



**Government of Saskatchewan
Immigration Branch**

**SASKATCHEWAN IMMIGRANT NOMINEE PROGRAM (SINP)
FAMILY MEMBERS 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 Members 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 have sufficient resources to fulfill this affidavit and have provided confirmation of employment, bank records, and ownership documents to demonstrate my financial ability to honor my agreement commitments. YES NO
5. 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.

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)

- If I intend to and/or are supporting more family members through the SINP Family Members 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]

NAME [Last, Given names]

Relationship

Date of Birth dd/mm/yy

- I will ensure that all processing and right of permanent residence fees, medical and transportation costs, and any other pre-arrival costs of the principal applicant and their accompanying dependents are paid.
- I agree to ensure that the essential needs of the principal applicant and any accompanying dependents are met from the date of landing, including, but not limited to, providing shelter, food, clothing, and other goods of services necessary for day-to-day living in Saskatchewan as well as dental care, eye care and other health care needs not provided by Saskatchewan Health so the principal applicant and dependent family members will not need to apply for social assistance benefits.

- 9. I affirm that my affidavit can not be terminated once the Province of Saskatchewan has issued a certificate of nomination of the principal applicant and accompanying dependents.
- 10. I agree to be the principal contact and representative for my relative in Canada and understand that Saskatchewan will not communicate with any paid immigration representative with respect to the processing of their application for permanent status in Canada.
- 11. I 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.
- 12. 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.
- 13. 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.
- 14. I understand that any false statements or concealment of any material may in fact may result in, but is not limited to, some or all of the following consequences:
 - Refusal of this affidavit;
 - Refusal or withdrawal of the principal applicant's certificate of nomination
- 15. I declare the information provided is true, complete, accurate and give consent to the Province of Saskatchewan to verify any information I have provided in this agreement.
- 16. 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) of this support agreement.
- 17. I swear this support agreement is bona fide.

AFFIRMED and SWORN before me at _____) _____
 _____)
 Signature of person swearing affidavit

in the Province of Saskatchewan)

this _____ day of _____,) _____
 200____.)
 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) _____