

# SAMPLE AFFIDAVIT FOR REFUGEE/ASYLEE WAIVER

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**This affidavit is only provided as a sample to assist waiver preparers. This sample should not be submitted to U.S. CIS, but can serve as a starting point for an affidavit to be included with a waiver request. The type of hardship or other information that should be included will differ greatly depending on the specific ground of inadmissibility and each applicant's individual eligibility for the waiver. Remember: for each hardship claimed in the affidavit, it is helpful to submit documentary evidence.**

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My name is *(name)* and I was born on *(date of birth)* in *(city, country)*. I first entered the United States as a refugee/asylee on *(date of entry)*. I currently reside at *(full address)*. I am applying for adjustment of status, and I am applying for a waiver to excuse my inadmissibility. I am inadmissible based on *(state ground of inadmissibility)*.

**Address ground of inadmissibility** *If a medical ground, address each element required for waiver, such as acknowledgement of risk of condition, proof of insurance or medical care, etc. If a fraud ground, address reasons for fraud, such as the applicant's desperation to leave the home country. If a criminal ground, describe equities of case, such as whether the offense is the applicant's sole arrest or conviction and whether violence was involved. Also demonstrate completion of any classes, probation or payment of fines and provide information regarding applicant's rehabilitation and other evidence of good moral character (i.e. attendance at religious institution, pursuit of academic degree, length of time since arrest/conviction, etc.).*

I am requesting a waiver based on humanitarian grounds/family unity/public interest.

**Address humanitarian reasons to approve waiver**

I am originally from *(country of origin)*. I left *(country)* in *(year of departure)* due to the situation in my country/my fear of persecution in my country. *Describe political, social, religious or other reasons for departing home country. Describe harm previously suffered. Describe current conditions that will cause harm/persecution upon a return to home country (Suggested documentary evidence may include country reports, medical reports, newspaper articles or other evidence of country conditions).*

*Describe medical or psychological conditions of applicant, applicant's spouse, or applicant's children. Describe loss of access to adequate medical/psychological treatment, insurance or other benefits as a result of applicant's departure from U.S. Describe affect of applicant's departure on ability of spouse or children to obtain*

*adequate medical/psychological treatment (due to loss of income of applicant or loss of benefits provided by applicant) (Suggested documentary evidence may include medical records or report from doctor, psychologist, psychiatrist or other medical/mental health care professional.).*

**Address family unity reasons to grant waiver**

I am married to (*name of spouse*). My husband/wife is a (*state immigration status*). We were married on (*date of marriage*) in (*place of marriage*). Describe emotional and mental hardship of separation from spouse if waiver is not granted. (Suggested documentary evidence may include copy of marriage certificate and copy of spouse's birth certificate, passport, greencard, naturalization certificate or other proof of status. Applicant may also wish to include affidavit from spouse regarding hardship.)

My husband/wife and I have (*# of children*) children. (*State age, place of birth and immigration status of each child.*) Describe emotional and mental hardship of separation from children if waiver is not granted. (Suggested documentary evidence may include copies of birth certificates of children and evidence of immigration status of each child.)

Provide full description of relationship between applicant and spouse/children, including activities applicant engages in with family members. Describe how loss of applicant will cause hardship to other parent or to children. If single parent, describe whether children would accompany single parent to home country and any resulting hardship. (Suggested documentary evidence may include photos of the applicant with family and affidavits from family members.)

Describe extended family in the U.S. and relationship between applicant and extended family. Describe effect of applicant's departure (and departure of applicant's spouse or children) on extended family members. (Suggested documentary evidence may include evidence of identity and immigration status of family members, as well as proof of relation to applicant. Applicant may also wish to include affidavits from family members regarding hardship.)

Describe affect of absence of applicant on spouse in relation to ability to share responsibilities of transporting, disciplining, spending time with children. Address whether applicant's spouse could care for children on his/her own.

**Address related hardship**

I am currently employed as a (*state position*) with (*state name of employer*). I earn (*salary*). My salary enables me (*and my spouse*) to provide financial support for our family. If my waiver is not granted and I am not allowed to remain in the United States, my family would greatly suffer without the benefit of my income. State effects of loss of income (*i.e. loss of home*) and address whether applicant's spouse would be able to provide for children with his/her own income. (Suggested documentary evidence may

*include letter of employment or paystubs for applicant and spouse and evidence of expenses.)*

*Describe loss of educational opportunities of applicant, applicant's spouse or applicant's children if applicant must leave the country or if the family members will accompany applicant outside the U.S. (Suggested documentary evidence may include evidence of attendance or enrollment of applicant or family members at educational institution, such as a transcript or enrollment confirmation letter.)*

**Address public interest reasons to grant waiver**

*Describe applicant's contributions to community, i.e. involvement in community groups or activities that benefit others. If applicant is involved in work that benefits the public, describe work and details of the public benefit (i.e. if applicant works in education, research, medical profession or other area that benefits the public).*

Under penalty of perjury, I hereby swear that the information contained in this affidavit is true and accurate.

\_\_\_\_\_  
Affiant's Signature

\_\_\_\_\_  
Date

Sworn to and subscribed before me  
this \_\_\_\_ day of \_\_\_\_\_, 2008

\_\_\_\_\_  
Signature and Seal of Notary Public