



# UNDERTAKING/APPLICATION TO SPONSOR - COMMUNITY SPONSORS

## UNDERTAKING TO SPONSOR CONVENTION REFUGEES ABROAD AND HUMANITARIAN-PROTECTED PERSONS ABROAD

FOR CIC USE ONLY	
CIC File Identification No.	
Principal Applicant ID No.	
Name of Principal Refugee Applicant	

### IMM 6000 Distribution Options

Check applicable box: <input type="checkbox"/>	Visa office sends IMM 6000 to refugee applicant <input type="checkbox"/>	Sponsoring group sends IMM 6000 to refugee applicant <input type="checkbox"/>	Local CIC submits completed application for permanent residence and approved undertaking to visa office <input type="checkbox"/>
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### A - COMMUNITY SPONSOR

Name of community sponsor				FOR CIC USE ONLY Client ID no.	
President or Executive Director - Surname (family name)			Given name(s)		
Date of birth	D M Y	Relationship to Principal Applicant (if any)			
Address (no. & street)		Apt./Unit	City	Province	Postal code
Home telephone no. Area code No.	Business telephone no. Area code No.	Ext.	Fax no. Area code No.	E-mail address (specify, if available)	
Has your organization signed any other sponsorship undertaking? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, provide details on separate page.					

### B - COSPONSOR - INDIVIDUAL (if applicable) If more than one, please add a page

Surname (Family name)		Given name(s)			FOR CIC USE ONLY Client ID no.	
Date of birth	D M Y	Relationship to Principal Applicant (if any)				
Address (no. & street)		Apt./Unit	City	Province	Postal code	
Home telephone no. Area code No.	Business telephone no. Area code No.	Ext.	Fax no. Area code No.	E-mail address (specify, if available)		
Have you signed any other sponsorship undertaking of refugees or of your family members? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, provide details on separate page.						

### C - COSPONSOR - ORGANIZATION (if applicable) If more than one, please add a page

Name of organization, association or corporation				FOR CIC USE ONLY Client ID no.	
Group representative - Surname (family name)			Given name(s)		
Date of birth	D M Y	Relationship to Principal Applicant (if any)			
Address (no. & street)		Apt./Unit	City	Province	Postal code
Home telephone no. Area code No.	Business telephone no. Area code No.	Ext.	Fax no. Area code No.	E-mail address (specify, if available)	
Has your organization signed any other sponsorship undertaking? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, provide details on separate page.					

### D - CONTACT PERSON

Surname (Family name)		Given name(s)		Date of birth D M Y	
Provide contact person's coordinates if not indicated above					
Relationship to Principal Applicant (if any)		Address (no. & street)		Apt./Unit	
City		Province		Postal code	
Home telephone No. ( ) -	Business telephone no. ( ) -	Fax no. ( ) -	E-mail address		

**E - REFUGEE APPLICANTS**

\* For a visa office-referred sponsorship, check this box and attach the Refugee Profile.

1. Principal refugee applicant surname (Family name)		Given name(s)		Marital status		<b>FOR CIC USE ONLY</b>	
						Principal applicant ID no.	
Date of birth Day Month Year		Sex		Country of birth		Place of birth	
						Country of citizenship	
2. Refugee applicant surname (Family name)		Given name(s)		Relationship		Marital status	
						<b>FOR CIC USE ONLY</b>	
						Family member ID no.	
Date of birth Day Month Year		Sex		Country of birth		Place of birth	
						Country of citizenship	
3. Refugee applicant surname (Family name)		Given name(s)		Relationship		Marital status	
						<b>FOR CIC USE ONLY</b>	
						Family member ID no.	
Date of birth Day Month Year		Sex		Country of birth		Place of birth	
						Country of citizenship	
4. Refugee applicant surname (Family name)		Given name(s)		Relationship		Marital status	
						<b>FOR CIC USE ONLY</b>	
						Family member ID no.	
Date of birth Day Month Year		Sex		Country of birth		Place of birth	
						Country of citizenship	
5. Refugee applicant surname (Family name)		Given name(s)		Relationship		Marital status	
						<b>FOR CIC USE ONLY</b>	
						Family member ID no.	
Date of birth Day Month Year		Sex		Country of birth		Place of birth	
						Country of citizenship	
6. Refugee applicant surname (Family name)		Given name(s)		Relationship		Marital status	
						<b>FOR CIC USE ONLY</b>	
						Family member ID no.	
Date of birth Day Month Year		Sex		Country of birth		Place of birth	
						Country of citizenship	

**Complete mailing address of principal refugee applicant (or contact person or organization)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Country: \_\_\_\_\_ Telephone no.: \_\_\_\_\_ E-mail address: \_\_\_\_\_

**F - MULTIPLE UNDERTAKINGS (If more than three, attach a separate page)**

NAMES OF OTHER PRINCIPAL APPLICANTS LINKED TO THIS UNDERTAKING	DATE OF BIRTH			CLIENT ID No.
	Day	Month	Year	

**G - RELATIVES OF THE REFUGEE APPLICANT(S) LIVING IN CANADA (If more than two persons, add a page)**

1. Surname (Family name)		Given name(s)		<input type="checkbox"/> Cdn Citizen <input type="checkbox"/> Permanent resident <input type="checkbox"/> Other _____		Relationship to refugee applicant(s)	
Address (no. & street)		City/Town		Province		Postal code	
						Telephone no. ( ) -	
2. Surname (Family name)		Given name(s)		<input type="checkbox"/> Cdn Citizen <input type="checkbox"/> Permanent resident <input type="checkbox"/> Other _____		Relationship to refugee applicant(s)	
Address (no. & street)		City/Town		Province		Postal code	
						Telephone no. ( ) -	

**H - OBLIGATIONS OF THE SPONSORING GROUP**

This undertaking makes clear the obligation of the sponsoring group in relation to the sponsored persons. The sponsoring group promise(s) the Minister to provide the sponsored persons with the following assistance:

**Reception:**

- Meet the refugee upon arrival in the community.

**Lodging:**

- Provide suitable accommodation, basic furniture and other household essentials.

**Care:**

- Food, clothing, local transportation costs and other basic necessities of life.

**Settlement Assistance and Support:**

- Extend ongoing friendship, provide encouragement and assistance with adjustment to life in Canada, teach rights and responsibilities of permanent residence in Canada and help refugee(s) learn an official language and seek employment.
- The sponsoring group's obligations commence upon the arrival of the sponsored persons in Canada and continue for a period of not less than 12 months and not more than 36 months or until the sponsored persons become self-sufficient, whichever is less. The Immigration officer has determined the duration of the undertaking to be for a period of 12 months unless otherwise recommended by a visa officer and agreed to by the sponsoring group.

**I - DECLARATION BY THE SPONSOR(S)**

Each party to the sponsorship must provide their signature. Add additional pages as required.

- i) I declare that the information provided is to the best of my knowledge true, complete and accurate.
- ii) I am not in default of any other sponsorship undertaking(s).
- iii) I am not in default of any immigration loans.
- iv) We have made or will make adequate arrangements in the expected community of settlement for the reception and settlement of the persons identified in this undertaking, as evidenced in the Settlement Plan and Financial Assessment - IMM 5515.
- v) We have sufficient financial resources and expertise to fulfill this undertaking.
- vi) To the best of my ability, I will not knowingly or deliberately allow any individual to participate in the group's settlement activities who may be considered a threat to the safety and security of the refugee(s).
- vii) I understand that any false statements or concealment of any material fact may result in, but are not limited to, the following consequences:
  - a) refusal to approve this undertaking or future undertakings;
  - b) refusal of the sponsored application for permanent residence;
  - c) exclusion or removal from Canada of the sponsored individuals;
  - d) prosecution or other enforcement action.
- viii) I understand that the sponsorship undertaking constitutes a financial obligation that could result in collection action should there be a breach of that obligation.

Community sponsor - President or Executive Director	Signature	Date Day   Month   Year
Cosponsor - Individual (if applicable)	Signature	Date Day   Month   Year
Cosponsor - Organization (if applicable)	Signature	Date Day   Month   Year

**FOR CIC USE ONLY**

CIC name			
Officer name		Officer signature	
Telephone no. ( ) -	Fax no. ( ) -	Approval date	Date Day   Month   Year
Visa office	Visa office no.	Date notification of approval sent to visa office and matching centre	Date Day   Month   Year
Remarks			

The information you provided on this form is collected under the authority of the **Immigration and Refugee Protection Act** and will be used to maintain a record of application and sponsorship undertakings by Community Sponsors according to the requirements of the Act. It will be retained in the Personal Information Bank CIC PPU 008 identified in **Infosource**. 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](http://infosource.gc.ca) and through the Citizenship and Immigration Call Centre. **Infosource is also available at Public Libraries in Canada.**