



# RIGHT OF PERMANENT RESIDENCE FEE LOAN APPLICATION

Language of correspondence  
 English OR  French

Client ID number

<b>1 LOAN APPLICANT</b>					
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.			

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

<b>3 SIZE OF FAMILY</b>								
Yourself _____ 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 dependent 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 _____	<table border="1" style="width: 100px;"> <tr><td style="text-align: center;">1</td></tr> <tr><td style="text-align: center;">+</td></tr> <tr><td style="text-align: center;">+</td></tr> <tr><td style="text-align: center;">+</td></tr> <tr><td style="text-align: center;">+</td></tr> <tr><td style="text-align: center;">+</td></tr> <tr><td style="text-align: center;">+</td></tr> </table>	1	+	+	+	+	+	+
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<b>TOTAL SIZE OF FAMILY UNIT</b> (Total of all boxes) <input style="width: 50px; height: 20px;" type="text"/>								

<b>4 RIGHT OF PERMANENT RESIDENCE FEE LOAN REQUEST FOR:</b>				INSERT \$490 IN COLUMN A OR B		
INCLUDE YOURSELF (IF APPLICABLE) AND ALL OF YOUR FAMILY MEMBERS INCLUDED IN YOUR APPLICATION WHO ARE NOT EXEMPT FROM THE RPRF. (Add an 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) \$	<b>TOTAL</b> \$	Daycare \$
Other assets (Details below at A) \$		Insurance (Auto) \$
<b>TOTAL</b> \$		Bus passes \$
		Other (Details below at D) \$
		<b>TOTAL</b> \$

**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	(b) SPOUSE OR COMMON-LAW PARTNER	(c) OTHER FAMILY MEMBER
If "YES", indicate with an "X" as applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date commenced social assistance	D M Y 	D M Y 	D M Y 
Dollar (\$) amount of monthly assistance:	\$ _____	\$ _____	\$ _____

<b>8 EMPLOYMENT INSURANCE BENEFITS</b>			
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 an "X" as applicable <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Date commenced employment insurance	D    M    Y	D    M    Y	D    M    Y
Dollar (\$) amount received each month:	\$	\$	\$

**9 PROVIDE THE FOLLOWING INFORMATION IF APPLICABLE**  
**EMPLOYMENT HISTORY - LOAN APPLICANT** (For the last 24 months. Add an 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 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 ▶	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 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 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**

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

**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.

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**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.

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**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)

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**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?

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**E** How do you plan to cover the transportation costs of bringing your family to Canada?

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**F** If you are not currently employed, outline the efforts you have made to obtain employment.

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**G** In the space provided add any information which you feel would be helpful in processing your loan application.

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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	<table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Day</td> <td style="padding: 2px;">Month</td> <td style="padding: 2px;">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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_____ Signature of spouse	<table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Day</td> <td style="padding: 2px;">Month</td> <td style="padding: 2px;">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					

**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<br><br><input type="checkbox"/> Refused | Reason |
|---|--------|

Signature of officer	▶	_____ Signature	<table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Day</td> <td style="padding: 2px;">Month</td> <td style="padding: 2px;">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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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](http://infosource.gc.ca) and through the Citizenship and Immigration Call Centre. **Infosource is also available in Canadian public libraries.**