

AINP Self-Employed Farmer Stream **Self-Employed Farmer Application** **(AINP 004)**

To be completed by the self-employed farm owner/operator who plans to purchase and manage a farming business in Alberta

If you need further help, please contact
Alberta Agriculture and Rural Development:

Toll-free in Alberta: 310 FARM (310-3276) or 1-866-882-7677
Telephone: (Canada 001) 403-742-7901
farm.ainp@gov.ab.ca

AINP Self-Employed Farmer Stream Self-Employed Farmer Application (AINP 004)

The personal information provided on this form is collected under the authority of section 33(c), and managed in accordance with the *Freedom of Information and Protection of Privacy Act*. The information will be used for the purpose of administering the Alberta Immigrant Nominee Program (AINP). If you have any questions about the collection of this information, you can contact the Alberta Immigrant Nominee Program, Human Services, Suite 940, Telus Plaza North Tower, 10025 Jasper Avenue, Edmonton, Alberta, Canada, T5J 1S6. Fax: (780) 427-6560. E-mail: ainp.info@gov.ab.ca.

A. Introduction

File number (office use):

Candidates must first seek an assessment from Alberta Agriculture and Rural Development. Contact Alberta Agriculture and Rural Development for information and assistance before completing the application. Once the application is complete and all supporting documents gathered, attach a cover letter and send the application package to Alberta Agriculture and Rural Development as identified in the *Self-Employed Farmer Document Checklist*.

B. Candidate's Personal Information

Candidate's family name:		Candidate's given name(s):	
Candidate's residential address:		City/Town:	
Province/Territory/State:	Postal code/Zip code:	Country:	
Candidate's mailing address: (if different from above)		City/Town:	
Province/Territory/State:	Postal code/Zip code:	Country:	
Candidate's home phone:	Candidate's work phone:	Candidate's cell phone:	Candidate's fax:
Candidate's gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Candidate's date of birth: (mm/dd/yy)	Candidate's place of birth: (city or town)	Candidate's country of birth:
Candidate's country of citizenship:	Candidate's email:	Country of last permanent residence:	Candidate's intended province/territory of residence in Canada:

C. Candidate's Education

Total years of education:

Level of education successfully completed: (check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Doctorate / PhD | <input type="checkbox"/> Diploma (2 years) | <input type="checkbox"/> Secondary school |
| <input type="checkbox"/> Master's degree | <input type="checkbox"/> Certificate (1 year) | <input type="checkbox"/> No formal education |
| <input type="checkbox"/> Bachelor's degree | <input type="checkbox"/> Trade Certification/Apprenticeship | <input type="checkbox"/> Other:(specify) |

Language ability:

English	Speaking	Reading	Writing	French	Speaking	Reading	Writing
High	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	High	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moderate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Moderate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Basic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D. Citizenship and Immigration Canada (CIC) Application History

Have you, or any of your accompanying dependents, previously submitted an Application for Permanent Residence in Canada to Citizenship and Immigration Canada (CIC)? Yes No

If yes, please indicate how many previous applications have been submitted:

If yes, please provide a response to each of the following:

CIC (Visa Office) to which application was submitted:	CIC file number:	Date application submitted (mm/dd/yy)
Status of application:	Principal applicant:	Intended province of residence:

Have you ever had an application for Permanent Residence in Canada refused? Yes No

If yes, please provide a brief description of the reasons for the refusal:

Provide a photocopy of any correspondence with CIC regarding the previous application(s).

E. Family Members

List all dependents who intend to accompany you to Canada: (do not include Canadian citizens or permanent residents)

	Family name	Given name	Date of birth (mm/dd/yy)	Gender
Spouse or common-law partner				<input type="checkbox"/> Male <input type="checkbox"/> Female
Dependent				<input type="checkbox"/> Male <input type="checkbox"/> Female
Dependent				<input type="checkbox"/> Male <input type="checkbox"/> Female
Dependent				<input type="checkbox"/> Male <input type="checkbox"/> Female

Use an additional page for more dependents if required

F. Candidate's Spouse/Common-Law Partner's Occupation And Education

Family name:

Given name(s):

Current job title:

Education history

Total years of education:

Level of education successfully completed: (check all that apply)

Doctorate / PhD

Diploma (2 years)

Secondary school

Master's degree

Certificate (1 year)

No formal education

Bachelor's degree

Trade Certification/Apprenticeship

Other:

G. Farming History

Type of current farm:

Description of primary production/secondary production (e.g. crops, livestock) of your existing farm:

Type of ownership of your existing farm: (e.g. partnership, sole proprietor)	Please indicate the location and size of your existing farm:	Number of years your existing farm has been in operation:
Has your existing farm business been sold? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has your farm business been advertised for sale? <input type="checkbox"/> Yes <input type="checkbox"/> No	What is your planned/anticipated date of immigration? (mm/dd/yy)

Briefly explain your past responsibilities and experience in farm management: (attach a separate page if required)

Have you undertaken any leadership roles in farm organizations or associations? Yes No

If yes, please describe: (attach a separate page if required)

Briefly explain your past responsibilities and experience in non-farm activities, other training or careers prior to farming: (attach a separate page if required)

Year 1	Year 2	Year 3	Year 4	Year 5

H. Exploration

What steps have you undertaken to research the Alberta/Canadian farming environment and opportunities? In your response, you may want to consider the following: Exploratory visits to Alberta, including the length and dates of your visit(s), discussions with government officials, realtors, producer organizations, industry representatives, Alberta farmers in the same production sector, financial institutions, etc. regarding the development of your investment proposal, and any observations or conclusions you came to as a result of your visit (attach a separate page).

I. Alberta Farm Investment Proposal

Proposed type of ownership:	If sole proprietorship, please indicate the date you became or will become the registered owner of the operation:
If partnership, identify partner and their percentage of ownership. Also identify those partners who are not Canadian citizens or permanent residents: (This is a requirement of the Alberta Foreign Land Ownership Act Regulation)	
Partner:	Percentage of shareholding:
Non-Canadian/permanent resident partner(s):	Percentage of shareholding:
If limited company, identify directors and their percentage of shareholding. Also identify those shareholders who are not Canadian citizens or permanent residents: (This is a requirement of the Foreign Land Ownership Act Regulation)	
Directors:	Percentage of shareholding:
Non-Canadian/permanent resident director(s):	Percentage of shareholding:
Have you ever been involved in a business failure, receivership or bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? Date:	

J. Proposed Alberta Farm Enterprise

Please describe the farm that you intend to operate (e.g. number of acres, livestock, crop production, estimated annual net income after expenses). Also describe any proposed venture/business arrangements you have established with a production company or agri-food processor. (e.g. pig production, potato production, pig packer supply contract, etc.) To assess viability of the proposed venture, the business plan will be reviewed by officials of Agriculture Financial Services Corporation. (please attach your business plan to this application)

Have you made an offer to purchase a farm or land in Alberta? If so, please provide details:

Do you plan to expand and diversify your operation in Alberta over the next 3-5 years? Please describe your plans and the investment that you plan to make: (attach a separate page if required)

K. Financial Information

Personal net worth statement

A complete and current statement of your total personal net worth is required. All assets and liabilities must be identified. However, do not include personal items such as jewelry, furniture, etc., as the ownership of such items is difficult to verify.

All assets listed must be your own personal holdings and must be documented. The sources of any funds or assets in your possession for less than one year must be identified.

You may be asked to present financial documents to support the information provided in this statement.

Assets

Bank deposits (Foreign/Canadian)

CURRENT AND SAVINGS ACCOUNTS (Specify currency)

Date opened	Account number	Current balance
(mm/dd/yy)		
(mm/dd/yy)		
(mm/dd/yy)		
(mm/dd/yy)		
(mm/dd/yy)		
TOTAL CDN		\$

FIXED DEPOSITS (Specify currency)

Date of initial deposit	Maturity date	Current balance
(mm/dd/yy)	(mm/dd/yy)	
(mm/dd/yy)	(mm/dd/yy)	
(mm/dd/yy)	(mm/dd/yy)	
(mm/dd/yy)	(mm/dd/yy)	
(mm/dd/yy)	(mm/dd/yy)	
TOTAL CDN		\$

Property

Complete address	Year Purchased	Mortgaged	Purchase price	Estimated current market value (specify currency)
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
TOTAL CDN			\$	\$

Publicly traded stocks and other passive investments (Attach a separate sheet if required)

Description	Quantity	Estimated current market value (specify currency)
TOTAL CDN		\$

Business assets

Name	Percentage owned	Current book value (net assets)	Estimated current market value (specify currency)
TOTAL CDN			\$

Other assets (Attach separate sheet if required)

Description	Amount (specify currency)	
TOTAL CDN		\$

L. Liabilities

Mortgages

Name	Percentage owned	Current book value (net assets)	Estimated current market value (specify currency)
TOTAL CDN			\$

Personal debts

Nature of obligation	Amount (specify currency)	
TOTAL CDN		\$

Other liabilities (e.g. deferred taxes, etc.)	
Nature of obligation	Amount (specify currency)
TOTAL CDN	\$

M. Total Personal Net Worth

Net worth statement	
Total assets	CDN\$
minus Total liabilities	CDN\$
Net worth CDN	\$

N. Other Financial Information

Funds in my possession on my arrival in Canada	CDN\$
Funds to transfer to Canada at a later date	CDN\$
Funds already in Canada	CDN\$
Funds or equity remaining abroad	CDN\$
Exchange rate used: CDN\$ 1=	TOTAL CDN \$

O. Contact Information

Canadian bank:

Contact:	Telephone number:
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Foreign bank:

Contact:	Telephone number:
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P. Use of a Representative

I have used a representative or third party in connection with this application to the AINP: Yes No

If “Yes”, the Candidate must complete the *Candidate - Use of a Representative (AINP 008B)* form, which can be found at: www.AlbertaCanada.com/AINP008B

Q. Authorization

Declaration

1. I confirm that the information I have provided in this application is truthful, complete and correct and has personally been provided by me, the Candidate.
2. I understand that submission of an Application for Permanent Residence in Canada to Citizenship and Immigration Canada on the basis of the issuance of an Alberta Immigrant Nominee Program (AINP) Certificate by the Government of Alberta, is subject to meeting all statutory requirements for admissibility in accordance with the *Immigration and Refugee Protection Act* and its *Regulations*, and does not guarantee that I will be granted permanent residence in Canada.
3. I understand that any false statements or concealment of a material fact constitutes misrepresentation and may result in the decline of my application or the withdrawal of my AINP Certificate.
4. I understand that non-compliance with respect to request(s) for information required by the Government of Alberta in order to effectively administer and maintain the integrity of the AINP may result in the decline of my application or the withdrawal of my AINP Certificate.
5. I understand that my application may be declined or my AINP Certificate withdrawn for reasons including but not limited to the preceding statements, and that as a result of this decline or withdrawal, I may be barred from consideration as a Candidate under the AINP for an indeterminate period of time.
6. **I understand that I will be required to attend an interview, conducted by officials of the Government of Alberta, to assist in determining my eligibility as a Candidate under the AINP.**
7. I understand all of the foregoing statements, having asked for and obtained an explanation, or language interpretation if required, on every point that was not clear to me.

Authorization to collect and disclose personal information

1. I authorize the Government of Alberta to disclose, as necessary, personal information about me collected from my application under the AINP, to officials within the Government of Alberta, including but not limited to partner ministries, and to officials administering immigration programs within the Government of Canada.
2. I authorize the Government of Canada to disclose, as necessary, personal information about me collected under the Immigration and Refugee Protection Act and its Regulations to officials administering immigration programs within the Government of Alberta, and authorize the Government of Alberta to collect such information.
3. I authorize the Government of Alberta to contact any individuals or businesses that I have referenced in my application forms and material, as necessary, to verify information I have provided or seek additional related information from them.
4. I understand all of the foregoing statements, having asked for and obtained an explanation, or language interpretation if required, on every point that was not clear to me.

Candidate's name (print)	Signature (Candidate)
Spouse's or common-law partner's name (print)	Signature (spouse/common-law partner)
Dependent child's name, 18 years of age or older (print)	Signature (dependent child, 18 years of age or older)
Dependent child's name, 18 years of age or older (print)	Signature (dependent child, 18 years of age or older)
Dependent child's name, 18 years of age or older (print)	Signature (dependent child, 18 years of age or older)

Date signed (mm/dd/yy)