

Please note that this application form must be filled out in French. This English translation is included only to help you do so accurately.

INSTRUCTIONS FOR COMPLETING THE FORM

Since the undertaking you wish to submit is subject to financial requirements, you must demonstrate your ability to honour your undertaking on behalf of the principal sponsored person and the members of his or her family, whether they are accompanying this person or not.

If you realize that your income is insufficient for the undertaking to be approved, your spouse or de facto spouse may co-sign the undertaking. To do so, the co-signing spouse must provide the same financial documents as you in support of the application.

To see the scales used to calculate your financial capacity, consult **Section 10** of the **Sponsor's Guide**.

PLEASE NOTE:

Since we will not return the documents that you send us, please send copies, except where originals are required.

Carefully read the instructions below before completing the form.

File no.:

You do not have to complete this section. The Ministère de l'Immigration et des Communautés culturelles (MICC) will assign you a file number when processing your application.

SECTION 1: IDENTIFICATION OF SPONSORS

A. Identification of sponsor

Make sure you fill in the form correctly, providing the complete and accurate information.

Enter your **family name** at birth (married women must also enter their family name at birth, not the name of their husband), your usual **first name** and your **date of birth**.

B. Identification of co-signing spouse (if applicable)

Make sure you fill in the form correctly, providing the complete and accurate information about your co-signing spouse.

The co-signing spouse must be a Canadian citizen or a permanent resident who is at least 18 years old and living in Québec. Consult the definitions in the **Sponsor's Guide** to determine whether your spouse or de facto spouse can co-sign the undertaking.

Enter the co-signing spouse's **family name** at birth, usual **first name** and **date of birth**.

SECTION 2: SPONSOR'S FAMILY COMPOSITION

You must enter the **family names**, the **first names** and the **dates of birth** of all members of your family, and indicate your **relationship** to each. You must enter the names of all of your single children under the age of 22, as well as those of your spouse or de facto spouse, including the children born of a previous union.

Children 22 years of age or older who still depend substantially on your financial support must be entered if they are studying full-time, if they are unable to be financially self-supporting due to a physical or mental disability, or if they married or became de facto spouses before the age of 22 and are studying full-time.

If your dependent child has a child of his or her own, you must also enter that child's name.

SECTION 3: PREVIOUS UNDERTAKINGS STILL IN EFFECT

If you have already sponsored someone, and your undertaking is still valid, the financial obligations arising from this undertaking must be taken into consideration.

Please indicate all the previous undertakings for which you and your co-signing spouse are still responsible.

SECTION 4: SPONSORS' EMPLOYMENT INCOME

PLEASE NOTE:

- Only income from Canadian sources is considered in calculating your financial capacity.
- You and your co-signing spouse, if applicable, must provide copies of the documents that are listed below in support of your application.

A. Wage or salaried worker

If you or your co-signing spouse are currently employed, you must complete this section, giving the names of your employers as well as the starting and termination dates of the jobs held in the past 12 months.

YOU MUST ALSO ATTACH THE FOLLOWING DOCUMENTS TO YOUR APPLICATION

Sponsor	Co-signing spouse	
<input type="checkbox"/>	<input type="checkbox"/>	A copy of your <u>most recent personal</u> Québec income tax return, including all the schedules used
<input type="checkbox"/>	<input type="checkbox"/>	A copy of the most recent notice of assessment issued by Revenu Québec
<input type="checkbox"/>	<input type="checkbox"/>	A copy of all of your most recent income tax forms indicating your employment income or other income: e.g. RL-1 Slip, etc.
<input type="checkbox"/>	<input type="checkbox"/>	A recent letter from each of your current employers indicating the number of hours worked per week, the employment starting date and, if applicable, the expected employment termination date, your gross annual salary, and your cumulative gross earnings for the current calendar year
<input type="checkbox"/>	<input type="checkbox"/>	For each job you now hold, a copy of the stubs from your last two paycheques, or a copy of the last two paycheques you cashed, stamped by the bank
<input type="checkbox"/>	<input type="checkbox"/>	If your current job began less than 12 months ago , you must provide proof of income (letter from your employer, pay slips, etc.) for all the jobs held in the past 12 months.

B. Self-employed worker, owner of a business or general partnership

If you or your co-signing spouse are currently self-employed or own one or more businesses, you must complete this section, giving the name(s) of your business(es), as well as the dates operations began and ended.

YOU MUST ALSO ATTACH THE FOLLOWING DOCUMENTS TO YOUR APPLICATION

Sponsor	Co-signing spouse	
<input type="checkbox"/>	<input type="checkbox"/>	A copy of your <u>most recent personal</u> Québec income tax return including a copy of your statement of revenues and expenses (Schedule L and form TP-80) and the information return for the Québec enterprise register (Déclaration de renseignements pour le registre des entreprises) (Schedule 0)
<input type="checkbox"/>	<input type="checkbox"/>	A copy of the most recent notice of assessment issued by Revenu Québec
<input type="checkbox"/>	<input type="checkbox"/>	A copy of your business registration or incorporating documents

SECTION 5: OTHER SOURCES OF INCOME

If you or your co-signing spouse have received benefits from government agencies (e.g. maternity or paternity benefits, Employment Insurance, CSST benefits, etc.), a pension (private or government), or if you have other income (e.g. rental or investment income), you must complete this section, indicating the amounts and their source.

You may use extra pages if necessary.

IF THIS SITUATION APPLIES TO YOU, PLEASE ALSO ATTACH THE FOLLOWING DOCUMENTS TO YOUR APPLICATION.

Sponsor	Co-signing spouse	
<input type="checkbox"/>	<input type="checkbox"/>	Employment Insurance benefits
<input type="checkbox"/>	<input type="checkbox"/>	A copy of all records of employment issued in the past 12 months for Employment Insurance purposes, indicating termination of employment or a layoff
<input type="checkbox"/>	<input type="checkbox"/>	A letter from the employer confirming the recurrent closure of the business or, as the case may be, the regular cessation of operations of certain departments for a given period, followed by a resumption of operations in the last two years
<input type="checkbox"/>	<input type="checkbox"/>	Rental income
<input type="checkbox"/>	<input type="checkbox"/>	A copy of your most recent property tax account statement
<input type="checkbox"/>	<input type="checkbox"/>	A copy of the notarized deed of acquisition of the rental property
<input type="checkbox"/>	<input type="checkbox"/>	A copy of the most recent tax return reporting rental income from the property
<input type="checkbox"/>	<input type="checkbox"/>	Child disability benefits
<input type="checkbox"/>	<input type="checkbox"/>	A copy of the statement of Québec allowances paid for a disabled child
<input type="checkbox"/>	<input type="checkbox"/>	Maternity or paternity benefits
<input type="checkbox"/>	<input type="checkbox"/>	A letter from your employer confirming your return to work after your maternity or paternity leave
<input type="checkbox"/>	<input type="checkbox"/>	A copy of the official document indicating the maternity or paternity benefits paid in lieu of your salary
<input type="checkbox"/>	<input type="checkbox"/>	Alimony
<input type="checkbox"/>	<input type="checkbox"/>	A copy of the judgment determining the amount of the alimony
<input type="checkbox"/>	<input type="checkbox"/>	Copies of the most recent cheques received, stamped by the bank

Investment income

A letter from the financial institution, a copy of the bond(s) or a statement from a trust company or a broker indicating the opening date of the account, its holders' names and its balance

Other indemnities

A copy of any official document showing the payment of replacement indemnities and compensation for the loss of employment income (CSST, etc.) or pensions (private or government)

SECTION 6: OTHER FINANCIAL RESOURCES (if applicable)

If your income from a Canadian source and that of your co-signing spouse, if applicable, is not sufficient to comply with the financial scales in effect, you must complete this section in order for the MICC to determine whether other financial resources would enable you to fulfill your undertaking.

You may use extra pages if necessary.

Sponsor **Co-signing spouse**

Capital invested in a savings or investment program

A letter from the financial institution, a copy of the bond(s) or a statement from a trust company or a broker indicating the opening date of the account, its holders' names and its balance

Universal child care benefits paid by the Canada Revenue Agency

A copy of form RC62 or an official document demonstrating payment of the benefits.

Real estate

A copy of your most recent property tax account

A letter from the financial institution confirming the balance of your mortgage undertaken to purchase the real estate.

A copy of the notarized acquisition agreement (real estate purchase price).

... or if this option is more advantageous, the following document:

A copy of the appraisal report establishing the market value of the real estate, prepared by an accredited appraiser.

SECTION 7: PROTECTION OF PERSONAL INFORMATION

Carefully read the information included in this section.

SECTION 8: DECLARATION AND SIGNATURE

Sign the form in the space provided, enter the date and place of signing, and return the form along with all the other duly completed and signed documents required.

If your spouse or de facto spouse co-signs the undertaking, he or she must also sign the form in the space provided and provide the same financial documents in support of the application.

For official use only

File no.:

Please note that this application form must be filled out in French. This English translation is included only to help you do so accurately.

To help you complete to this form, please consult the enclosed instructions.

SECTION 1 IDENTIFICATION OF SPONSORS

A. Identification of sponsor

Family name at birth: _____ First name: _____
Date of birth: _____
Year / Month / Day

B. Identification of co-signing spouse (if applicable)

Family name at birth: _____ First name: _____
Date of birth: _____
Year / Month / Day

SECTION 2 SPONSOR'S FAMILY COMPOSITION

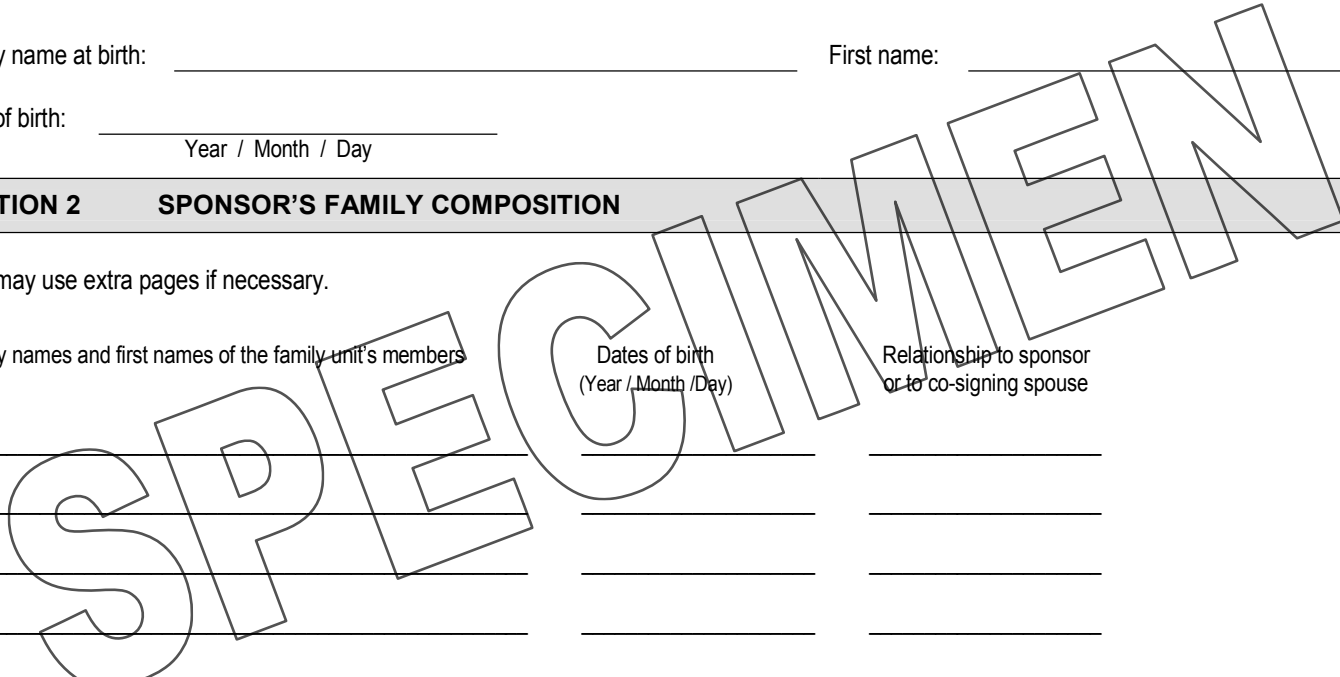
You may use extra pages if necessary.

Family names and first names of the family unit's members

Dates of birth
(Year / Month / Day)

Relationship to sponsor
or to co-signing spouse

Family names and first names of the family unit's members	Dates of birth (Year / Month / Day)	Relationship to sponsor or to co-signing spouse



SECTION 3 PREVIOUS UNDERTAKINGS STILL IN EFFECT

SPONSOR

Name of the principal sponsored person	Number of persons covered by the undertaking
_____	_____ adult(s) _____ child(ren)
_____	_____ adult(s) _____ child(ren)
_____	_____ adult(s) _____ child(ren)
_____	_____ adult(s) _____ child(ren)

CO-SIGNING SPOUSE

Name of the principal sponsored person	Number of persons covered by the undertaking
_____	_____ adult(s) _____ child(ren)
_____	_____ adult(s) _____ child(ren)
_____	_____ adult(s) _____ child(ren)
_____	_____ adult(s) _____ child(ren)

SECTION 4 SPONSORS' EMPLOYMENT INCOME

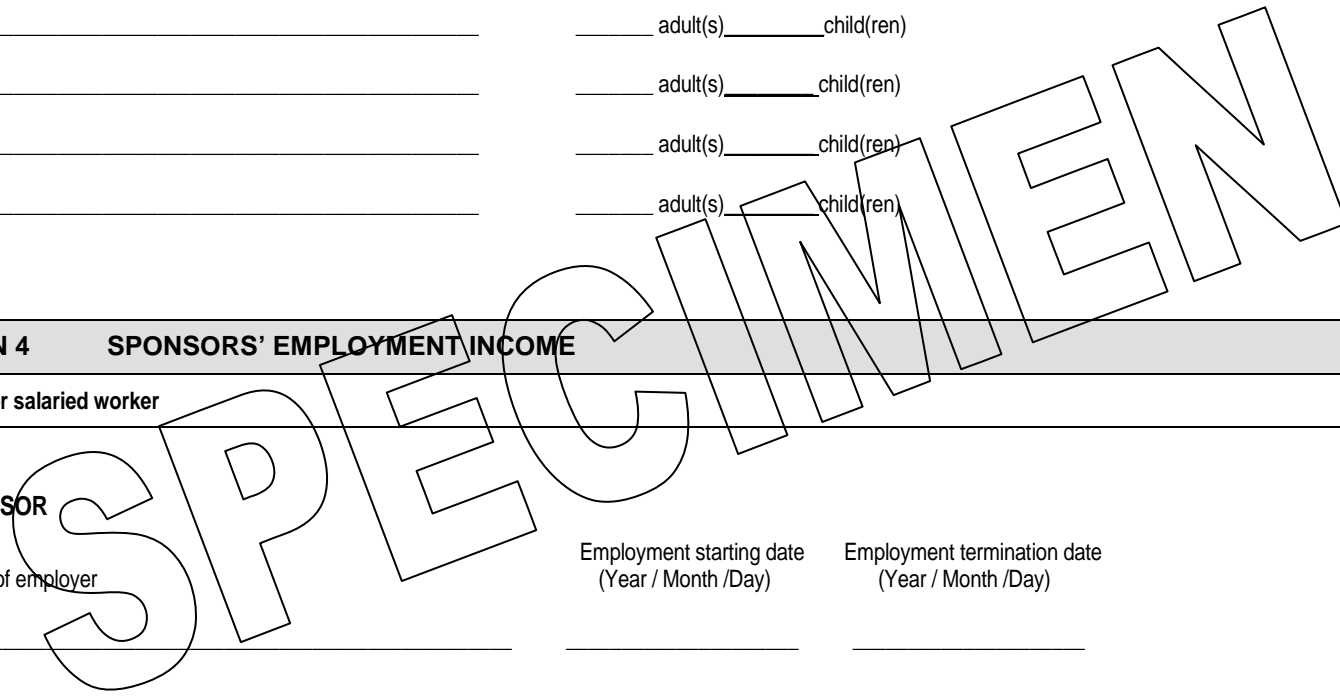
A. Wage or salaried worker

SPONSOR

Name of employer	Employment starting date (Year / Month /Day)	Employment termination date (Year / Month /Day)
_____	_____	_____
_____	_____	_____
_____	_____	_____

CO-SIGNING SPOUSE

Name of employer	Employment starting date (Year / Month /Day)	Employment termination date (Year / Month /Day)
_____	_____	_____
_____	_____	_____
_____	_____	_____



B. Self-employed worker, owner of a business or general partnership

SPONSOR

Name of business	Operation starting date (Year / Month /Day)	Operation termination date (Year / Month /Day)
_____	_____	_____
_____	_____	_____

CO-SIGNING SPOUSE

Name of business	Operation starting date (Year / Month /Day)	Operation termination date (Year / Month /Day)
_____	_____	_____
_____	_____	_____

SECTION 5 OTHER SOURCES OF INCOME

SPONSOR

Source of income	Amount per period (e.g. \$100/month)
_____	_____
_____	_____
_____	_____

CO-SIGNING SPOUSE

Source of income	Amount per period (e.g. \$100/month)
_____	_____
_____	_____
_____	_____

SECTION 6 OTHER FINANCIAL RESOURCES (if applicable)

Details or comments :

SECTION 7 PROTECTION OF PERSONAL INFORMATION

The personal information collected in this document, and if applicable, in the required supplementary material attachments, is necessary in order to process your undertaking application and is required under the terms of the *Act respecting immigration to Québec*, the *Regulation respecting the selection of foreign nationals*, and the incumbent administrative rules.

This information may also be used by the Minister for the purpose of studies, statistics, program evaluation, or to convey to you any information that might affect your undertaking.

Your personal information is confidential and may not be disclosed without your consent unless authorized by law. In particular, the law allows personal information to be communicated **without your consent** under certain conditions if such communication is necessary to:

- the application of an Act in Québec;
- the exercise of the rights and powers of an agency of the Government of Québec or the Government of Canada, particularly federal immigration authorities;
- render a service provided by the Ministère or fulfill a service contract awarded by the Ministère;
- prosecute an offence against an Act applicable in Québec, or to respond to an emergency.

Within the Ministère, access to this information is restricted to personnel qualified to receive personal information where such information is necessary for the discharge of their duties.

With the exception of optional sections, any refusal to answer a question or any omission may result in the rejection of your application or may delay its processing.

You can find out what information the Ministère has about you, and where necessary, request a correction in writing.

For more information, contact the office is processing your application or, if this office is unable to respond to your request, the office of the person responsible for the protection of personal information, at the Secrétariat général du Ministère de l'Immigration et des Communautés culturelles, Édifice Gérald-Godin, 360, rue McGill, 4e étage, Montréal (Québec), H2Y 2E9.

SECTION 8 DECLARATION AND SIGNATURE

I declare that the information contained in this form is complete and accurate.

In witness whereof, I have signed in _____ Date _____
City (Year / Month /Day)

Sponsor's signature _____

Co-signing spouse's signature _____
(if applicable)

Pour vous aider à remplir le présent formulaire, veuillez consulter le feuillet d'instructions qui l'accompagne.

Note : Afin d'alléger le texte, les termes et expressions utilisés englobent les deux genres grammaticaux.

SECTION 1 IDENTIFICATION DES GARANTS

A. Identification du garant

Nom de famille à la naissance : _____ Prénom : _____

Date de naissance : _____
Année / Mois / Jour

B. Identification du conjoint cosignataire (s'il y a lieu)

Nom de famille à la naissance : _____ Prénom : _____

Date de naissance : _____
Année / Mois / Jour

SECTION 2 COMPOSITION DE LA FAMILLE DU GARANT

Vous pouvez joindre un feuillet supplémentaire si vous manquez d'espace.

Nom et prénom des membres de l'unité familiale	Date de naissance (Année / Mois / Jour)	Lien de parenté avec le garant le conjoint cosignataire
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SECTION 3 ENGAGEMENTS ANTÉRIEURS ENCORE VALIDES**GARANT**

Nom du parrainé principal

Nombre de personnes visées
par l'engagement

_____	_____ adulte(s) _____ enfant(s)
_____	_____ adulte(s) _____ enfant(s)
_____	_____ adulte(s) _____ enfant(s)
_____	_____ adulte(s) _____ enfant(s)

CONJOINT COSIGNATAIRE

Nom du parrainé principal

Nombre de personnes visées
par l'engagement

_____	_____ adulte(s) _____ enfant(s)
_____	_____ adulte(s) _____ enfant(s)
_____	_____ adulte(s) _____ enfant(s)
_____	_____ adulte(s) _____ enfant(s)

SECTION 4 REVENUS DE TRAVAIL DES GARANTS**A. Travailleur salarié****GARANT**

Nom de l'employeur

Date de début d'emploi
(Année / Mois / Jour)Date de fin d'emploi
(Année / Mois / Jour)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

CONJOINT COSIGNATAIRE

Nom de l'employeur

Date de début d'emploi
(Année / Mois / Jour)Date de fin d'emploi
(Année / Mois / Jour)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

B. Travailleur autonome, propriétaire d'entreprise ou d'une société en nom collectif

GARANT

Nom de l'entreprise	Date de début d'exploitation (Année / Mois / Jour)	Date de fin d'exploitation (Année / Mois / Jour)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

CONJOINT COSIGNATAIRE

Nom de l'entreprise	Date de début d'exploitation (Année / Mois / Jour)	Date de fin d'exploitation (Année / Mois / Jour)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SECTION 5 AUTRES SOURCES DE REVENUS

GARANT

Origine du revenu	Montant par période (ex. : 100 \$/mois)
_____	_____
_____	_____
_____	_____
_____	_____

CONJOINT COSIGNATAIRE

Origine du revenu	Montant par période (ex. : 100 \$/mois)
_____	_____
_____	_____
_____	_____
_____	_____

SECTION 6 AUTRES RESSOURCES FINANCIÈRES (s'il y a lieu)

Précisions ou commentaires :

SECTION 7 PROTECTION DES RENSEIGNEMENTS PERSONNELS

Les renseignements personnels recueillis dans le présent formulaire et, le cas échéant, dans les documents qui doivent y être annexés sont nécessaires au traitement de votre demande de certificat de sélection du Québec et à l'application de la Loi sur l'immigration au Québec, du Règlement sur la sélection des ressortissants étrangers et des règles administratives qui en découlent.

Ces renseignements peuvent également être utilisés par le ministre à des fins d'étude, de statistique, d'évaluation de programme ou pour vous communiquer toute information susceptible d'avoir une incidence sur votre demande.

Les renseignements personnels vous concernant sont confidentiels et ne peuvent être divulgués sans votre consentement à moins que la loi ne l'autorise. La loi permet notamment, à certaines conditions, la communication de renseignements personnels **sans consentement** si cette communication est nécessaire :

- à l'application d'une loi au Québec;
- à l'exercice des attributions d'un organisme du gouvernement du Québec ou du gouvernement du Canada, notamment les autorités canadiennes de l'immigration;
- à la prestation d'un service du Ministère ou à l'exécution d'un contrat de service confié par le Ministère;
- aux fins d'une poursuite pour infraction à une loi applicable au Québec ou en raison d'une situation d'urgence.

Au sein du Ministère, l'accès à ces renseignements est réservé aux seules personnes habilitées à les recevoir lorsque ces renseignements sont nécessaires à l'exercice de leurs fonctions.

À l'exception des sections facultatives, tout refus de répondre ou toute omission peut entraîner le rejet de votre demande ou occasionner des délais dans le traitement de votre dossier.

Vous pouvez être informé des renseignements vous concernant détenus par le Ministère et, s'il y a lieu, en demander par écrit la rectification.

Pour de plus amples renseignements, adressez-vous au bureau qui traite votre demande. Si ce bureau n'est pas en mesure de vous fournir les renseignements demandés, adressez-vous au responsable ministériel de la protection des renseignements personnels au Secrétariat général du ministère de l'Immigration et des Communautés culturelles, situé à l'adresse suivante : Édifice Gérald-Godin, 360, rue McGill, 4^e étage, Montréal (Québec), H2Y 2E9.

SECTION 8 DÉCLARATION ET SIGNATURE

Je déclare que les renseignements contenus dans ce formulaire sont complets et exacts.

En foi de quoi, j'ai signé à _____ Date _____
Ville (Année / Mois / Jour)

Signature du garant _____

Signature du conjoint cosignataire
(s'il y a lieu) _____