



FINANCIAL EVALUATION

BEFORE YOU START - READ THE INSTRUCTION GUIDE
TYPE or PRINT in black ink

ABOUT YOU AND, IF APPLICABLE, YOUR CO-SIGNER

1. A) Your full name

Family name

Given name(s)

B) Is your spouse or common-law partner co-signing the undertaking?

☐ No☐ Yes

Give the following details.

Full name of your spouse or common-law partner

Family name

Given name(s)

Date of birth (YYYY-MM-DD)

The information you provide on this form is collected under the authority of the **Immigration and Refugee Protection Act** and **Regulations** and will be used in **assessing your eligibility as a sponsor** according to the regulatory requirements. It will be retained in the Personal Information Bank CIC PPU 013. 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. **Infosource is also available at Public Libraries in Canada.**

YOUR FAMILY MEMBERS AND PERSONS INCLUDED IN UNDERTAKINGS IN EFFECT OR NOT YET IN EFFECT SIGNED BY YOU AND, IF APPLICABLE, YOUR CO-SIGNER

2. You

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3. A) Current undertaking

Number of persons included in box #3 of the *Generic Application Form for Canada* (IMM 0008), under section **Application Details**.

☐

B) Previous undertakings

i) Number of persons included in previous undertakings you signed as a sponsor and that are still in effect. Provide details on the back of this page.

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ii) Number of persons included in previous undertakings you signed as a sponsor and that are not yet in effect (persons who have not yet become permanent residents). Provide details on the back of this page.

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iii) Number of persons included in previous undertakings you co-signed, where these undertakings are still in effect. Provide details on the back of this page.

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iv) Number of persons included in previous undertakings you co-signed, where these undertakings are not yet in effect (persons who have not yet become permanent residents). Provide details on the back of this page.

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4. Complete this section only if your spouse or common-law partner is co-signing the undertaking

i) Number of persons included in previous undertakings your spouse or common-law partner signed as a sponsor and that are still in effect. Do not include persons already accounted for in 2. or 3.B(iii). Provide details on the back of this page.

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ii) Number of persons included in previous undertakings your spouse or common-law partner signed as a sponsor and that are not yet in effect (persons who have not yet become permanent residents). Do not include persons already accounted for in question 3.B(iv). Provide details on the back of this page.

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iii) Number of persons included in previous undertakings your spouse or common-law partner co-signed, where these undertakings are still in effect. Do not include persons already accounted for in question 3.B(i). Provide details on the back of this page.

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iv) Number of persons included in previous undertakings your spouse or common-law partner co-signed, where these undertakings are not yet in effect (persons who have not yet become permanent residents). Do not include persons already accounted for in question 3.B(ii). Provide details on the back of this page.

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5. Your spouse or common-law partner, if not included in 3. above. Provide details on the back of this page if they are not co-signing the undertaking.

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6. Every other family member not included above and dependent on you financially, whether they are living with you or not. Enter their number in the box on the right and provide details on the back of this page.

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FINANCIAL REQUIREMENT

7. Total number of persons for the purpose of determining your minimum necessary income.

Add the numbers entered in the boxes 2, 3, 4, 5, and 6 above and write the total here.

8. Minimum necessary income.

See instructions on how to complete this form for details

9. Total income available to sponsor

Add amounts in boxes 14 and 19 and enter total here

If this amount is less than the amount of the minimum necessary income above, you do not meet the sponsorship eligibility requirements. Do not send your application.

Details of your family members and persons included in undertakings in effect or not yet in effect signed by you and, if applicable, your co-signer.

| Family name | Given name(s) | Date of birth (YYYY-MM-DD) |
|-------------|---------------|-------------------------------|
|-------------|---------------|-------------------------------|

3. B. i) Persons included in previous undertakings you signed as a sponsor and that are still in effect.

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3. B. ii) Persons included in previous undertakings you signed as a sponsor and that are not yet in effect.

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3. B. iii) Persons included in previous undertakings you co-signed and that are still in effect.

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3. B. iv) Persons included in previous undertakings you co-signed and that are not yet in effect.

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4. i) Persons included in previous undertakings your spouse or common-law partner signed as a sponsor and that are still in effect.

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4. ii) Persons included in previous undertakings your spouse or common-law partner signed as a sponsor and that are not yet in effect.

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4. iii) Persons included in previous undertakings your spouse or common-law partner co-signed and that are still in effect.

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4. iv) Persons included in previous undertakings your spouse or common-law partner co-signed and that are not yet in effect.

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5. Your spouse or common-law partner, if they are not co-signing the undertaking.

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6. Every other family member not listed above and dependent on you financially, whether they are living with you or not.

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Check box below which best describes your current situation.

☐ Unemployed ► Give details of your current situation and indicate how you support yourself. If you need additional space, provide details on a separate sheet of paper.

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☐ Employed ► You are working for an employer and are paid a salary, wages or a commission for your services.

☐ Self-employed ► You have your own business, practice a trade or a profession and conduct activities for a profit.

11. Complete the sections (A, B and/or C) which apply to your situation during the 12 months preceding the date of your application. If your situation changed during that period, in the Period I column, enter information on the most recent period and, in the next columns, enter information on the previous period(s), which make(s) up the rest of the 12 months preceding your application. Refer to your guide for additional information. If you need additional space, provide details on a separate sheet.

TWELVE MONTHS PRECEDING DATE OF APPLICATION

| | | PERIOD I | | PERIOD II | | PERIOD III | |
|---|---------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| A | UNEMPLOYED | From | To | From | To | From | To |
| | | (YYYY-MM-DD) | (YYYY-MM-DD) | (YYYY-MM-DD) | (YYYY-MM-DD) | (YYYY-MM-DD) | (YYYY-MM-DD) |
| | | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Income | | <input type="text"/> | | <input type="text"/> | | <input type="text"/> | |
| B | EMPLOYED | From | To | From | To | From | To |
| | | (YYYY-MM-DD) | (YYYY-MM-DD) | (YYYY-MM-DD) | (YYYY-MM-DD) | (YYYY-MM-DD) | (YYYY-MM-DD) |
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| | | <input type="text"/> | | <input type="text"/> | | <input type="text"/> | |
| | | <input type="text"/> | | <input type="text"/> | | <input type="text"/> | |
| Name of employer | | <input type="text"/> | | <input type="text"/> | | <input type="text"/> | |
| Address | | <input type="text"/> | | <input type="text"/> | | <input type="text"/> | |
| Telephone number | | <input type="text"/> | | <input type="text"/> | | <input type="text"/> | |
| Name of supervisor | | <input type="text"/> | | <input type="text"/> | | <input type="text"/> | |
| Occupation/position | | <input type="text"/> | | <input type="text"/> | | <input type="text"/> | |
| Hours worked per week | | <input type="text"/> | | <input type="text"/> | | <input type="text"/> | |
| Rate: <input type="checkbox"/> per week | | <input type="text"/> | | <input type="text"/> | | <input type="text"/> | |
| <input type="checkbox"/> per hour | | <input type="text"/> | | <input type="text"/> | | <input type="text"/> | |
| Income | | <input type="text"/> | | <input type="text"/> | | <input type="text"/> | |
| C | SELF-EMPLOYED | From | To | From | To | From | To |
| | | (YYYY-MM-DD) | (YYYY-MM-DD) | (YYYY-MM-DD) | (YYYY-MM-DD) | (YYYY-MM-DD) | (YYYY-MM-DD) |
| | | <input type="text"/> | | <input type="text"/> | | <input type="text"/> | |
| | | <input type="text"/> | | <input type="text"/> | | <input type="text"/> | |
| | | <input type="text"/> | | <input type="text"/> | | <input type="text"/> | |
| Name of business | | <input type="text"/> | | <input type="text"/> | | <input type="text"/> | |
| Occupation/position | | <input type="text"/> | | <input type="text"/> | | <input type="text"/> | |
| Share in business | | <input type="text"/> | | <input type="text"/> | | <input type="text"/> | |
| Net income | | <input type="text"/> | | <input type="text"/> | | <input type="text"/> | |

12. Calculation of income based on the Canada Revenue Agency (CRA) Notice of Assessment

| | | | |
|------------|--|---|---|
| 12A | Amount of the line 150 on your Notice of Assessment printout issued by the Canadian Revenue Agency (see the Document Checklist for details on how to obtain your Notice of Assessment) | _____ | 1 |
| 12B | Benefits and/or allowances included in line 150 on your Notice of Assessment: | | |
| | • Amount of provincial allowance you received for instruction or training | _____ | 2 |
| | • Amount of social assistance paid to you by a province | + _____ | 3 |
| | • Amounts other than special benefits paid to you under the <i>Employment Insurance Act</i> | + _____ | 4 |
| | • Amount of guaranteed income supplement paid to you under the <i>Old age Security Act</i> | + _____ | 5 |
| | Total amount of allowances and/or benefits included in line 150 on your Notice of Assessment: add lines 2 to 5 | = _____ | 6 |
| 12C | Available income based on the Canada Revenue Agency (CRA) Notice of Assessment | = | 7 |

13. Calculation of income based on preceding 12 months

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|------------|--|---|----|
| 13A | PERSONAL INCOME FROM EMPLOYMENT | | |
| | Income you earned from employment in the 12 months preceding your application and for which you have received or will receive a T-4 | | |
| | Add amounts entered on last line of columns I, II and III in Section 11B and enter total here | _____ | 1 |
| | If necessary, provide on a separate sheet details of income earned from employment not included in line 1 and enter total here | + _____ | 2 |
| | PERSONAL INCOME FROM BUSINESS (PROFESSIONAL) AND OTHER SELF-EMPLOYMENT | | |
| | Add amounts entered on last line of columns I, II, and III in Section 11C and enter total here | + _____ | 3 |
| | If necessary, provide on a separate sheet details of net income earned from self-employment not included in line 3 and enter total here | + _____ | 4 |
| | Total personal income from employment, business and other self-employment: add lines 1 to 4 | = _____ | 5 |
| 13B | OTHER INCOME | | |
| | Net rental income | _____ | 6 |
| | Investment and interest income | + _____ | 7 |
| | Pension income | + _____ | 8 |
| | Maternity, parental or sickness benefits paid under the <i>Employment Insurance Act</i> | + _____ | 9 |
| | Other income ► Specify | + _____ | 10 |
| | Total other income: add lines 6 to 10 | = _____ | 11 |
| 13C | Available income based on preceding 12 months: add lines 5 and 11 | = | 12 |

Your available income

| | | |
|-----------|--|---|
| 14 | Enter the greater of the two amounts in 12C or 13C; this is your available income. | |
|-----------|--|---|

15. Your spouse's/common-law partner's current situation

Check box below which best describes your spouse's/common-law partner's current situation.

☐ Unemployed ► Give details of your spouse's/common-law partner's current situation and indicate how they support themselves. If you need additional space, provide details on a separate sheet of paper.

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☐ Employed ► Your spouse/common-law partner is working for an employer and is paid a salary, wages or a commission for their services.

☐ Self-employed ► Your spouse/common-law partner has their own business, practice a trade or a profession and conducts activities for a profit.

16. Complete the sections (A, B and/or C) which apply to your spouse/common-law partner's situation during the 12 months preceding the date of your application. If their situation changed during that period, in the Period I column, enter information on the most recent period and, in the next columns, enter information on the previous period(s), which make(s) up the rest of the 12 months preceding your application. Refer to your guide for additional information. If you need additional space, provide details on a separate sheet.

TWELVE MONTHS PRECEDING DATE OF APPLICATION

| A | | From (YYYY-MM-DD) | To (YYYY-MM-DD) | From (YYYY-MM-DD) | To (YYYY-MM-DD) | From (YYYY-MM-DD) | To (YYYY-MM-DD) |
|--------------------|---|----------------------|--------------------|----------------------|--------------------|----------------------|--------------------|
| UNEMPLOYED | Income | | | | | | |
| | | | | | | | |
| B EMPLOYED | | From (YYYY-MM-DD) | To (YYYY-MM-DD) | From (YYYY-MM-DD) | To (YYYY-MM-DD) | From (YYYY-MM-DD) | To (YYYY-MM-DD) |
| | Name of employer | | | | | | |
| | Address | | | | | | |
| | Telephone number | | | | | | |
| | Name of supervisor | | | | | | |
| | Occupation/position | | | | | | |
| | Hours worked per week | | | | | | |
| | Rate: <input type="checkbox"/> per week | | | | | | |
| | <input type="checkbox"/> per hour | | | | | | |
| | Income | | | | | | |
| C SELF-EMPLOYED | | From (YYYY-MM-DD) | To (YYYY-MM-DD) | From (YYYY-MM-DD) | To (YYYY-MM-DD) | From (YYYY-MM-DD) | To (YYYY-MM-DD) |
| | Name of business | | | | | | |
| | Occupation/position | | | | | | |
| | Share in business | | | | | | |
| | Net income | | | | | | |

17. Calculation of income based on Canada Revenue Agency (CRA) Notice of Assessment

17A Amount of the line 150 on the Notice of Assessment issued to your spouse/common-law partner by the Canadian Revenue Agency (see the Document Checklist for details on how to obtain your Notice of Assessment) _____ 1

17B Benefits and/or allowances included in line 150 on your spouse's/common-law partner's Notice of Assessment:

- Amount of provincial allowance they received for instruction or training _____ 2
- Amount of social assistance paid to them by a province + _____ 3
- Amounts other than special benefits paid to them under the *Employment Insurance Act* + _____ 4
- Amount of guaranteed income supplement paid to them under the *Old age Security Act* + _____ 5

Total amount of allowances and/or benefits included in line 150 on your spouse's/common-law partner's Notice of Assessment = _____ ▶ - _____ 6

17C Available income based on the Canada Revenue Agency (CRA) Notice of Assessment = 7

18. Calculation of income based on preceding 12 months

18A PERSONAL INCOME FROM EMPLOYMENT
Income your spouse/common-law partner earned from employment in the 12 months preceding your application and for which they have received or will receive a T-4

Add amounts entered on last line of columns I, II and III in Section 16B and enter total here _____ 1

If necessary, provide on a separate sheet details of income earned from employment not included in line 1 and enter total here + _____ 2

PERSONAL INCOME FROM BUSINESS (PROFESSIONAL) AND OTHER SELF-EMPLOYMENT

Add amounts entered on last line of columns I, II, and III in Section 16C and enter total here + _____ 3

If necessary, provide on a separate sheet details of net income your spouse/common-law partner earned from self-employment not included in line 3 and enter total here + _____ 4

Total personal income from employment, business and other self-employment: add lines 1 to 4 = _____ ▶ _____ 5

18B OTHER INCOME

Net rental income _____ 6

Investment and interest income + _____ 7

Pension income + _____ 8

Maternity, parental or sickness benefits paid under the *Employment Insurance Act* + _____ 9

Other income ▶ Specify + _____ 10

Total other income: add lines 6 to 10 = _____ ▶ + _____ 11

18C Available income based on preceding 12 months: add lines 5 and 11 = 12

Your spouse's/common-law partner's available income

19 Enter the greater of the two amounts in 17C or 18C; this is your spouse's/common-law partner's available income.

Personal information provided on this form is collected by Immigration, Refugees, and Citizenship Canada (IRCC) under the authority of the Immigration and Refugee Protection Act (IRPA). The personal information will be used for the purpose of processing an application. The personal information provided may be disclosed to other federal government institutions for the purpose of validating information and eligibility. The personal information may also be disclosed to provincial/territorial governments and foreign governments for the purpose of validating eligibility and admissibility.

Personal information may also be used for other purposes including research, statistics, program and policy evaluation, internal audit, compliance, program integrity, risk management, subsequent program eligibility, strategy development and reporting.

Failure to complete the form in full may result in a delay or the application not being processed. The Privacy Act gives individuals the right of access to, protection, and correction of their personal information. If you are not satisfied with the manner in which IRCC handles your personal information, you may exercise your right to file a complaint to the [Office of Privacy Commissioner of Canada](#). The collection, use, disclosure and retention of your personal information is further described in IRCC's Personal Information Bank - IRCC PPU 013.