

General information

The Ministère de l'Immigration, de la Diversité et de l'Inclusion verifies the accuracy of information provided on this form and reserves the right to verify that you satisfy all the regulatory requirements until the person or persons you are sponsoring obtain permanent residence. False or misleading information may result in the rejection of your application.


Note: In this form, the terms *guarantor*, *sponsor* and *sponsoring person* are synonymous.

In order to fully understand the scope of your undertaking towards the person or persons you are sponsoring and your responsibilities as a guarantor, we recommend that you read the **Sponsor's Guide** carefully.

Sponsored persons will need to be supported both in their process of getting settled in Québec and in their steps toward social and occupational integration. As sponsor, you have an important role to play in this regard. For example, you can inform them about Québec society and culture or refer them to resources offered to them to learn French or undertake an effective job search. Find out about services established to promote their contribution to the economic development of Québec.

If you are sponsoring only minor children, you must fill out **one undertaking form per child**, designating each child as principal sponsored person. Depending on the number of children to be sponsored, you must pay the full fee for processing the first application and the applicable fee for each of the other children. See the section **Fees and payment methods** on the Web site of the Ministère.

Note: Dependent children who already have Canadian citizenship do not need to be sponsored.

 You must enclose the form A-1520-BF entitled *Documents à soumettre à l'appui de la demande d'engagement* (Documents to submit in support of an undertaking application) with this application.

Evaluation of financial capacity

If you wish to sponsor:

- your dependent child who in turn has a dependent child,
- your father, mother, grandfather or grandmother and their dependents,
- your brother, sister, nephew, niece, grandson or granddaughter who are orphan of father and mother, under 18 years of age and neither married nor de facto spouses,

you must demonstrate that you have the financial capacity to provide for their needs. If your financial capacity is insufficient, **only** your spouse or de facto spouse may co-sign the undertaking with you. This person must also demonstrate that he or she has the financial capacity to sponsor.

You must complete Section 12 of the form entitled *Documents à soumettre à l'appui de la demande d'engagement* (A-1520-BF) as well as the form A-0535-F *Évaluation de la capacité financière* (Financial capacity evaluation).

Duration of the undertaking


- For a spouse, de facto spouse or conjugal partner, the duration of the undertaking is three years.
- For a child under 16 years of age, the duration of the undertaking is ten years or until the child reaches the age of majority (18 years), whichever period is longer.
- For a child aged 16 or older, the duration of the undertaking is three years or until the child reaches the age of 25, whichever period is longer.
- In all other cases, the undertaking is for ten years.

The undertaking comes into force on the date on which the sponsored person obtains permanent resident status. If the case of a child, the duration of the undertaking is determined based on the child's age on this date.

Steps to take

You must:

- Fill out this form in **two copies** based on the information you provided in the sponsorship application that was approved by Immigration, Refugees and Citizenship Canada (IRCC) and include only the sponsored persons named in this application;
- Obtain authorization from IRCC if you want to **add** other family members to your undertaking application, **change** the status from “not accompanying” to “accompanying” for certain persons you are sponsoring, or **change** the principal sponsored person;
- Sign the **two copies** of the form in **Section 8** (where applicable, the person who co-signs the undertaking with you must also sign the two copies);
- Complete the form entitled *Documents à soumettre à l'appui de la demande d'engagement* (A-1520-BF) and enclose it along with documents of proof, supporting items and payment of the fee charged for the persons included in your application (co-signatory and sponsored persons). Be advised that we will not acknowledge receipt of your documents either by mail, by email or by phone.

 **You must not send original copies**, unless indicated otherwise, since the documents submitted will not be returned.

We recommend that you **complete the form online** on the Web site of the Ministère and then print it out.

Note: The English version of this form is provided for information purposes only. You must fill out the French version.

If you fill out the form by hand, write in block letters using blue or black ink. Illegible writing could delay the processing of your application.

 Your application will be returned to you without being processed:

- If you did not complete all sections of the form that apply to you
- if you or, where applicable, the person co-signing with you, did not sign the two copies of the form in Section 8
- if documents or supporting items are missing
- if you did not enclose exact payment of the fee.

Use of the services of an immigration intermediary

The decision whether to use the services of an immigration intermediary is up to you, but you should know that this will not give you access to priority or special treatment. All files receive the same treatment. The form contains all the instructions necessary for you to be able to fill it out yourself.



Please note that this form must be filled out in French. This English translation is included only to help you do so accurately. Please refer to the Sponsor's Guide to fill out the form.

1. Information on the sponsoring person

You must provide all the information requested.

You must Enclose the document proving your identity as indicated in form A-1520-BA with your application.

▶ 1.1 Information on your identity

Sex Female Male

Family name at birth _____ First name(s) _____

Family name after marriage (where applicable) _____

Other family name(s) _____ Other first name(s) _____

Date of birth (year, month, day) _____ Country of birth _____ Country of citizenship _____

Social Insurance Number _____

Date when permanent resident status was granted _____
(year, month, day)

Date when Canadian citizenship status was granted _____
(year, month, day)

Enclose proof of your address in Québec as indicated in form A-1520-BA.

If you live outside Québec, you must fill out the *Déclaration du garant à l'étranger* (form A-0539-A).

▶ 1.2 Home address

Number _____ Street _____ Apartment _____

City _____ Province _____ Postal code _____

Home telephone _____ Work telephone _____ (ext.) _____ Other telephone _____

Email _____

Tick the box corresponding to your family situation. See the Definitions section of our Web site at www.immigration-quebec.gouv.qc.ca/refugees-definitions.

▶ 1.3 Current marital status

Single (never married nor a de facto spouse nor a conjugal partner)

or

Married Separated Divorced

Annulled marriage Widowed

Conjugal partner De facto spouse

Since _____
(year, month, day)

Enclose the document proving his or her identity as indicated in form A-1520-BA.

2. Information on your spouse (where applicable)

Sex Female Male

Family name at birth | First name(s)

Family name after marriage (where applicable)

Date of birth (year, month, day) | Country of birth | Country of citizenship

Social Insurance Number

Date when permanent resident status was granted (year, month, day)

Date when Canadian citizenship status was granted (year, month, day)

The person co-signing the undertaking with you must be a Canadian citizen or have permanent residence status, be aged 18 or older and live in Québec.

This person must sign the form in Section 8.

2.1 Is your spouse or de facto spouse co-signing the undertaking with you?

Yes No

Depending on your kinship tie with the principal sponsored person, you must check whether your financial capacity needs to be evaluated.

See the section "Evaluation of financial capacity" under General Information.

3. Information on the principal sponsored person

Sex Female Male

Family name at birth | First name(s)

Family name after marriage (where applicable)

Other family name(s) | Other first name(s)

Date of birth (year, month, day) | Country of birth | City and country of residence

Tick the box corresponding to the situation of the principal sponsored person.

Enclose with your application documents of proof supplied to you by the principal sponsored person, as indicated in the form A-1520-BA.

The person you are sponsoring is your:

Spouse

De facto spouse

Conjugal partner

Son

Daughter

Brother

Sister

Father

Mother

Grandfather

Grandmother

Grandson

Granddaughter

Nephew

Niece

Other (specify)

3.1 Declaration of the sponsor

If you are the spouse of the person you are sponsoring, answer questions 3.1.1 and 3.1.2, then go to Section 4.

	Yes	No
<p>▶ 3.1.1 At the time of my marriage to the person I am sponsoring, I was the spouse of another person.</p> <p>_____</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>▶ 3.1.2 I have a de facto spouse or a conjugal partner, and I have not lived with the person I was married to for at least one year.</p> <p>_____</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>▶ 3.1.3 I have cohabited with and lived conjugally with the person I am sponsoring since _____.</p> <p style="text-align: center;"><small>(year, month, day)</small></p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>▶ 3.1.4 I have had a conjugal relationship with the person I am sponsoring since _____ but we cannot cohabit because we are subject to persecution or penal control.</p> <p style="text-align: center;"><small>(year, month, day)</small></p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>▶ 3.1.5 I have maintained a conjugal relationship with the person who is sponsoring me since _____.</p> <p style="text-align: center;"><small>(year, month, day)</small></p>	<input type="checkbox"/>	<input type="checkbox"/>

If you are the de facto spouse of the person you are sponsoring, answer questions 3.1.3 and 3.1.4, then go to Section 4.

If you and the person you are sponsoring are conjugal partners, answer question 3.1.5, then go to Section 4.

3.2 Information on the sponsored dependent child

Before completing this section, read the information about the adoption of a child living abroad in the **Sponsor's Guide**.

- ▶ **3.2.1** The child who I wish to sponsor:
- is my biological child or the biological child of my spouse. *(Go to Section 5)*
 - will be adopted under a procedure authorized by the Secrétariat à l'adoption internationale. *(Go to Section 5)*
 - is neither my biological child nor an adopted child. *(Go to Section 5)*
 - has already been subject to a decree or a decision regarding his placement or adoption by me or my spouse **(Complete Section 3.2.2 and attach all documents related to the adoption decree.)**
 - was under 22 years old when the application was submitted and is not married or a de facto spouse.
 - was 22 years old or older when the application was submitted and has not stopped depending on financial support from one of his parents due to his physical or mental state.

Complete this section if the child you wish to sponsor has been the subject of a placement or adoption decree or decision.

You must enclose the documents proving this adoption as indicated in form **A-1520-BA**.

Tick the box corresponding to your situation.

▶ **3.2.2** The decree or decision declaring the placement or adoption of the child who I wish to sponsor was issued at _____

City Country or territory

In _____.

Date of the placement or adoption (year, month, day)

The child was _____ years old at the time of the decree or decision.

I obtained the adoption decree or decision before immigrating to Québec.

I was temporarily abroad when I obtained the adoption decree or decision. I was in this country or territory as a:

Visitor Student
 Temporary worker Citizen
 Other _____
(State in what capacity you were in this country or territory)

I was living in Québec at the time of the adoption and I took the steps myself for an international adoption abroad without going through an accredited agency and without obtaining the authorization of the Secrétariat à l'adoption internationale.

When I obtained this decree or decision, I was living in _____

City Country or territory

You must enclose with your application documents that prove your presence abroad.

You must enclose with your application documents of proof supplied to you by the sponsored persons, as indicated in the form **A-1520-BA**.

► **4. Information on family members of the principal sponsored person**

4.1 Spouse, de facto spouse, conjugal partner (where applicable)

Sex Female Male

Official family name appearing in the passport _____ First name(s) _____

Family name at birth _____ Other first names (where applicable) _____

Date of birth (year, month, day) _____

Is this person accompanying you to Québec? Yes No

Reserved for Administration
Duration of the undertaking _____

See the requirements for sponsoring a close relative on the Web site of the Ministère.

Enclose documents proving the identity of the child, as indicated in the form **A-1520-BA**.

► **4.2 Dependent children who were under 22 years old when the application was submitted and are not married or a de facto spouse**

Official family name appearing in the passport	First name(s)	Sex		Date of birth (year, month, day)	Is this person accompanying the sponsored person?		Reserved for Administration Duration of the undertaking
		M	F		Yes	No	
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

4.3 Dependent children who were 22 years old or older when the application was submitted and have not stopped depending on financial support from one of their parents due to their physical or mental state

Official family name appearing in the passport	First name(s)	Sex		Date of birth (year, month, day)	Is this person accompanying the sponsored person?		Reserved for Administration Duration of the undertaking
		M	F		Yes	No	
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

You and the person cosigning the undertaking with you, if any, must tick the boxes that correspond to your situation.

Only the spouse or de facto spouse may co-sign the undertaking.

5. Regulatory requirements and declarations

		Guarantor (sponsor)		Person who co-signs the undertaking	
		Yes	No	Yes	No
5.1	I am domiciled in Québec.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.2	I am receiving last resort financial benefits (social assistance). If you ticked yes, were these benefits paid to you because of your age or a disability that presents serious obstacles to holding employment for a permanent or indefinite duration?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.3	I was previously divorced or separated. I have children from a previous union. If you or your spouse ticked yes to any of the above declarations, you must complete and sign the form A-0527-FO <i>Déclaration d'autorisation du garant ou du conjoint cosignataire</i> (Sponsor's or cosignatory spouse's declaration of authorization) and complete Sections 5.3.1 and 5.3.2. If you ticked no, go to Section 5.4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5.3.1 I defaulted on my support obligations to my ex-spouse or my children over the past five years and the court rendered an enforcement judgement. If you ticked yes, go to Section 5.3.2. If you ticked no, go to Section 5.4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5.3.2 I have repaid all amounts owing based on this judgement and resulting agreements. If you ticked yes, you must provide proof of repayment of the full amount owing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.4	I assumed an undertaking in the past. If you ticked yes, go to Section 5.4.1. If you ticked no, go to Section 5.6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5.4.1 At least one of the persons who I sponsored in the past received last resort financial benefits (social assistance) during the term of the undertaking. If you ticked yes, go to Section 5.4.2. If you ticked no, go to Section 5.5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5.4.2 I repaid the Ministère du Travail, de l'Emploi et de la Solidarité sociale the full amount owing that was paid in the form of last resort financial benefits (social assistance) to at least one of the persons who I sponsored in the past. If you ticked yes, you must provide proof of repayment of the total amount owing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.5	I assumed an undertaking for a spouse in the past. If you ticked yes, complete the spaces below. If you ticked no, go to Section 5.6. The undertaking covering _____, whose date <small>name of spouse</small> of birth is _____, ended on _____. <small>(year, month, day) (year, month, day)</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.6	I am detained in a jail or penitentiary.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.7	I am subject to a removal order from Canada (deportation order).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		Guarantor (sponsor)		Person who co-signs the undertaking	
		Yes	No	Yes	No
5.8	I have been convicted, within or outside Canada, of a sexual offence or an attempt or threat to commit such an offence against another person; or an offence resulting in bodily injury or an attempt or threat to commit such an offence against a member of my family or a relative, my spouse, de facto spouse, conjugal partner, or a member of their family or their relative. If you ticked yes, go to Section 5.8.1. If you ticked no, go to Section 6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5.8.1 I was acquitted upon final appeal, rehabilitated as defined in the Criminal Records Act (R.S.C. (1985), c. C-47), or have served my sentence at least five years before filing this application.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Enclose documents proving this acquittal. ►

You must identify this person by answering the questions. ►

Enclose documents of proof concerning this person, as indicated in the form A-1520-BA.

6. Information on a paid individual who advises, assists or represents you in the framework of your application

Have you, in the framework of this application, retained a paid individual to advise, assist or represent you?

Yes No

If you ticked yes, answer the questions below.

If you ticked no, go to Section 7.

Is the person:

a lawyer who is a member of the Barreau du Québec? Yes No

a notary who is a member of the Chambre des notaires du Québec? Yes No

a person holding a special authorization issued by the Barreau du Québec or the Chambre des notaires du Québec? Yes No

another paid individual who is neither a lawyer nor a notary? Yes No

If you ticked yes, give his or her name:

First name and family name: _____

Is this individual a consultant recognized by the Ministère de l'Immigration, de la Diversité et de l'Inclusion? Yes No

If you ticked yes, you must give his or her registration number (numéro d'inscription) as it appears in the Registre québécois des consultants en immigration.

Registration number

Enclose the attestation signed by this person, as indicated in the form A-1520-BA. ►

7. Protection and communication of personal information

To process your application, the Ministère de l'Immigration, de la Diversité et de l'Inclusion relies on the personal information that you provide on this form and in the documents that you submit. This information is used for the purpose of applying the Act respecting immigration to Québec, the Regulation respecting the selection of foreign nationals, the Regulation respecting immigration consultants, and related administrative regulations. It may also be used by Ministère to produce studies, develop statistics, evaluate programs or convey any information to you that might affect your application.

The personal information that you provide to the Ministère is collected, used, communicated, conserved and destroyed in accordance with the Act respecting Access to documents held by public bodies and the Protection of personal information.

- apply an Act in Québec;
- exercise the rights and powers of a Québec or Canadian public body, including Canadian immigration authorities;
- deliver a service of the Ministère de l'Immigration, de la Diversité et de l'Inclusion or carry out a service contract awarded by the Ministère;
- prosecute an offence against an Act applicable in Québec or because of the urgency of a situation.

Within the Ministère, access to this information is limited to persons qualified to receive it where such information is necessary for the performance of their duties.

Except in the optional sections, any refusal to answer or any omission may result in the rejection of your application or delay the processing of your file.

You can learn what personal information the Ministère holds about you and, where applicable, present a written request for a correction. Contact the department official responsible for the protection of personal information at:

Secrétariat général
Ministère de l'Immigration, de la Diversité et de l'Inclusion
360, rue McGill, 4^e étage
Montréal (Québec) H2Y 2E9
CANADA

You must read each statement of this declaration of undertaking and indicate that you have read them by ticking the corresponding box.

8. Responsibilities and obligations of the sponsoring person (guarantor or sponsor)

The undertaking is a contract between you and the Government of Québec. It commits you to provide for the basic needs of the person(s) you are sponsoring for the entire duration of your undertaking.

I declare that the information provided in this form is complete and accurate.

I acknowledge that I have read the notice on the protection and communication of personal information.

I authorize the Ministère de l'Immigration, de la Diversité et de l'Inclusion to verify the accuracy of the information provided or have it verified.

I acknowledge knowing that:

- the Ministère de l'Immigration, de la Diversité et de l'Inclusion may ask other government departments or agencies for information on my address and may give a copy of this undertaking to the person(s) I am sponsoring

- the Ministère de l'Immigration, de la Diversité et de l'Inclusion may cancel an undertaking or a Certificat de sélection du Québec if the undertaking was accepted or the certificate was issued on the strength of false or misleading information or documents, if the undertaking was accepted or the certificate was issued in error, or if the conditions required for acceptance of the undertaking or issuance of the certificate no longer exist

<ul style="list-style-type: none"> the undertaking comes into force, and may not be canceled, once the sponsored person(s) obtains permanent residence or is admitted under a temporary residence permit 	<input type="checkbox"/>
<ul style="list-style-type: none"> the Ministère de l'Immigration, de la Diversité et de l'Inclusion may reject any application that contains false or misleading information 	<input type="checkbox"/>
<ul style="list-style-type: none"> the Ministère de l'Immigration, de la Diversité et de l'Inclusion may refuse to examine an undertaking application from a person who has provided false or misleading information or documents within the past two years 	<input type="checkbox"/>
<ul style="list-style-type: none"> legal proceedings may be taken against you and, where applicable, the person co-signing the undertaking with you, if you fail to fulfill the undertaking or you provide false or misleading information. 	<input type="checkbox"/>
<p>I acknowledge having read the information contained in this form and in the <i>Sponsor's Guide</i>, and I understand the nature and scope of the undertaking that binds me to the person(s) covered by my undertaking application. Accordingly, I agree to:</p>	
<ul style="list-style-type: none"> provide for the basic needs of the person(s) I am sponsoring, for the entire duration of the undertaking, if they cannot provide for their needs themselves. 	<input type="checkbox"/>
<ul style="list-style-type: none"> reimburse the Government of Québec for any amount that it may have paid to this person as last resort financial benefits (social assistance) or special benefits under the Individual and Family Assistance Act. 	<input type="checkbox"/>
<ul style="list-style-type: none"> reimburse the government of any province of Canada for the amount of last resort financial benefits (social assistance), special benefits, or other similar benefits that it may have paid to these individuals(s). 	<input type="checkbox"/>
<p>I have read and I accept all the terms of my undertaking listed above.</p>	<input type="checkbox"/>

In witness whereof, I have signed in _____ | _____
City Signature of the sponsor

_____ | _____
(year, month, day) Signature of the co-signatory of the undertaking (where applicable)

9. Decision

For official use only

Undertaking accepted
 Undertaking denied
 Undertaking rejected

_____ | _____ | _____
Name of authorized officer Signature (year, month, day)