Citoyenneté et Immigration Canada

Year

from

Month

Day

RESIDENCE QUESTIONNAIRE

PAGE 1 OF 5

In order to assist the citizenship judge in determining whether you meet the residence requirements under paragraph 5(1)(c) of the *Citizenship Act*, please complete this questionnaire in detail. Please provide documentary evidence in support of your statements. It is your responsibility to satisfy the citizenship judge that you meet all the requirements of the *Citizenship Act* and *Regulations*.

Note: This questionnaire must be completed and supporting documents submitted within 45 calendar days, otherwise the processing of your application will not proceed or may be significantly delayed. If you need to obtain documents from a third party it is recommended that you seek such documents as soon as possible in order to ensure you meet the deadline.

Please complete all sections of the Residence Questionnaire. Attach a separate sheet of paper if you need more space and indicate the number of the question you are answering. If any section(s) do not apply to you, answer not applicable (N/A). Print clearly with a blue or black pen.

The supporting documents you must provide must only cover the relevant 4 year period immediately before having submitted your application. Do not submit supporting documents beyond the relevant 4 year period. Your 4 year period is:

to

Month

Day

BACKGROUND INF Applicant's name	ORMATION			File no.		
Applicant's name		,		The no.		
Date of birth	Year Month Day	Country of birth		UCI		
live or the date on	which you became a Permane	on which you first came to Canada to nt Resident of Canada) and what was worker, refugee claimant, etc.)?		Day	0	
2]	ou become a permanent reside		Date Year Month	Day	Status	
(See box 45 on you Permanent Reside	ur Record of Landing or box 45		ı ı l ı l Date			
During the relevan countries of which a citizen or national	you are, or have been,	•				
	t period, have you worked, any country other than Canada tries.	? No Yes		Countries		
	t period, have you had perma nother country other than Can			Countries		
Are you in the proc	ess of applying for permanent another country?	resident or No Yes	;	Countiles		
Travel records and/o mportant Note - Histor he details of your histor citizenship eligibility. If y	or Records of Movement from a ry of Entries to Canada: Your or ry of entries to Canada to Citize rou provide your consent, you	mits, must be translated into English or French all countries for which you have a passport or consent is sought at the end of this form in ordenship and Immigration Canada (CIC). Your odo NOT need to request your history of entries of Canada (including day trips and trips to the Foreign address (city/country)	ravel document. or to allow the Canada Borde onsent will also allow CIC to to Canada directly from the	er Services Agency (CBSA) t use this information to assist CBSA.	in deterr	nining your
	(Teanworld)	(only/country)	(specify)	studies, etc)	uays	Yes No
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abroad, proof of fam	n 1095 days of physical pri ily member's illness, prop), contracts for work outsi	erty/business sale	e reason for your shortfall documents, court docume	of days. Provide su ents for trials abroad	pporting doo , employme	cuments that on the contracts for	apply to your situation or overseas work, pro	n, e.g., hospitalization oof of education
								,
								* **
HOME AND FAMILY Complete this section (qu		ide the following o	unporting documents that	annly to your ait sati				
Proof of residence Rental/Lease agreem Title/Mortgage docum Property tax assessm Municipal/School tax of	ents with proof of rental p ents ents	ayment	Proof of fa • Marriag	amily presence le/Divorce certificate n's birth certificates			-	
9 List (from earliest to	most recent), where you I	have lived during yo	our relevant period					Own/Rent/
From (Year/Month/Day)	To (Year/Month/Day)			Address (city/country)				Guest/Family (specify)

				VIII E EMIDANIA A A A A A A A A A A A A A A A A A A		egreened to the transcending		
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					1		9	
10 Where have all of you	ur family mombors (o.g.,	spouse common le	aw partner, children, moth	or father brothers	and sisters	lived during v	our relevant paried?	
	ily name, given name(s)	spouse, common-ic	Date of birth (Year/Month/Day)	Relationship	Fı	om onth/Day)	To (Year/Month/Day)	Country
		The state of the s	Î . J			I I		
*				14				
	-							
								7
11 During your relevant	paried for each family m	ombor of your imm	edicto family (o.g., angula	a a a man law north	or and shile	Iron) provide	le gel eitizenehin/imm	investigate etatus in the
	Please include status in C	anada (if no status		Date status		ren) provide		Date status obtained
Famil	ly name, given name(s)		Status in country where they reside	outside (Canada	Status	s in Canada	in Canada (Year/Month/Day)
			-			*		
	ordinant of the first of the second of the s		*					
	· · · · · · · · · · · · · · · · · · ·							
	3							

EDUCATION TIES

Complete this section (questions 12 and 13) and provide the following supporting documents that apply to your situation. If any particular area in this section does not apply, please indicate.

1000	1000			
Proof	of.	adu	cati	n
FIUUI	OI.	cuu	cau	UII

	history (inside and outside (
From To (Year/Month/Day) F		Program	Educational institution attended		Address (city/country)		
				The second se			
						C COMMON CONTROL OF CO	
13 If your spouse or co	mmon-law partner or childre	en are living in Canada, are	they attending school?	Please give details			
in your spouse or co	Timor law parties of ciliare		They attending concern				
	Family name, given nam	ne(s)	Education	nal institution attended	From (Year/Month/Day)	To (Year/Month/Day)	
a ¿							
2							
List your work histor this under "Job Desc	y (inside and outside Canac cription" and indicate the tim	da) during your relevant pe le period.	riod starting with your mo	ost recent. If you were uner	nployed, retired, homemak	er, etc., please indicate	
From (Year/Month/Day)	To (Year/Month/Day)	Job description		Employer		ountry)	
		2				MAC	
				- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			
16 If your spouse or cor	mmon-law partner or childre	n are living in Canada, are	they working? Please g	ive details, If they were une	mployed, retired, homema	ker, etc., please indicate	
this under "Work" an	d indicate the time period.	From	То			AND THE RESIDENCE OF THE PROPERTY OF THE PROPE	
Family name	e, given name(s)	(Year/Month/Day)	(Year/Month/Day)	Job des	cription	Employer	
					9		
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				-			

18 During your relevant period, in your personal Canadian income tax returns, did you identify yourself as a "resident of Canada"? If yes, for which years?	
Did you identify Did you identify Did you identify	* ±
Year yourself as a year yourself as a resident of Canada? Yes No Yes No Yes No Yes No	
19 During your relevant period, have you filed income tax or paid income taxes in any other country? If yes, which one(s)?	
Year Country Year Country	
	**
PROPERTY AND BUSINESSES INSIDE CANADA Complete this section (questions 20 and 21) and provide supporting documents related to your Canadian business (including self-employment) that evidence the nature and	d scale of
the business during your relevant period. For example: Corporate income tax documents Letters from suppliers and purchasers	
 Incorporation and registration documents Contracts, invoices and business bank statements Advertising contracts 	
20 During your relevant period, list all property you own or have owned inside Canada.	
	e sold
Type of property (city/province) Tate purchased (Year/Month/Day) (Year/Month/Day)	lonth/Day)
	1 1
	ا ا
During your relevant period, list all businesses you own or have owned inside Canada. Indicate if your business has filed income tax returns in Canada and, if so, in v	hich year(s).
Name of company Type of business Address Address filed income tax (city/province) freturns in Canada	Year(s)
Yes No	3
	_1 -1 -1

PROPERTY AND BUSINESSES OUTSIDE CANADA

Complete this section (questions 22 and 23) and provide details related to your property and businesses outside Canada

T-T	st all property you own or have owned outsic						
Type of property	(0	Address ity/country)	Date property purchased (Year/Month/Day)	Date sold (if applicable) (Year/Month/Day)			
							
23 During your relevant period, li	st all businesses you own or have owned out	tside Canada.					
Name of company	Type of business	Address (city/country)	Date business established (Year/Month/Day)	Date sold (if applicable) (Year/Month/Day)			
		7					
				.			
OTHER							
Complete this section (question 24 Health records detailing the dat Immunization records for childr) and provide the following supporting docum es at which medical services were received. en	nents that apply to your situation.		No. 2			
24 During your relevant period, d	escribe the nature and extent of your social to	es in Canada. Examples of social ties could be	pe active memberships in communit	y or religious			
organizations, volunteer group	os, etc. Provide documents, including letters f	rom organizations describing nature and freq	uency of community involvement.	Ÿ			
	*						
3							
V							
CONSENT TO DISCUSSE DE	TOONAL INFORMATION						
CONSENT TO DISCLOSE PE HISTORY OF ENTRIES TO CAN	ADA						
		/ consent to the Canada Border Services Age C in determining my citizenship eligibility. I als					
Yes No							
Note that if you do not provide cor of your application.	nsent, you may be asked to request your hist	ory of entries directly from the CBSA and sen	d it to CIC which could result in dela	ays in the processing			
DECLARATION							
I understand the contents of this form. I declare that the information provided on this form and in the supporting documents is true, correct and complete. I understand that if I make a false declaration, or fail to disclose all information material to my application, I could be charged under the Citizenship Act and be liable to a fine or to imprisonment or both, and I could lose my citizenship.							
Signature Page Month Day Signed at (city, province, country)							
Current telephone number	Current mailing address (street num	nber, street, city, province, country)					
*							
Individual, firm or organization	on that assisted in the completion of	this application, if applicable Name of firm, organization					
or mainidal wild assisted if	. sempleting this application form	Name of firm, organization		۸			
Address (street number, street, cit	y, province, country)						
Signature of individual			Year	Month Day			