

**SPONSOR DECLARATION AND AFFIDAVIT OF SUPPORT**  
**Family Connection Category**

This form must be completed by the person who resides in Newfoundland and Labrador (**Sponsor**) and who is supporting their relative's (**Candidate's**) application under the Family Connections Category of the Newfoundland and Labrador Provincial Nominee Program (NLPNP).

**DECLARATION OF SUPPORT**

<b>A. Sponsor's Personal Information</b>			
Sponsor's Family Name:		Given Name(s):	
Address:		City/Town, Province:	Postal Code:
Date of Birth:	Daytime Phone:	Evening Phone:	
E-mail:			

**AS THE SPONSOR SHOWN ABOVE, I MAKE OATH AND SAY THAT:**

1. I am a Canadian citizen or permanent resident of Canada (and have been so for at least one year);
2. I currently reside in Newfoundland and Labrador and I have been residing in Newfoundland and Labrador for the past 12 months;

The personal information provided on this form and attachments will be managed in accordance with the [Access to Information and Protection of Privacy Act \(2002\)](#).

3. I declare that I am the parent, child, sister, sister-in law, brother, brother-in law, aunt, uncle, niece, nephew or first cousin of the **Candidate** and that I have provided documentation proving that I am an eligible **Sponsor** of this **Candidate** (specified in Section B);

<b>B. Relationship between the Sponsor and the Candidate</b>	
Candidate's Family Name:	Given Name(s):
Clearly describe your relationship to the <b>Candidate</b> : (for example: "I am the father of the <b>Candidate</b> ")	

4. I declare that my spouse/common-law partner (if applicable) agrees with the terms and conditions contained in this Affidavit; their acknowledgement is included.

## AFFIDAVIT OF SUPPORT

1. I declare that I clearly understand that the **Candidate** and his/her dependent(s) named below must make a formal declaration of their intention to live and work in Newfoundland and Labrador, that I will not knowingly support the application of individuals who do not intend to live in Newfoundland and Labrador, and that I will be prohibited from supporting other **Candidates** in the future, if any of the applicants named on this affidavit do not settle successfully in Newfoundland and Labrador.

### **C. Provide the name of *Candidate* for Nomination and his/her accompanying Dependent(s)**

<b>Candidate's</b> Family Name:	Given Name(s):
Spouse/Common-Law Partner's Family Name:	Spouse/Common-Law Partner's Given Name(s):
Dependent Child Family Name:	Dependent Child Given Name(s):
Dependent Child Family Name:	Dependent Child Given Name(s):
Dependent Child Family Name:	Dependent Child Given Name(s):

*Use additional page for more dependents if required*

### **D. Sponsor's Settlement Plan for the *Candidate* and their accompanying Dependent(s)**

Describe how you will (a) assist your **Candidate** and their accompanying dependent(s), if applicable to settle in the province, and (b) to find employment. You should also (c) describe how you will make sure that there is a pathway to certification for **Candidates** planning to work in a regulated occupation:

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Describe how you will assist the **Candidate** and their accompanying dependent(s), if applicable, gain access to health services:

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Describe how you will assist the **Candidate** and their accompanying dependent(s), if applicable, with their day-to-day needs (*for example: banking, grocery shopping, transportation and school enrollment*):

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2. I have provided confirmation of employment, bank records and/or other documents required to Demonstrate my regular source of income or assets as the means to support myself and my current household.
3. I am satisfied that my **Candidate** has:
  - (a) The required settlement funds in the amount of CAD \$10,000 and CAD \$2,000 for each of their accompanying dependent(s) and I am aware that if the **Candidate** cannot provide evidence of these funds in a recognized and regulated financial institution, he/she may be refused by the NLPNP or the Canadian Visa office.
  - (b) The ability to be able to meet their own, and their accompanying dependent(s), basic needs, including but not limited to, shelter, food, clothing and other goods and services necessary for day-to-day living in Newfoundland and Labrador.
4. I declare my support for the **Candidate** and their accompanying dependent(s), as follows:
  - (a) I affirm that my affidavit cannot be terminated once the Province of Newfoundland and Labrador has issued a Certificate of Nomination for my **Candidate** and their accompanying dependents.
  - (b) I permit the sharing, release and exchange by and to the Government of Newfoundland and Labrador and the Government of Canada and/or a contracted third party evaluator as necessary of any personal, financial or corporate financial information, on the understanding that this information may be used to assist in verifying, assessing, evaluating, monitoring and enforcing this support agreement.
  - (c) I declare that the information provided is true, complete and accurate and I give consent to the Province of Newfoundland and Labrador to verify all the information I have provided in this agreement.
  - (d) I understand that Candidates of the Newfoundland and Labrador Provincial Nominee Program are assessed on the basis of their education, work experience and demonstrated ability to economically establish themselves in Newfoundland and Labrador.
  - (e) I accept full responsibility for fulfilling the details outlined in my Settlement Plan for the **Candidate** and their accompanying dependent(s), if applicable.
  - (f) I will actively support the **Candidate** and their accompanying dependent(s), if applicable, in accessing the Newfoundland and Labrador Labour Market.
5. I affirm that I have not received or been promised payment or other consideration for signing this support agreement.
6. I declare that I, or someone in my household, *has* OR *has not* previously supported a **Candidate** under the NLPNP Family Connections Category :

Yes (*If "Yes", provide details below; attach additional page if required*)       No

Name of previously supported <b>Candidate</b> : Date application submitted to NLPNP: Result (for example: was their application approved, declined?): Status (for example: is the Candidate working ?)	
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7. I understand that the provision of any false statements or concealment of any material fact may result in, but is not limited to, some or all of the following consequences:
  - (a) Refusal to approve this agreement or future agreements
  - (b) Refusal or withdrawal of the **Candidate's** nomination.

8. I have used a representative or third party in connection with this application to the NLPNP:

Yes ((If "Yes", provide details below)

No

**Representative/Third Party Contact Information**

Family Name:		Given Name(s):	
Company Name:		Title:	
Address:		City/Town, Province:	Postal Code:
Date of Birth:	Daytime Phone:		Evening Phone:
Cell Phone:		E-mail:	

9. I agree to be the principal contact and representative for the **Candidate** in Canada. I understand that the Province of Newfoundland and Labrador will contact me directly for all matters related to the entire application, and that even if a paid immigration representative has been retained, the immigration representative will not be contacted regarding this application.

10. My responsibility to honour this agreement in full is for a duration of two (2) years from the date on which the **Candidate** and his/ her accompanying dependent(s) become permanent residents of Canada.

11. I understand and am prepared to comply with all the commitments and obligations contained in this support agreement, and I have asked for and received an explanation for every point about which I may have been uncertain.

12. I swear this support agreement bona fide.

**F. Newfoundland and Labrador Sponsor's Oath**

**AFFIRMED and SWORN before me at:**

City/Town, Province:	Date:
Signature of person swearing affidavit:	

**G. Notary Public or Commissioner of Oaths**

Name of Notary Public in and for the Province of Newfoundland and Labrador or Commissioner of Oaths (print):	
Signature of Notary Public or Commissioner of Oaths:	Commission Expires (Date):

**Authorization of the Sponsor's Spouse/Common-Law Partner (if applicable) to support the Sponsor's Agreement to Fulfill the Terms and Conditions of this Affidavit**

I, as the Spouse/Common-Law Partner of the **Sponsor**, agree to the terms and conditions of this Affidavit and I permit the sharing, release and exchange by and to the Government of Newfoundland and Labrador and the Government of Canada and/or a contracted third party evaluator as necessary of any information about me included with this Affidavit on the understanding that this information may be used to assist in verifying, assessing, evaluating, monitoring and enforcing this support agreement, and to evaluate the **Sponsor's** eligibility.

Full Name of <b>Sponsor's</b> Spouse/Common-Law Partner (print):	Date of Birth:
Signature of <b>Sponsor's</b> Spouse/Common-Law Partner:	Date Signed: