



# FINANCIAL EVALUATION

Refer to the instruction guide for help in completing this form.

If you need more space, photocopy this form before you begin and submit all pages with your undertaking.

**1 NAMES**

a) Sponsor's family (last) name \_\_\_\_\_ Given name(s) \_\_\_\_\_

b) Co-signer's family (last) name \_\_\_\_\_ Given name(s) \_\_\_\_\_

**2 ARE YOU RECEIVING GOVERNMENT ASSISTANCE?**

Are you receiving government assistance?  Yes  No Is your co-signer receiving government assistance?  Yes  No

If you answered yes for either of the above questions, please provide a copy of your last statement.

**3 TOTAL NUMBER OF PEOPLE FOR WHOM YOU WILL BE FINANCIALLY RESPONSIBLE** Number of people

**3A SIZE OF FAMILY** (Do not count family members more than once.)

i) Yourself ..... **1**

ii) Your spouse .....

iii) Your dependent children (whether they live with you or not) Please specify below .....

Name	Day	Month	Year	Name	Day	Month	Year
1.				3.			
2.				4.			

iv) Family class relatives you are sponsoring on this application (from Section C, Box 30, (a), (b) and (c) on "Application to Sponsor" (IMM 1344A))

v) Family class relatives you are sponsoring on this application but who will not be applying to immigrate to Canada (Section C, Box 30, (d) as above)

vi) Family class relatives you have sponsored in the past where the sponsorship is still in effect. Please specify below.

Name	Day	Month	Year	Name	Day	Month	Year
1.				3.			
2.				4.			

vii) Family class relatives you have sponsored who have not yet received permanent residence. Please specify below.

Name	Day	Month	Year	Name	Day	Month	Year
1.				3.			
2.				4.			

**IF YOUR SPOUSE IS A CO-SIGNER ON THIS SPONSORSHIP APPLICATION ADD:**

ix) Family class relatives he/she has sponsored in the past where the sponsorship is still in effect. Please specify below.

Name	Day	Month	Year	Name	Day	Month	Year
1.				3.			
2.				4.			

x) Family class relatives he/she has sponsored who have not yet received permanent residence. Please specify below.

Name	Day	Month	Year	Name	Day	Month	Year
1.				3.			
2.				4.			

xi) Family class relatives for whom he/she has been a co-signer on an undertaking, where the sponsorship is still in effect. Please specify below.

Name	Day	Month	Year	Name	Day	Month	Year
1.				3.			
2.				4.			

**3B FINANCIAL REQUIREMENT FROM LOW INCOME CUT-OFF TABLE**

3 A) Total size of family unit (Add (i) to (xi))

3 B) Low Income Cut-off amount required  \$

(Enter this amount in Box 11)

**4 YOUR EMPLOYMENT**

The qualifying period \* is the 12 months prior to the date your undertaking is received at this office. You must attach proof of income.

**LIST ALL INCOME FOR WHICH YOU HAVE RECEIVED OR WILL RECEIVE A T-4**

Employer's name, address & phone number	Name of supervisor	Occupation	Hours worked per week & rate per hour	Dates of employment						Income during qualifying period *
				From			To			
				Day	Month	Year	Day	Month	Year	
a)										\$
b)										\$
c)										\$

**LIST ALL INCOME FROM SELF-EMPLOYMENT (BUSINESS AND PROFESSIONAL), IF ANY.**  
(You must attach proof, i.e., Statement of Income and Expense, Statement of Business Activities, etc.)

\$

Name of business (if applicable)	Percentage of share in business	Occupation/ position in company	Period of self-employment						Income during qualifying period *	
			From			To				
				Day	Month	Year	Day	Month	Year	
										\$
										\$

**TOTAL 4: TOTAL EMPLOYMENT INCOME FOR QUALIFYING PERIOD** ▶

\$

**5 SPOUSE'S EMPLOYMENT INCOME (include only if your spouse has agreed to be a co-signer)**

**LIST ALL INCOME FOR WHICH YOUR SPOUSE HAS RECEIVED OR WILL RECEIVE A T-4**

Employer's name, address & phone number	Name of supervisor	Occupation	Hours worked per week & rate per hour	Dates of employment						Income during qualifying period *
				From			To			
				Day	Month	Year	Day	Month	Year	
a)										\$
b)										\$
c)										\$

**LIST ALL INCOME FROM SELF-EMPLOYMENT (BUSINESS AND PROFESSIONAL), IF ANY.**  
(You must attach proof, i.e., Statement of Income and Expense, Statement of Business Activities, etc.)

\$

Name of business (if applicable)	Percentage of share in business	Occupation/ position in company	Period of self-employment						Income during qualifying period *	
			From			To				
				Day	Month	Year	Day	Month	Year	
										\$
										\$

**TOTAL 5: TOTAL EMPLOYMENT INCOME FOR QUALIFYING PERIOD** ▶

\$

**6**

**TOTAL "YOUR TOTAL INCOME" PLUS TOTAL "YOUR SPOUSE'S INCOME", IF YOUR SPOUSE IS CO-SIGNING** ▶

**6. Total Employment Income**  
\$

INSERT TOTAL EMPLOYMENT INCOME FROM BOX 6 ON PREVIOUS PAGE ▶

6.  
\$

**7 INCOME FROM OTHER SOURCES FOR THE PAST 12 MONTHS (You must provide proof of this income.)**

	YOU	YOUR SPOUSE (if co-signer)
Rental income	\$	\$
Investment and interest income	\$	\$
Maternity/parental/sickness benefits	\$	\$
Pension income	\$	\$
Other income (please specify)	\$	\$

7A. Your TOTAL \$ + 7B. Your spouse's TOTAL \$ = 7C. TOTAL OTHER INCOME \$

8.  
\$

**8 TOTAL INCOME FROM ALL SOURCES (add box 6 and box 7C)**

**9 FINANCIAL OBLIGATIONS**

	YOU Amount of Payment over the past 12 months	YOUR SPOUSE (if co-signer) Amount of Payment over the past 12 months
Mortgages on principal residence (except first mortgage)	\$	\$
Rents and mortgages on non-principal residences	\$	\$
Property and school taxes	\$	\$
Personal loans and lines of credit	\$	\$
Student loans	\$	\$
Immigration loans	\$	\$
All other loans	\$	\$
Business expenses	\$	\$
Rental expenses	\$	\$
Investment expenses	\$	\$
Interest due on credit cards	\$	\$
Alimony payments	\$	\$
Court directed payments	\$	\$
Income tax payments on arrears	\$	\$
Insurance payments (car, house, life and others)	\$	\$
Other	\$	\$

9A. Your TOTAL \$ + 9B. Your spouse's TOTAL \$ = 9C. TOTAL OBLIGATIONS \$

10. NET INCOME AVAILABLE  
\$

**10 AMOUNT AVAILABLE TO THE SPONSOR (Subtract box 9C from box 8)**

\* 11. AMOUNT REQUIRED  
\$

**11 LOW INCOME CUT-OFF REQUIRED (Amount reported in box 3B)**

**\* IMPORTANT NOTE: THE AMOUNT IN BOX 10 MUST BE EQUAL OR GREATER THAN THE AMOUNT IN BOX 11. REFER TO THE INSTRUCTIONS FOR MORE INFORMATION.**

**12 FINANCIAL STATEMENT -- DECLARATION**

I declare that the information given on the form, and in any documents attached, is complete, correct and fully discloses all of my financial obligations.

I understand that any false statements or concealment of any material fact on this form may lead to a refusal of the application for landing of the person I am sponsoring (or co-signing). I also understand that even though the person I am sponsoring (or co-signing) and their dependents may be admitted to Canada as permanent residents any false information on this form may be grounds for my prosecution and for their removal.

\_\_\_\_\_  
Signature of sponsor

Day	Month	Year

Date

\_\_\_\_\_  
Signature of sponsor's spouse (if co-signer)

Day	Month	Year

Date

**13 OFFICIAL USE ONLY**

<b>TOTAL GROSS INCOME (6)</b>	-	<b>TOTAL FINANCIAL OBLIGATIONS (7C)</b>	=	<b>AMOUNT AVAILABLE TO SPONSOR (8)</b>	<b>AMOUNT REQUIRED (low income cut-off figure)</b>

**Financial criteria**

Met

Not met

R6(3)

\_\_\_\_\_  
Signature of Immigration Officer

Day	Month	Year

Date

Information to be provided on the Financial Evaluation form is collected under the authority of the *Immigration Act*. It is required for the purpose of determining your financial ability to provide for your relative(s) seeking admission to Canada. It may be used to enforce the undertaking you have signed, and it may be provided to provincial authorities pursuant to federal/provincial information exchange agreements. Information you provide on this form will be stored in personal information bank EIC PPU 240 and is protected and accessible under the provisions of the *Privacy Act* and the *Access to Information Act*. Instructions for obtaining information are provided in InfoSource, a copy of which is located in all Citizenship and Immigration offices.