



## CHALDEAN FEDERATION OF AMERICA

Committee on Immigration and Refugees  
30777 Northwestern Highway, Suite 300  
Farmington Hills, MI 48334  
Office: 248 851- 3023 Fax: 248 851-9551  
Website: [www.chaldeanfederation.org](http://www.chaldeanfederation.org)

Dear Members of the Community:

As you know, the CFA has been working to rescue, relieve and resettle our people who have fled the intolerable conditions in the Iraqi homeland. We have been advised by the United States Department of State and the United Nations High Commission for Refugees that the information you complete must be clear, accurate and truthful. Your complete cooperation in filling out the attached application on behalf of your refugee family members will ensure their relief and speed the process of resettlement and family reunification.

**Please read the following information carefully; it is the official statement of the United States of America's policy on refugees.**

*"In order to be approved as a refugee, the person must establish that he or she has:*

- *suffered past persecution; or,*
- *has a well-founded fear of future persecution because of:*
  - *race,*
  - *religion,*
  - *nationality,*
  - *membership in a particular social group, or political opinion, as specified in INA§101(A) (42).*

*A person, who has ordered, incited, assisted or otherwise participated in persecution on account of race, religion, nationality, membership in a particular social group, or political opinion is, by definition, not a refugee. Likewise, an applicant who has been "firmly resettled" in a third country may not be admitted under INA § 207, and applicants are subject to various statutory grounds of inadmissibility, including criminal, security, and public health grounds, some of which may be waived."*

We are confident that with your cooperation, and our community's generous contributions of time and effort, we will succeed in bringing your family members to their new home and the beginnings of a new life.

May God bless you all, and may He continue to protect our refugee members and lead them to safety.

Sincerely,

\_\_\_\_\_  
Michael George,  
CFA Chairman



r \_\_\_\_\_ CFA Code # \_\_\_\_\_  
Last First M.I.

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# REFUGEE SPONSORSHIP FORM

**Directions:** Kindly PRINT ALL RESPONSES to the following questions. In the event you wish to include additional information, please attach one or more separate sheet(s) to this form. Be certain that you include your name, address and phone number on all attachments to prevent loss or misplacement of this very important information.

### PART A: REFUGEE SPONSOR INFORMATION

1. Your Full Name: \_\_\_\_\_  
Last First Middle Initial

2. Your Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

3. Your Full Address: \_\_\_\_\_  
No. Street Name  
\_\_\_\_\_ City State Zip code

4. Your Phone Number(s):  
Home: ( ) \_\_\_\_\_, Cell: ( ) \_\_\_\_\_  
Work or Place of Business: ( ) \_\_\_\_\_

5. Your Email Address: \_\_\_\_\_

6. Your Immigration Status in the United States (Please check one):

US Citizen  Permanent Resident (Green Card) Please provide Green Card No.: \_\_\_\_\_

Asylee  Refugee  Other (Please explain) \_\_\_\_\_

Name of Sponsor \_\_\_\_\_ CFA Code # \_\_\_\_\_  
 Last First M.I.

**PART B: REFUGEE INFORMATION**

7. Full name of refugee head of household:

\_\_\_\_\_

Last Name (or Family Name)

\_\_\_\_\_

First Name Middle Initial

8. Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Month Day Year

9. Gender: Male  Female

10. Relationship of refugee to you:  
 \_\_\_\_\_

11. Place of Birth (Please provide complete information, including Village or City Name, Province Name and Country):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

12. Complete Current Address in Country of Refuge:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

13: Current Phone Number(s) in Country of Refuge  
 \_\_\_\_\_  
 \_\_\_\_\_

14. List the names, genders, dates of birth of spouse and all minor children who are immediate family of the refugee named in Item # 7 of this application and complete all requested information:

Name(s) of Refugee's Spouse, sons and/or daughters	Relationship to Refugee	Date of Birth	Birthplace	Education or Profession

**\*\*\*NOTE: IF YOU ARE SPONSORING MORE THAN ONE FAMILY OR MEMBERS FROM SEPARATE FAMILIES, YOU MUST COMPLETE A SEPARATE APPLICATION FOR EACH.**

15. When did the refugee(s) arrive in his/her/their current location? Please provide Month and Year of their arrival in the country of refuge. Month \_\_\_\_\_ Year \_\_\_\_\_.



**PART C - REFUGEE(S) REASON(S) FOR LEAVING IRAQ:**

*Check one or more of the following applicable circumstances related to their flight from Iraq. Important: It is the responsibility of the refugee to provide Resettlement authorities with details such as time, date and place of incident(s); and documentation including documents and or photos supporting their claim may be very helpful to their case approval.*

**20.** Were any of the refugees or members of the refugee family that you listed on this application victim(s) of any of the following acts? (Check all that apply)

- Physical violence \_\_\_\_\_
- Verbal or written threats of violence \_\_\_\_\_
- Kidnapping \_\_\_\_\_
- Sexual assault \_\_\_\_\_
- Rape \_\_\_\_\_
- Attempted murder \_\_\_\_\_
- Mutilation \_\_\_\_\_
- Killing / Murder \_\_\_\_\_

**21.** Were the properties of the refugee(s) that you listed on this application subjected to any of the following? (*Please check all that apply*)

Business:

- Seizure of business
- Property confiscation
- Looting, destruction, and burning of property
- Prevented from conducting business

Home:

- Forced eviction
- Property confiscation
- Looting, destruction, and burning
- Seizure of personal property

22. Does (do) the refugee(s) listed on this application believe that he/she/they experienced personal violence or the loss/destruction of their business(es), and/or residence(s) listed in Items 20 and 21 because of (Check all that apply):

- Religion
- Political Affiliation
- Cooperation/Collaboration with Coalition Forces
- Other (Please explain below.)

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23. Was/Were the refugee(s) listed on this application prevented from participating in any of their religious practices?  Yes  No Please describe: \_\_\_\_\_

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24. Was/Were any of the refugee(s) listed on this application forced to: (Check all that apply)

- Follow strict Islamic Sharia rules
- Forced to convert to Islam
- Other (Explain) \_\_\_\_\_

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25. Were any of the refugees listed in this application prevented from exercising freedom of choice in: (Check all that apply.)

- Affiliation with a Political Party or Organization
- Voting
- Exercising their civil rights

26. Additional Information

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**PART D: LIFE IN THE COUNTRY OF REFUGE**

27. Has the refugee applied for and/or been interviewed as a refugee applicant for protection and resettlement with a humanitarian aid organization or agencies such as UNHCR (United Nations)?  No  Yes

If the answer is Yes, kindly provide:

a) Name of Agency to which they have applied: \_\_\_\_\_

b) Date of Application: \_\_\_\_\_

c) Place in which application was made (country and city): \_\_\_\_\_

d) Status of application for protection, assistance and/or resettlement:

Pending  Granted  Denied

File Number: \_\_\_\_\_

28. Has (Have) the refugee(s) been threatened and /or prevented from applying for protection and resettlement in the country of transit (in their current location)?  
 Yes  No

29. Is this refugee and/or his/her family members allowed to work in the country of refuge?  
Please check the appropriate response: Yes  No

If able to work, describe the type of occupation in which the refugee(s) is/are engaged.

\_\_\_\_\_  
*If not allowed to work, provide reasons why.*

\_\_\_\_\_  
Is the refugee and/or family obliged to pay overstay penalty or under threat of deportation in the country of transit?  Yes  No

Additional Comments \_\_\_\_\_

30. Are the children allowed to be enrolled in schools in the country of refuge?  
 Yes  No

31. Does the refugee/family have adequate, sanitary, safe housing?  Yes  No

32. Does the refugee/family have access to adequate medical care in the country of refuge?  
 Yes  No

**DISCLAIMER :** This application is being used for information purposes to assist the refugees' efforts to resettle into a county of permanent residency. The information on this Refugee Sponsorship Form has been furnished by the sponsor and/or refugee applicant.