation	To ▶	Day	Month	Year
City	Province/Country	Postal Code	Telephone ▶	Area code	No.	

EMPLOYMENT HISTORY - SPOUSE OR COMMON-LAW PARTNER/Other immediate family member (For last 24 months. Add additional sheet of paper if required)

Name of family member						
Current employer		Salary	From ▶	Day	Month	Year
Street and no.		Occupation	To ▶	Day	Month	Year
City	Province/Country	Postal Code	Telephone ▶	Area code	No.	
Previous employer		Salary	From ▶	Day	Month	Year
Street and no.		Occupation	To ▶	Day	Month	Year
City	Province/Country	Postal Code	Telephone ▶	Area code	No.	

10 | PLEASE PROVIDE THE FOLLOWING INFORMATION IF APPLICABLE

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/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 | PLEASE PROVIDE THE FOLLOWING INFORMATION IF APPLICABLE

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	Day	Month	Year	Duration of course or program	Days	Months	Years	Completion date	Day	Month	Year

IF CURRENTLY ENROLLED IN A SCHOOL, TRAINING OR LANGUAGE PROGRAM
SPOUSE OR COMMON-LAW PARTNER/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	Day	Month	Year	Duration of course or program	Days	Months	Years	Completion date	Day	Month	Year

**12 PLEASE 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? Please 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? Please 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 please add any information which you feel would be helpful in processing your loan application.

13 SIGNATURE OF SPOUSE OR COMMON-LAW PARTNER

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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">Day</td> <td style="width: 33%; text-align: center;">Month</td> <td style="width: 33%; text-align: center;">Year</td> </tr> <tr> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> </tr> </table> Date	Day	Month	Year			
Day	Month	Year					
_____ Signature of spouse	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">Day</td> <td style="width: 33%; text-align: center;">Month</td> <td style="width: 33%; text-align: center;">Year</td> </tr> <tr> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> </tr> </table> Date	Day	Month	Year			
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FOR OFFICIAL USE ONLY

RPRF LOAN CALCULATION

- A) Number of persons residing in Canada for whom loan requested (from 4(A)) _____ X \$ 975 = \$ _____ in Canada
- B) Number of persons for whom loan requested residing abroad (from 4(B)) _____ X \$ 975 = \$ _____ abroad

TOTAL LOAN AMOUNT REQUESTED (A + B) \$

<input type="checkbox"/> Approved <input type="checkbox"/> Refused	Reason
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Signature of officer _____ <div style="text-align: center;">Signature</div>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">Day</td> <td style="width: 33%; text-align: center;">Month</td> <td style="width: 33%; text-align: center;">Year</td> </tr> <tr> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> </tr> </table> Date	Day	Month	Year			
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