



**GOVERNMENT OF
SASKATCHEWAN**

**SASKATCHEWAN IMMIGRANT
NOMINEE PROGRAM (SINP)**

**Family Referral Category
AFFIDAVIT OF SUPPORT**

I, _____ OF _____
Name Address including postal code

Date of birth
(dd/mm/yyyy)

Telephone – daytime

Telephone – alternate

MAKE OATH AND SAY THAT:

1. I am a Canadian citizen or permanent resident of Canada and have provided the following documentation: permanent resident or Canadian citizenship card or Canadian passport
 YES NO
 2. I have lived in Saskatchewan for at least one year and have provided the following documentation: a copy of Saskatchewan Health card, tax return, etc.
 YES NO
 3. I declare that I am a family member of the principal applicant (named below), as set out in the application guidelines of the SINP Family Referral Category Guidelines, and have provided documentation proving that relationship through civil status documents, (i.e. birth certificates, adoption certificates, marriage certificates).
 YES NO
 4. I am financially self-supporting through the receipt of employment or another regular source of income for the past six consecutive months and have not received financial support from the federal Resettlement Assistance Program, the Saskatchewan Assistance Plan or the federal Employment Insurance program during the last six months
 YES NO
 5. I will actively support the principal applicant and their accompanying spouse/common-law partner in accessing the Saskatchewan labour market.
 YES NO
- Describe how you will assist the principal applicant and their accompanying family members find employment.

6. I declare that I clearly understand that applicant(s) to the Saskatchewan Immigrant Nominee Program (named below) must make a formal declaration of their intention to live and work in Saskatchewan, and that I will be prohibited from supporting other Family Members in the future, if the applicant named on this affidavit does not settle successfully and permanently in Saskatchewan

YES NO

7. Complete name of the applicant and accompanying dependents who are applying to the SINP.

Principal applicant's details

Spouse's details

Family Name:
 Given Name(s):
 Date of Birth:
 (dd/mm/yyyy)

Family Name:
 Given Name(s):
 Date of Birth:
 (dd/mm/yyyy)

Dependent's details

Dependent's details

Family Name:
 Given Name(s):
 Date of Birth:
 (dd/mm/yyyy)

Family Name:
 Given Name(s):
 Date of Birth:
 (dd/mm/yyyy)

8. If I intend to and/or am supporting more family members through the SINP Family Referral Category, I must provide the names of the principal applicant, spouse and dependents names including their dates of birth. Please attach a separate sheet if required.

<u>NAME [Last, Given names]</u>	<u>Relationship</u>	<u>Date of Birth (dd/mm/yyyy)</u>

9. I guarantee that the principal applicant has sufficient financial resources and will pay all processing and right of permanent residence fees, medical and transportation costs, and any other immigration related costs for themselves and their accompanying family members.

10. I accept full responsibility for fulfilling the details outlined in my settlement plan for the principal applicant and their accompanying family members to ensure they will not need to apply for social assistance benefits.

Describe how you will assist the principal applicant and their accompanying family members in the following tasks:

- Finding suitable housing:

- Accessing health services:

- Day-to-day needs (e.g. banking, grocery shopping, transportation and school enrolment):

11. I accept and agree that my affidavit cannot be terminated once the Province of Saskatchewan has issued a certificate of nomination to the principal applicant and accompanying dependents.

12. I agree to be the principal applicant's contact and representative in Canada and understand that Saskatchewan will not communicate with any paid immigration representative with respect to the processing of this application for permanent resident status in Canada.

13. I understand the Saskatchewan Immigrant Nominee Program is **not** a sponsorship program and that all applicants will be assessed on the basis of the criteria set out in the application guidelines.

14. I understand and am prepared to comply with all the commitments and obligations contained in this support affidavit, having asked for and received an explanation on every point that was not clear to me.

15. I understand that any false statements or concealment of any material may result in, but is not limited to, some or all of the following consequences:

- i. Refusal of this affidavit;
- ii. Refusal or withdrawal of the principal applicant's certificate of nomination.

16. I declare the information provided is true, complete, and accurate. I give the Province of Saskatchewan consent to verify any information I have provided in this agreement.

17. I permit the release of any information to the Government of Saskatchewan and the Government of Canada based on the understanding that this information may be used to assist in verifying, assessing, monitoring and enforcing this support agreement.

18. I declare that I have not received or been promised payment or any other consideration for signing this Affidavit of Support.

19. I make this declaration knowing that it is of the same force and effect as if made under oath.

AFFIRMED and SWORN before me at

Signature of person swearing affidavit

in the Province of Saskatchewan

this _____ day of _____,
20____.

Signature of Notary Public/Commissioner of Oaths

Name of Notary Public in and
for the Province of Saskatchewan
or Commissioner of Oaths;

My Commission expires;

I, _____
Name

of _____
Address including postal code

confirm that: I am in the same household described above. By co-signing this document, I acknowledge I have been made aware of such support and responsibilities stipulated in this Affidavit. I have no objection to such support and will provide same support as necessary.