



RIGHT OF PERMANENT RESIDENCE FEE LOAN APPLICATION

Language of correspondence

☐ English OR ☐ French

Client ID number

Canada

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	(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:	\$	\$	\$

8 EMPLOYMENT INSURANCE BENEFITS

Are you or is any other immediate family member in receipt of employment insurance?

☐ YES ☐ NO(a)
SELF(b)
SPOUSE OR
COMMON-LAW PARTNER(c)
OTHER FAMILY MEMBER

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

Date commenced employment insurance

Dollar (\$) amount received each month:

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

Day	Month	Year

Date

Signature of spouse

Day	Month	Year

Date

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)**

\$

☐ Approved

☐ Refused

Reason

Signature of officer

Signature

Day	Month	Year

Date