

ECONOMIC PROGRAMS QUESTIONNAIRE (FAMILY)

Please complete the questionnaire and return to our office. By signing this questionnaire, you confirm that the information provided is accurate and to the best of your knowledge.

Date form was completed	Click or tap to enter a date.	
PRINCIPAL APPLICANT		
First name <i>(as shown in your passport)</i>		
Last name <i>(as shown in your passport)</i>		
Middle Name <i>(as shown in your passport)</i>		
Previous names (Birth/Maiden name, previous marriages, nicknames, previous marriage names, alias)		
E-mail address		
Complete address	Apart/Suite	
	Street number	
	Street name	
	City	
	District	
	Country	
	Postal code	
Home Telephone number		
Cellphone number		
Other (specify)		
Date of birth	Click or tap to enter a date.	
Place of Birth	City	
	Country	
Country of current residence		
Since when <i>(mm/dd/yyyy)</i>	Click or tap to enter a date.	
Country of Citizenship (list all)		
Your native language		

Other language, that you speak fluently		
Height (cm)		
Eye color (green, grey, brown, hazel, blue, black other)		
Marital Status		
Never Married	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Married	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Date of registration (mm/dd/yyyy)	Click or tap to enter a date.	
Common-law partnership	Yes <input type="checkbox"/>	No <input type="checkbox"/>
From what date (mm/dd/yyyy)	Click or tap to enter a date.	
Divorced	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Date of divorce (mm/dd/yyyy)	Click or tap to enter a date.	
<ul style="list-style-type: none"> state your former spouse's full name 	First name	
	Last name	
<ul style="list-style-type: none"> date of birth (mm/dd/yyyy) 	Click or tap to enter a date.	
<ul style="list-style-type: none"> date of entering into marriage (mm/dd/yyyy) 	Click or tap to enter a date.	
Widower/Widow	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Date (mm/dd/yyyy)	Click or tap to enter a date.	
Previous applications (see below):		
Have you ever applied to Immigration Refugees and Citizenship Canada (IRCC) before? (including Visitor Visa, Permanent Resident Visa, Study or Work Permits, etc.)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	When? (mm/dd/yyyy)	Results?
	Click or tap to enter a date.	
Have you made previous claims for refugee protection in Canada or at a Canadian visa office abroad, in any other country or countries, or with the United Nations High Commissioner for Refugees (UNHCR)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If yes, please provide Application Number and the final decision	
Have you applied for any Canadian Provincial Nominee Program?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If yes, please provide Application Number and the final decision	
Have you applied for Express Entry?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If yes, please provide Express Entry Profile Number and the final decision	

<p>Have you been refused?</p> <p><input type="checkbox"/> refugee status</p> <p><input type="checkbox"/> immigrant or permanent resident visa</p> <p><input type="checkbox"/> CSQ</p> <p><input type="checkbox"/> application to the Provincial nominee Program</p> <p><input type="checkbox"/> temporary resident visa</p> <p><input type="checkbox"/> study/work permit</p> <p><input type="checkbox"/> denied entry or ordered to leave Canada or any other country?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please provide Application Number and final decision for each</p>
<p>Where are you planning to live in Canada?</p>	
<p>City</p>	
<p>Province</p>	
<p>Have you taken CELPIP-G or IELTS-General?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>• If yes, please indicate:</p>	<p>CELPIP-G <input type="checkbox"/> IELTS-General <input type="checkbox"/></p>
	<p>Speaking</p>
	<p>Listening</p>
	<p>Reading</p>
	<p>Writing</p>
<p>If not please indicate your subjective assessment of proficiency on a scale of 1 to 10</p>	<p>Date of the Language Test <input type="text" value="Click or tap to enter a date."/></p> <p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/></p>
<p>Do you have any blood relatives in Canada with the Permanent Resident or Citizen status?</p> <p>If yes, Please state names, dates of birth and status in Canada.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please specify</p> <p>Blood relatives include:</p> <p><input type="checkbox"/> mother/father</p> <p><input type="checkbox"/> sister/brother</p> <p><input type="checkbox"/> grandfather/grandmother</p> <p><input type="checkbox"/> niece/nephew</p> <p><input type="checkbox"/> uncle/aunt</p> <p><input type="checkbox"/> daughter/son</p>

Please indicate the amount of money that you will bring to Canada for yourself and your family (in Canadian dollars)	\$
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This table shows the minimum amount you need to immigrate to Canada in 2020.

Number of family members	Funds required (in Canadian dollars)
1	\$12,960
2	\$16,135
3	\$19,836
4	\$24,083
5	\$27,315
6	\$30,806
7	\$34,299
For each additional family member	\$3,492

Please note:

*You **need** proof of funds to meet the minimum requirements of the*

- Federal Skilled Worker Program
- Federal Skilled Trades Program

*You **do not need** to show that you have enough money to support yourself and your family if*

- you are applying under the Canadian Experience Class **or**
- you're authorized to work in Canada **and** you have a [valid job offer](#), even if you apply under the Federal Skilled Worker Program or the Federal Skilled Trades Program

Keep your funds up to date in your profile. The system may find that you're [eligible for more than 1 program](#). You do not always know ahead of time which program you will be invited under.

PRINCIPAL APPLICANT EDUCATION HISTORY

Please list all education starting from High School

Type of diploma/certificate obtained: (e.g. high school diploma, Master's; Bachelor's, Specialist' degree, Ph.D. etc.)	Date started (mm/dd/yyyy)	Date finished (mm/dd/yyyy)	Name of school:	Field of Study:	City and country:
	Click or tap to enter a date.	Click or tap to enter a date.			
	Click or tap to enter a date.	Click or tap to enter a date.			
	Click or tap to enter a date.	Click or tap to enter a date.			
	Click or tap to enter a date.	Click or tap to enter a date.			

Have you had an Educational Credential Assessment (ECA) for any Degree, Diploma or Certificate obtained outside of Canada?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If you served in Military, please provide the following information

Start date <small>(mm/dd/year)</small>	End date <small>(mm/dd/year)</small>	Branch of service, unit numbers and names of your commanding officers	Rank(s)	Dates and places of any active combat	Reason for end of service

PRINCIPAL APPLICANT ADDRESS HISTORY

Please list all your actual residential addresses (not registered mailing/legal addresses), where you resided **since January 2010** until present:

Please do not omit any information and DO NOT LEAVE ANY GAPS.

Start date <small>(mm/dd/yyyy)</small>	End date <small>(mm/dd/yyyy)</small>	Apt.	Street #	Street name	City	District	Country	Postal Code
Click or tap to enter a date.	Click or tap to enter a date.							
Click or tap to enter a date.	Click or tap to enter a date.							
Click or tap to enter a date.	Click or tap to enter a date.							
Click or tap to enter a date.	Click or tap to enter a date.							
Click or tap to enter a date.	Click or tap to enter a date.							

FAMILY INFORMATION: Children and Step-children of the PRINCIPAL APPLICANT.

Full name	First name	Middle name	Last name
Full date of birth (mm/dd/yyyy)	Click or tap to enter a date.		
Place of birth	City		
	Country		
Marital status			
Height (cm)			
Eye colour			
Residential Address	Apt.		
	Street number and name		
	City		
	District		
	Country		
	Postal code		

Full name	First name	Middle name	Last name
Full date of birth (mm/dd/yyyy)	Click or tap to enter a date.		
Place of birth	City		
	Country		
Marital status			
Height (cm)			
Eye colour			
Residential Address	Apt.		
	Street number and name		
	City		
	District		
	Country		
	Postal code		

Full name	First name	Middle name	Last name
Full date of birth (mm/dd/yyyy)	Click or tap to enter a date.		
Place of birth	City		
	Country		
Marital status			
Height (cm)			
Eye colour			
Residential Address	Apt.		
	Street number and name		

	City	
	District	
	Country	
	Postal code	

Full name	First name	Middle name	Last name
Full date of birth (mm/dd/yyyy)	Click or tap to enter a date.		
Place of birth	City		
	Country		
Marital status			
Height (cm)			
Eye colour			
Residential Address	Apt.		
	Street number and name		
	City		
	District		
	Country		
	Postal code		

PRINCIPAL APPLICANT'S parents:

Father	First name			
	Middle name			
	Last name			
	Date of birth (mm/dd/yyyy)	Click or tap to enter a date.		
	Place of birth	City		
		Country		
	Marital status			
	Occupation			
	Residential address	Apt/Suite		
		Street number		
		Street name		
		City		
		District		
		Country		
If deceased, indicate date of death (mm/dd/yyyy)	Click or tap to enter a date.			

Mother	First name		
	Middle name		
	Last name		
	Date of birth (mm/dd/yyyy)	Click or tap to enter a date.	
	Place of birth	City	
		Country	
	Marital status		
	Occupation		
	Residential address	Apt/Suite	
		Street number	
		Street name	
		City	
		District	
Country			
Postal code			
If deceased, indicate date of death (mm/dd/yyyy)	Click or tap to enter a date.		

BROTHERS AND SISTERS OF THE PRINCIPAL APPLICANT.
Include half-siblings and step-siblings stating their relation to you.

Full name	First name	Middle name	Last name
Full date of birth (mm/dd/yyyy)	Click or tap to enter a date.		
Place of birth	City		
	Country		
Marital status			
Residential Address	Apt.		
	Street number and name		
	City		
	District		
	Country		
	Postal code		
If deceased, indicate date of death (mm/dd/yyyy)	Click or tap to enter a date.		

Full name	First name	Middle name	Last name
Full date of birth (mm/dd/yyyy)	Click or tap to enter a date.		
Place of birth	City		
	Country		
Marital status			
Residential Address	Apt.		
	Street number and name		
	City		
	Disctict		
	Country		
	Postal code		
If deceased, indicate date of death (mm/dd/yyyy)	Click or tap to enter a date.		

Full name	First name	Middle name	Last name
Full date of birth (mm/dd/yyyy)	Click or tap to enter a date.		
Place of birth	City		
	Country		
Marital status			
Residential Address	Apt.		
	Street number and name		
	City		
	District		
	Country		
	Postal code		
If deceased, indicate date of death (mm/dd/yyyy)	Click or tap to enter a date.		

Full name	First name	Middle name	Last name
Full date of birth (mm/dd/yyyy)	Click or tap to enter a date.		
Place of birth	City		
	Country		
Marital status			
Residential Address	Apt.		
	Street number and name		
	City		
	District		
	Country		
	Postal code		
If deceased, indicate date of death (mm/dd/yyyy)	Click or tap to enter a date.		

PRINCIPAL APPLICANT STATUTORY QUESTIONS

Please answer the following statutory questions:

1. Do you or any of your family members have ever had tuberculosis of the lungs or have been in close contact with a person with tuberculosis within the past two years.

Yes **No**

2. Do you have any physical or mental disorder that would require social or health services other than medication during your stay in Canada?

Yes **No**

If you checked “Yes” to any of the above questions, provide details and the name of the family member, if it applies to you.

3. Have you stayed beyond the validity of your status, attended school without authorization or worked without authorization in Canada?

Yes **No**

4. Have you:

- committed,
- been arrested for, **or**
- been charged with or convicted of any criminal offence in any country or territory.

Yes **No**

If you checked “yes”, give details. Please include any minor offenses such as traffictickets, bylaw violations, building code violations etc.

5. Have you ever served in any military, militia, civil defence unit, served in a security organization or police force (including non-obligatory national service, reserve or voluntary units)?

Yes **No**

If you checked “Yes”, write your dates of service and the countries or territories where you served.

6. Have ever been a member or associated with any political party, or other group or organization which has engaged in or advocated violence as means to achieving a political or religious objective, or which has been associated with criminal activity at any time?

Yes

No

7. Have ever witnessed or taken part in the ill treatment of prisoners or civilians, looting or desecration of religious buildings?

Yes

No

Note: *If you require additional space for any of the questions, please attach a separate sheet with the additional information.*

Signature of Principal Applicant

SPOUSE OR COMMON-LAW PARTNER INFORMATION

First name <i>(as shown in your passport)</i>		
Last name <i>(as shown in your passport)</i>		
Middle Name <i>(as shown in your passport)</i>		
Previous names (Birth/Maiden name, previous marriages, nicknames, previous marriage names, alias)		
E-mail address		
Complete address	Apart/Suite	
	Street number	
	Street name	
	City	
	District	
	Country	
	Postal code	
Home Telephone number		
Cellphone number		
Other (specify)		
Date of birth	Click or tap to enter a date.	
Place of Birth	City	
	Country	
Country of current residence		
Since when (mm/dd/yyyy)	Click or tap to enter a date.	
Country of Citizenship (list all)		
Your native language		
Other language, that you speak fluently		
Height (cm)		
Eye color (green, grey, brown, hazel, blue, black other)		
Has your spouse or common-law partner been married or have been in a common-law relationship before? (if yes, please fill the information below)		
Indicate whether marriage or common-law relationship		
Date married/date relationship began (mm/dd/yyyy)	Click or tap to enter a date.	

Date divorced/date relationship ended (mm/dd/yyyy)	Click or tap to enter a date.	
	First name	
	Middle name	
	Last name	
Indicate whether marriage or common-law relationship		
Date married/date relationship began (mm/dd/yyyy)	Click or tap to enter a date.	
Date divorced/date relationship ended (mm/dd/yyyy)	Click or tap to enter a date.	
	First name	
	Middle name	
	Last name	
Previous applications (see below):		
Has your spouse or common-law partner ever applied to Immigration Refugees and Citizenship Canada (IRCC) before? (including Visitor Visa, Permanent Resident Visa, Study or Work Permits, etc.)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	When? (mm/dd/yyyy)	Results?
	Click or tap to enter a date.	
Has your spouse or common-law partner made previous claims for refugee protection in Canada or at a Canadian visa office abroad, in any other country or countries, or with the United Nations High Commissioner for Refugees (UNHCR)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	If yes, please provide Application Number and the final decision	
Has your spouse or common-law partner applied for any Canadian Provincial Nominee Program?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	If yes, please provide Application Number and the final decision	
Has your spouse or common-law partner applied for Express Entry?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	If yes, please provide Express Entry Profile Number and the final decision	
Has your spouse or common-law partner been refused? <input type="checkbox"/> refugee status <input type="checkbox"/> immigrant or permanent resident visa <input type="checkbox"/> CSQ	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	If yes, please provide Application Number and final decision for each	

<input type="checkbox"/> application to the Provincial nominee Program <input type="checkbox"/> temporary resident visa <input type="checkbox"/> study/work permit <input type="checkbox"/> denied entry or ordered to leave Canada or any other country?		
Has your spouse or common-law partner taken CELPIP-G or IELTS-General?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<ul style="list-style-type: none"> If yes, please indicate: 	CELPIP-G <input type="checkbox"/> IELTS-General <input type="checkbox"/>	
	Speaking	
	Listening	
	Reading	
	Writing	
If not please indicate your subjective assessment of proficiency on a scale of 1 to 10	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/>	
Does your spouse or common-law partner have any blood relatives in Canada with the Permanent Resident or Citizen status? If yes, Please state names, dates of birth and status in Canada.	<p style="text-align: center;"> Yes <input type="checkbox"/> No <input type="checkbox"/> </p> <p style="text-align: center;">If yes, please specify</p> <p>Blood relatives include:</p> <input type="checkbox"/> mother/father <input type="checkbox"/> sister/brother <input type="checkbox"/> grandfather/grandmother <input type="checkbox"/> niece/nephew <input type="checkbox"/> uncle/aunt <input type="checkbox"/> daughter/son	

**SPOUSE OR COMMON-LAW PARTNER
EDUCATION HISTORY**

Please list all education starting from High School

Type of diploma/certificate obtained: (e.g. high school diploma, Master's; Bachelor's, Specialist' degree, Ph.D. etc.)	Date started (mm/dd/yyyy)	Date finished (mm/dd/yyyy)	Name of school:	Field of Study:	City and country:
	Click or tap to enter a date.	Click or tap to enter a date.			
	Click or tap to enter a date.	Click or tap to enter a date.			
	Click or tap to enter a date.	Click or tap to enter a date.			
	Click or tap to enter a date.	Click or tap to enter a date.			

Has your spouse or common-law partner had an Educational Credential Assessment (ECA) for any Degree, Diploma or Certificate obtained outside of Canada?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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If your spouse or common-law partner served in Military, please provide the following information

Start date (mm/dd/year)	End date (mm/dd/year)	Branch of service, unit numbers and names of your commanding officers	Rank(s)	Dates and places of any active combat	Reason for end of service

SPOUSE OR COMMON-LAW PARTNER ADDRESS HISTORY

Please list all your actual residential addresses (not registered mailing/legal addresses), where you resided **since January 2010** until present:

Please do not omit any information and **DO NOT LEAVE ANY GAPS.**

Start date (mm/dd/yyyy)	End date (mm/dd/yyyy)	Apt.	Street #	Street name	City	District	Country	Postal Code
Click or tap to enter a date.	Click or tap to enter a date.							
Click or tap to enter a date.	Click or tap to enter a date.							
Click or tap to enter a date.	Click or tap to enter a date.							
Click or tap to enter a date.	Click or tap to enter a date.							
Click or tap to enter a date.	Click or tap to enter a date.							

FAMILY INFORMATION:

Children and Step-children of the SPOUSE OR COMMON-LAW PARTNER.

Full name	First name	Middle name	Last name
Full date of birth (mm/dd/yyyy)	Click or tap to enter a date.		
Place of birth	City		
	Country		
Marital status			
Height (cm)			
Eye colour			
Residential Address	Apt.		
	Street number and name		
	City		
	District		
	Country		
	Postal code		

Full name	First name	Middle name	Last name
Full date of birth (mm/dd/yyyy)	Click or tap to enter a date.		
Place of birth	City		
	Country		
Marital status			
Height (cm)			
Eye colour			
Residential Address	Apt.		
	Street number and name		
	City		
	District		
	Country		
	Postal code		

Full name	First name	Middle name	Last name
Full date of birth (mm/dd/yyyy)	Click or tap to enter a date.		
Place of birth	City		
	Country		
Marital status			
Height (cm)			
Eye colour			
Residential Address	Apt.		
	Street number and name		

	City	
	District	
	Country	
	Postal code	

PARENTS of the SPOUSE OR COMMON-LAW PARTNER:

Father	First name		
	Middle name		
	Last name		
	Date of birth (mm/dd/yyyy)	Click or tap to enter a date.	
	Place of birth	City	
		Country	
	Marital status		
	Occupation		
	Residential address	Apt/Suite	
		Street number	
		Street name	
		City	
		District	
Country			
Residential address	Postal code		
If deceased, indicate date of death (mm/dd/yyyy)	Click or tap to enter a date.		
<hr/>			
Mother	First name		
	Middle name		
	Last name		
	Date of birth (mm/dd/yyyy)	Click or tap to enter a date.	
	Place of birth	City	
		Country	
	Marital status		
	Occupation		
	Residential address	Apt/Suite	
		Street number	
		Street name	
		City	
		District	
Country			
Residential address	Postal code		
If deceased, indicate date of death (mm/dd/yyyy)	Click or tap to enter a date.		

BROTHERS AND SISTERS OF THE SPOUSE OR COMMON-LAW PARTNER.

Include half-siblings and step-siblings stating their relation to you.

Full name	First name	Middle name	Last name
Full date of birth (mm/dd/yyyy)	Click or tap to enter a date.		
Place of birth	City		
	Country		
Marital status			
Residential Address	Apt.		
	Street number and name		
	City		
	District		
	Country		
	Postal code		
If deceased, indicate date of death (mm/dd/yyyy)	Click or tap to enter a date.		

Full name	First name	Middle name	Last name
Full date of birth (mm/dd/yyyy)	Click or tap to enter a date.		
Place of birth	City		
	Country		
Marital status			
Residential Address	Apt.		
	Street number and name		
	City		
	Disctict		
	Country		
	Postal code		
If deceased, indicate date of death (mm/dd/yyyy)	Click or tap to enter a date.		

Full name	First name	Middle name	Last name
Full date of birth (mm/dd/yyyy)	Click or tap to enter a date.		
Place of birth	City		
	Country		
Marital status			
Residential Address	Apt.		
	Street number and name		
	City		
	District		
	Country		
	Postal code		

If deceased, indicate date of death (mm/dd/yyyy)	Click or tap to enter a date.
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Full name	First name	Middle name	Last name
Full date of birth (mm/dd/yyyy)	Click or tap to enter a date.		
Place of birth	City		
	Country		
Marital status			
Residential Address	Apt.		
	Street number and name		
	City		
	District		
	Country		
	Postal code		
If deceased, indicate date of death (mm/dd/yyyy)	Click or tap to enter a date.		

**SPOUSE OR COMMON-LAW PARTNER
STATUTORY QUESTIONS**

Please answer the following statutory questions:

8. Do you or any of your family members have ever had tuberculosis of the lungs or have been in close contact with a person with tuberculosis within the past two years.

Yes **No**

9. Do you have any physical or mental disorder that would require social or health services other than medication during your stay in Canada?

Yes **No**

If you checked “Yes” to any of the above questions, provide details and the name of the family member, if it applies to you.

10. Have you stayed beyond the validity of your status, attended school without authorization or worked without authorization in Canada?

Yes **No**

11. Have you:

- committed,
- been arrested for, **or**
- been charged with or convicted of any criminal offence in any country or territory.

Yes **No**

If you checked “yes”, give details. Please include any minor offenses such as traffictickets, bylaw violations, building code violations etc.

12. Have you ever served in any military, militia, civil defence unit, served in a security organization or police force (including non-obligatory national service, reserve or voluntary units)?

Yes **No**

If you checked “Yes”, write your dates of service and the countries or territories where you served.

13. Have ever been a member or associated with any political party, or other group or organization which has engaged in or advocated violence as means to achieving a political or religious objective, or which has been associated with criminal activity at anytime?

Yes

No

14. Have ever witnessed or taken part in the ill treatment of prisoners or civilians, looting or desecration of religious buildings?

Yes

No

Note: *If you require additional space for any of the questions, please attach a separate sheet with the additional information.*

Signature of spouse or common-law partner