



FINANCIAL PROFILE - GROUP OF FIVE

- To be completed by each member who intends to use his/her personal income to support the refugee applicant(s).
- Complete all sections. If any section is not applicable to you, write "N/A" ("Not applicable").

FOR CIC USE ONLY	
CIC File Identification No.	
Principal Applicant ID No.	

A - GROUP NAME

1 Group of Five name

B - PRINCIPAL REFUGEE APPLICANT

1 Surname (Family name)	2 Given name(s)	3 Date of birth
		Y M D

C - PERSONAL DETAILS

1 Surname (Family name)	2 Given name(s)	3 Date of birth
		Y M D
4 For how many people in Canada are you currently the primary source of financial support? (include yourself)		

D - EMPLOYMENT

1 Are you employed? <input type="checkbox"/> Yes (if yes, provide the following details.) <input type="checkbox"/> No <input type="checkbox"/> Self-employed			
2 Name of employer	3 Supervisor's name	4 Tel. No.	5 Fax No.
5 Address (no. and street)			
City		Province	Postal Code
6 Your job title	7 <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Casual	8 Dates of employment	9 Gross salary over the last 12 months
10 E-mail address of supervisor		From Y M D	To Y M D

E - PREVIOUS EMPLOYER (if less than one year with current employer.)

1 Name of employer	2 Supervisor's name	3 Tel. No.	4 Fax No.
4 Address (no. and street)			
City		Province	Postal Code

F - OTHER SOURCES OF INCOME

List income earned or obtained over the last 12 months from sources other than employment. You must attach supporting documents that attest to the source and amount of this income. An accountant must certify all income earned through self-employment and wholly-owned or partially-owned business ventures. Add an extra page if needed.

Income Source	Amount
1	\$
2	\$
3	\$
4	\$

G - FUNDS COMMITTED TO SPONSORSHIP

* Individual members should not commit beyond what is realistic given their current income and expenses. It is preferable that the financial burden be distributed as evenly as possible

TOTAL INCOME Box A <input type="text"/>	FUNDS COMMITTED TO SPONSORSHIP Box B <input type="text"/>
(to be used in section D of Settlement Plan and Financial Assessment)	

H - DECLARATION

I declare that the information given on this form and any attached documents is true, complete and fully discloses my financial situation.

SIGNATURE <input type="text"/>	DATE <input type="text"/>
	Year Month Day

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 local Groups of Five or more individuals 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 and through the Citizenship and Immigration Call Centre. **Infosource is also available at Public Libraries in Canada.**