

FINANCIAL EVALUATION

| TYPE or PRINT in black ink | · L | | | |
|--|---|---|---|--|
| BOUT YOU AND, IF APPLICABLE, YOUR CO-SIGNER | | | | |
| A) Your full name Family name | Given name | 9(5) | | |
| | | (0) | | |
| B) Is your spouse or common-law partner co-signing the under | taking? | | | |
| No Yes Give the following details. | J | | | |
| Full name of your spouse of common-law partner | | | | |
| Family name | Given name | e(s) | Date of birth (YYYY-MM-D | |
| | | | | |
| he information you provide on this form is collected under the autho ligibility as a sponsor according to the regulatory requirements. It ccordance with the consistent use of information under the <i>Privacy</i> ccess to their personal information. Details on these matters are available. | will be retained in the Act. Under the Privac | Personal Information Bank CIC PPU 013. It my Act and the Access to Information Act indivi | hay be shared with other organization duals have the right to protection of | |
| UR FAMILY MEMBERS AND PERSONS INCLUDED IN UNDERTA | KINGS IN EFFECT OF | R NOT YET IN EFFECT SIGNED BY YOU ANI | D, IF APPLICABLE, YOUR CO-SIGN | |
| You | | | | |
| A) Current undertaking | | | | |
| Number of persons included in box #3 of the Generic Application | n Form for Canada (IMN | M 0008), under section Application Details. | | |
| B) Previous undertakings | | | | |
| i) Number of persons included in previous undertakings you sig | gned as a sponsor and | that are still in effect. Provide details on the ba | ck of this page. | |
| Number of persons included in previous undertakings you signesidents). Provide details on the back of this page. | gned as a sponsor and | that are not yet in effect (persons who have no | t yet become permanent | |
| iii) Number of persons included in previous undertakings you co | -signed, where these u | ndertakings are still in effect. Provide details or | n the back of this page. | |
| iv) Number of persons included in previous undertakings you co permanent residents). Provide details on the back of this pag | | indertakings are not yet in effect (persons who | have not yet become | |
| Complete this section only if your spouse or common-law partne | er is co-signing the u | ndertaking | | |
|) Number of persons included in previous undertakings your spous already accounted for in 2. or 3.B(iii). Provide details on the back | | ner signed as a sponsor and that are still in effe | ect. Do not include persons | |
| i) 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. | | | | |
| Number of persons included in previous undertakings your spous persons already accounted for in question 3.B(i). Provide details | | | II in effect. Do not include | |
| Number of persons included in previous undertakings your spous have not yet become permanent residents). Do not include perso | | | | |
| Your spouse or common-law partner, if not included in 3. above. | . Provide details on the | back of this page if he or she is not co-signing | g the undertaking. | |
| Every other family member not included above and dependent on y provide details on the back of this page. | you financially, whether | they are living with you or not. Enter their num | ber in the box on the right and | |
| ANCIAL REQUIREMENT | | | | |
| Total number of persons for the purpose of determining your minimum necessary income. | | Add the numbers entered in the boxe and write the total here. | es 2, 3, 4, 5, and 6 above | |
| Minimum necessary income. | | See instructions on how to complete for details | this form | |
| Total income available to sponsor | | Add amounts in boxes 14 and 19 and total here | d enter | |
| | | If this amount is less than the amo income above, you do not meet th requirements. Do not send your a | e sponsorship eligibility | |



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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| | | | | | | |
| B. ii) Persons included in previous undertakings you signed as a sponsor an | I and that are not yet in effect | | | | | |
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| | | | | | | |
| | | | | | | |
| B. iii) Persons included in previous undertakings you co-signed and that are | ctill in offset | | | | | |
| 5. B. III) Persons included in previous undertakings you co-signed and that are | Sui iii eilect. | | | | | |
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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 p | 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 p | partner signed as a sponsor and that are not yet in effect. | | | | | |
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| Persons included in previous undertakings your spouse or common-law p | artner 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 Vous spouse or common law partner, if he crabe is not as significant. | Letaking | | | | | |
| 5. Your spouse or common-law partner, if he or she is not co-signing the unc | oritaning. | | | | | |
| C. França there family, manufactured above and descendent as a fine of the control of the contro | ally whether they are living with you as a-t | | | | | |
| Every other family member not listed above and dependent on you financi | ally, whether they are living with you or hot. | | | | | |
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| 0. Your curren | | | | | | | | |
|----------------|------------------------|----------------------------|----------------------------|--------------------------|--|----------------------------|---------------------|--|
| _ | | bes your current situation | | aupport yourself. If you | unand additional anges in | rovido dotailo an a appar | ata abaat of papar | |
| Unemp | Give deta | ins of your current situat | ion and indicate now you | support yoursell. II you | u need additional space, p | rovide details on a separa | ate sheet of paper. | |
| Employ | yed ▶ You are v | working for an employer | and are paid a salary, wa | ages or a commission t | or your services. | | | |
| | | | actice a trade or a profes | | • | | | |
| period, in the | he Period I column, er | nter in formation on the | e most recent period an | d, in the next column | g the date of your applic s, enter information on t . If you need additional s | he previous period(s), v | which make(s) up | |
| | | | TWELV | /E MONTHS PRECED | ING DATE OF APPLICAT | TION | | |
| | | PERI | OD I | PEI | RIOD II | PERI | OD III | |
| |] | From (YYYY-MM-DD) | To (YYYY-MM-DD) | From (YYYY-MM-DD) | To (YYYY-MM-DD) | From (YYYY-MM-DD) | To (YYYY-MM-DD) | |
| A | | | | | | | | |
| INEMPLOYED | Income | | | | | | | |
| |]] | From | То | From | То | From | То | |
| | | (YYYY-MM-DD) | (YYYY-MM-DD) | (YYYY-MM-DD) | (YYYY-MM-DD) | (YYYY-MM-DD) | (YYYY-MM-DD) | |
| | | | | | | | | |
| | Name of employer | | | | | | | |
| | Address | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| В | Telephone number | | | | | | | |
| EMPLOYED | Name of supervisor | | | | | | | |
| | | | | | | | | |
| | Occupation/position | | | | | | | |
| | Hours worked per week | | | | | | | |
| | Rate: per week | | | | | | | |
| | per hour | | | | | | | |
| | Income | | | | | | | |
| |] | From (YYYY-MM-DD) | To (YYYY-MM-DD) | From (YYYY-MM-DD) | To (YYYY-MM-DD) | From (YYYY-MM-DD) | To (YYYY-MM-DD) | |
| | | | | (| | | | |
| С | Name of the st | | | | | | | |
| SELF- | Name of business | | | | | | | |
| EMPLOYED | Occupation/position | | | | | | | |
| | Chara in huginosa | | | i | I | | | |

Net income

| 12. | Calculat | tion 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 Employment Insurance Act | + | . 4 | | | | |
| | | Amount of guaranteed income supplement paid to you under the Old age Security Act | + | . 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. | Calcula | ation of income based on preceding 12 months | | | | | | |
| | 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 Employment Insurance Act | _ + | 9 | | | | |
| | | Other income ► Specify | + | . 10 | | | | |
| | | Total other income: add lines 6 to 10 | = | | + | _ 1 | | |
| | 13C | Available income based on preceding 12 months: add lines 5 and 11 | | | = | 1 | | |
| | Your av | railable income | | | | | | |
| | 11 | Enter the greater of the two amounts in 120 or 120; this is your available income | | | | ٦ | | |

| = | = | ner's current situation ibes your spouse's/com | mon-law partner's current | t situation. | | | | | |
|---------------------------|--------------------------|---|----------------------------|---------------------------|--|-------------------------|--------------------|--|--|
| Unem | | ► Give details of your spouse's/common-law partner's current situation and indicate how he/she support him/herself. If you need additional space, provide details on a separate sheet of paper. | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Emplo | oyed ► Your spo | ouse/common-law partne | er is working for an emplo | oyer and is paid a salary | , wages or a commission | for his/her services. | | | |
| | | · | | • | a profession and conducts | · | | | |
| her situati previous p | on changed during the | at period, in the Period (s) up the rest of the 12 | I column, enter in form | ation on the most rece | during the 12 months propert period and, in the ne your guide for additional | xt columns, enter infor | mation on the | | |
| | | DEDI | | | NG DATE OF APPLICAT | ΓΙΟΝ PERIOD III | | | |
| | 7 | PER i From | То | From | To | From | To | | |
| Α | | (YYYY-MM-DD) | (YYYY-MM-DD) | (YYYY-MM-DD) | (YYYY-MM-DD) | (YYYY-MM-DD) | (YYYY-MM-DD) | | |
| JNEMPLOYED | | | | | | | | | |
| | Income | From | То | From | To | From | То | | |
| | | (YYYY-MM-DD) | (YYYY-MM-DD) | (YYYY-MM-DD) | (YYYY-MM-DD) | (YYYY-MM-DD) | (YYYY-MM-DD) | | |
| | | | | | | | | | |
| | Name of employer Address | | | | | | | | |
| | Address | | | | | | | | |
| | | | | | | | | | |
| B | Telephone number | | | | | | | | |
| EMPLOYED | Name of supervisor | | | | | | | | |
| | Occupation/position | | | | | | | | |
| | Hours worked per week | | | | | | | | |
| | Rate: per week | | | | | | | | |
| | per hour | | | | | | | | |
| | Income | L | _ | _ | _ | | | | |
| | | From (YYYY-MM-DD) | To (YYYY-MM-DD) | From (YYYY-MM-DD) | To (YYYY-MM-DD) | From (YYYY-MM-DD) | To (YYYY-MM-DD) | | |
| | | | | | | | | | |
| C SELF- | Name of business | | | | | | | | |
| EMPLOYED | Occupation/position | | | | | | | | |
| | Share in business | | | | | Г | | | |

Net income

| 17. | Calcula | tion 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 (see the Document Checklist for details on how to obtain your Notice of Assessment) | Revenue Agency | | | 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 he/she received for instruction or training | | 2 | | |
| | | Amount of social assistance paid to him/her by a province | + | 3 | | |
| | | Amounts other than special benefits paid to him/her under the Employment Insurance Act | + | 4 | | |
| | | Amount of guaranteed income supplement paid to him/her 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. | Calcula | ation 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 a | and for which he/she h | nas rec | ceived or will receive a | 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 se employment not included in line 3 and enter total here | lf- + | 4 | | |
| | | Total personal income from employment, business and other self-employment: add lines 1 to 4 | = | • | | { |
| | 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 | = | | + | _ ′ |
| | 18C | Available income based on preceding 12 months: add lines 5 and 11 | | | = | |
| | Your sp | oouse's/common-law partner's available income | | | | |
| | 10 | Enter the greater of the two amounts in 17C or 19C; this is your engues's/common law partner's available income | | | | \neg |