



# UNDERTAKING/APPLICATION TO SPONSOR - COMMUNITY SPONSORS

## UNDERTAKING TO SPONSOR CONVENTION REFUGEES ABROAD AND HUMANITARIAN-PROTECTED PERSONS ABROAD

If there is not enough space to provide all the necessary information, attach to this form a separate sheet of paper with further details. Print the private sponsor's name and the principal applicant's name at the top of each additional sheet and indicate the form's title and the number of the question you are answering.

FOR CIC USE ONLY	
CIC File Identification No.	
Principal Applicant ID No.	
Name of Principal Refugee Applicant	

### IMM 6000 Distribution Options

Check (✓) applicable box: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Visa office sends IMM 6000 to refugee applicant <input type="checkbox"/> Sponsoring group sends IMM 6000 to refugee applicant <input type="checkbox"/> Local CIC submits completed application for permanent residence and approved undertaking to visa office
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### A - COMMUNITY SPONSOR

Name of community sponsor						
President or Executive Director - Surname (family name)		Given name(s)		<table border="1"> <tr> <th>FOR CIC USE ONLY</th> </tr> <tr> <td>Client ID no.</td> </tr> </table>	FOR CIC USE ONLY	Client ID no.
FOR CIC USE ONLY						
Client ID no.						
Other name(s) used (include birth name, maiden, previous married name(s), aliases and nicknames)						
Date of birth	Y	M	D	Relationship to Principal Refugee Applicant (if any)		
Address (no. & street)		Apt./Unit	City	Province		
Postal code						
Home telephone no. Area code No.	Business or cell telephone no. Area code No. Ext.	Fax no. Area code No.	E-mail address (specify, if available)			
Has your organization signed any other sponsorship undertaking? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, provide details on separate page.						

### B - COSPONSOR - INDIVIDUAL (if applicable) If more than one, please add a page

Surname (Family name)		Given name(s)		<table border="1"> <tr> <th>FOR CIC USE ONLY</th> </tr> <tr> <td>Client ID no.</td> </tr> </table>	FOR CIC USE ONLY	Client ID no.
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Client ID no.						
Other name(s) used (include birth name, maiden, previous married name(s), aliases and nicknames)						
Date of birth	Y	M	D	Relationship to Principal Refugee Applicant (if any)		
Address (no. & street)		Apt./Unit	City	Province		
Postal code						
Home telephone no. Area code No.	Business or cell telephone no. Area code No. Ext.	Fax no. Area code No.	E-mail address (specify, if available)			
Have you signed any other undertaking to sponsor refugees or your family members? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, provide details on separate page.						

### C - COSPONSOR - ORGANIZATION (if applicable) If more than one, please add a page

Name of organization, association or corporation		Your group is a: (check a box) <input type="checkbox"/> SAH <input type="checkbox"/> CG <input type="checkbox"/> Other (specify): _____				
Group representative - Surname (family name)		Given name(s)		<table border="1"> <tr> <th>FOR CIC USE ONLY</th> </tr> <tr> <td>Client ID no.</td> </tr> </table>	FOR CIC USE ONLY	Client ID no.
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Client ID no.						
Other name(s) used (include birth name, maiden, previous married name(s), aliases and nicknames)						
Date of birth	Y	M	D	Relationship to Principal Refugee Applicant (if any)		
Address (no. & street)		Apt./Unit	City	Province		
Postal code						
Home telephone no. Area code No.	Business or cell telephone no. Area code No. Ext.	Fax no. Area code No.	E-mail address (specify, if available)			
Has your organization signed any other undertaking to sponsor refugees? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, provide details on separate page.						

**D - CONTACT PERSON**

Surname (Family name)		Given name(s)			Date of birth Y M D		
Other name(s) used (include birth name, maiden, previous married name(s), aliases and nicknames)							
<b>Provide contact person's coordinates if not indicated above</b>							
Relationship to Principal Refugee Applicant (if any)				Address (no. & street)			Apt./Unit
City				Province			Postal code
Home telephone no. Area code No.		Business or cell telephone no. Area code No.		Ext.	Fax no. Area code No.		E-mail address (specify, if available)

**E - REFUGEE APPLICANTS**

**Note:** include both Accompanying and Non-Accompanying family members or dependents.

For a visa office-referred sponsorship, check this box and attach the Refugee Profile.

<b>1</b> Principal Refugee Applicant Last name (surname/family name)		Given name(s)			<b>FOR CIC USE ONLY</b>		
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth Y M D	Place of birth	Country of birth		Principal Applicant ID no.		
Country of citizenship				Marital status			
<b>2</b> Refugee Applicant Last name (surname/family name)		Given name(s)			<b>FOR CIC USE ONLY</b>		
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth Y M D	Place of birth	Country of birth		Dependant ID no.		
Country of citizenship		Marital status	Relationship	<input type="checkbox"/> accompanying <input type="checkbox"/> non-accompanying			
<b>3</b> Refugee Applicant Last name (surname/family name)		Given name(s)			<b>FOR CIC USE ONLY</b>		
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth Y M D	Place of birth	Country of birth		Dependant ID no.		
Country of citizenship		Marital status	Relationship	<input type="checkbox"/> accompanying <input type="checkbox"/> non-accompanying			
<b>4</b> Refugee Applicant Last name (surname/family name)		Given name(s)			<b>FOR CIC USE ONLY</b>		
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth Y M D	Place of birth	Country of birth		Dependant ID no.		
Country of citizenship		Marital status	Relationship	<input type="checkbox"/> accompanying <input type="checkbox"/> non-accompanying			
<b>5</b> Refugee Applicant Last name (surname/family name)		Given name(s)			<b>FOR CIC USE ONLY</b>		
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth Y M D	Place of birth	Country of birth		Dependant ID no.		
Country of citizenship		Marital status	Relationship	<input type="checkbox"/> accompanying <input type="checkbox"/> non-accompanying			
<b>6</b> Refugee Applicant Last name (surname/family name)		Given name(s)			<b>FOR CIC USE ONLY</b>		
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth Y M D	Place of birth	Country of birth		Dependant ID no.		
Country of citizenship		Marital status	Relationship	<input type="checkbox"/> accompanying <input type="checkbox"/> non-accompanying			
<b>7</b> Refugee Applicant Last name (surname/family name)		Given name(s)			<b>FOR CIC USE ONLY</b>		
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth Y M D	Place of birth	Country of birth		Dependant ID no.		
Country of citizenship		Marital status	Relationship	<input type="checkbox"/> accompanying <input type="checkbox"/> non-accompanying			
<b>8</b> Refugee Applicant Last name (surname/family name)		Given name(s)			<b>FOR CIC USE ONLY</b>		
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth Y M D	Place of birth	Country of birth		Dependant ID no.		
Country of citizenship		Marital status	Relationship	<input type="checkbox"/> accompanying <input type="checkbox"/> non-accompanying			





**I - OBLIGATIONS OF THE SPONSORING GROUP**

This undertaking makes clear the obligation of the sponsoring group in relation to the principal refugee applicant and all his/her family members whether accompanying or not.

**Reception:**

- Meet the refugee upon arrival in the community.

**Lodging:**

- Provide suitable accommodation, basic furniture and other household essentials.

**Care:**

- Food, clothing, local transportation costs and other basic necessities of life.

**Settlement Assistance and Support:**

- Extend ongoing friendship, provide encouragement and assistance with adjustment to life in Canada, teach rights and responsibilities of permanent residence in Canada and help refugee(s) learn an official language and seek employment.
- The sponsoring group's obligations commence upon the arrival of the sponsored persons in Canada. The refugees are supported for 12 months or until the sponsored

**J - DECLARATION BY THE SPONSOR(S)**

Each party to the sponsorship must provide their signature. Add additional pages as required.

- i) We declare that the information provided is to the best of my knowledge true, complete and accurate.
- ii) We are not in default of any other sponsorship undertaking(s).
- iii) We are not in default of any immigration loans.
- iv) We have made or will make adequate arrangements in the expected community of settlement for the reception and settlement of the persons identified in this undertaking, as evidenced in the Settlement Plan and Financial Assessment - IMM 5515.
- v) We have sufficient financial resources and expertise to fulfill this undertaking.
- vi) To the best of our ability, we will not knowingly or deliberately allow any individual to participate in the group's settlement activities who may be considered a threat to the safety and security of the refugee(s).
- vii) We understand that any false statements or concealment of any material fact may result in, but not limited to, the following consequences:
  - a) refusal to approve this undertaking or future undertakings;
  - b) refusal of the sponsored application for permanent residence;
  - c) exclusion or removal from Canada of the sponsored individuals;
  - d) prosecution or other enforcement action.
- viii) We understand that the sponsorship undertaking constitutes a financial obligation that could result in collection action should there be a breach of that obligation.

Community sponsor - President or Executive Director (PRINT name)	Signature	Date Year      Month      Day
Cosponsor - Individual (if applicable) (PRINT name)	Signature	Date Year      Month      Day
Cosponsor - Organization (if applicable) (PRINT name)	Signature	Date Year      Month      Day

**FOR CIC USE ONLY**

CIC office			
Officer name		Officer signature	
Telephone no. (    ) -	Fax no. (    ) -	Approval date	Date Year      Month      Day
Visa office	Visa office no.	Date notification of approval sent to visa office and matching centre	Date Year      Month      Day
Remarks			

The information you provided on this form is collected under the authority of the **Immigration and Refugee Protection Act** and will be used to maintain a record of application and sponsorship undertakings by Community Sponsors according to the requirements of the Act. It will be retained in the Personal Information Bank CIC PPU 008 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 at Public Libraries in Canada.**