

<b>Reason for Revision:</b> Extension with Standard Language updates
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	<p>If you are not a U.S. citizen based on your birth in the United States, or a non-citizen U.S. national based on your birth in American Samoa (including Swains Island), answer the following as appropriate:</p> <p>a. If a U.S. citizen through naturalization, give Certificate of Naturalization number _____</p> <p>b. If a U.S. citizen through parent(s) or marriage, give Certificate of Citizenship number _____</p> <p>c. If U.S. citizenship was derived by some other method, <i>attach a statement of explanation.</i></p> <p>d. If a Lawful Permanent Resident of the United States, give A-Number _____</p> <p>e. If a lawfully admitted nonimmigrant, give Form I-94, Arrival-Departure Record, number _____</p> <p>2. I am ____ years of age and have resided in the United States since ____ (Date (mm/dd/yyyy))</p>	<p><b><i>Citizenship or Residency or Status</i></b></p> <p>If you are not a U.S. citizen based on your birth in the United States, or a non-citizen U.S. national based on your birth in American Samoa (including Swains Island), answer the following as appropriate:</p> <p><b>11.a.</b> <input type="checkbox"/> I am a U.S. citizen through naturalization. My Certificate of Naturalization number is _____</p> <p><b>11.b.</b> <input type="checkbox"/> I am a U.S. citizen through parent(s) or marriage. My Certificate of Citizenship number is _____</p> <p><b>11.c.</b> I derived my U.S. citizenship by another method.. (Provide an explanation in <b>Part 7. Additional Information.</b>)</p> <p><b>11.d.</b> <input type="checkbox"/> I am a lawful permanent resident of the United States. My A-Number is _____</p> <p><b>11.e.</b> <input type="checkbox"/> I am a lawfully admitted nonimmigrant. My Form I-94, Arrival-Departure Record Number is _____</p> <p>12. I am __ years of age and have resided in the United States since (Date)(mm/dd/yyyy)_____.</p>
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<p><b>Page 1,</b></p>	<p>3. This affidavit is executed on behalf of the following person:</p> <p>Name (Family Name) (First Name) (Middle Name)</p> <p>Age</p> <p>Gender</p> <p>Citizen of (Country)</p> <p>Marital Status</p> <p>Relationship to Sponsor</p> <p>Presently resides at (Street Number and Name)</p> <p>City</p> <p>State</p> <p>Country</p>	<p><b>[Page 1]</b></p> <p><b>Part 2. Information About the Beneficiary</b></p> <p>This affidavit is executed on behalf of the following person:</p> <p><b>1.a.</b> Family Name (Last Name) <b>1.b.</b> Given Name (First Name) <b>1.c.</b> Middle Name</p> <p><b>2. Date of Birth (mm/dd/yyyy)</b></p> <p><b>3.</b> Gender</p> <p><b>4.</b> A-Number (if any)</p> <p><b>5. Country of Citizenship or Nationality</b></p> <p><b>6.</b> Marital Status Single or Single, Never Married Married Divorced Widowed Legally Separated Marriage Annulled Other</p> <p><b>7.</b> Relationship to Sponsor</p> <p><b><i>Beneficiary's Physical Address</i></b> <b>8.a.</b> Street Number and Name <b>8.b.</b> Apt. Ste. Flr. <b>8.c.</b> City or Town <b>8.d.</b> State <b>8.e.</b> ZIP Code <b>8.f.</b> Province <b>8.g.</b> Postal Code <b>8.h.</b> Country</p>
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	<p>Name of spouse and children accompanying or following to join person: Spouse</p> <p>Age</p> <p>Gender</p> <p>Child</p> <p>Age</p> <p>Gender</p> <p>Child</p> <p>Age</p> <p>Gender</p> <p>Child</p> <p>Gender</p> <p>Age</p> <p>Child</p> <p>Gender</p> <p>Age</p> <p>Child</p>	<p><i><b>Beneficiary's Spouse (accompanying or following to join beneficiary)</b></i></p> <p><b>9.a.</b> Family Name (Last Name) <b>9.b.</b> Given Name (First Name) <b>9.c.</b> Middle Name</p> <p><b>10.</b> Date of Birth (mm/dd/yyyy)</p> <p><b>11.</b> Gender</p> <p><i><b>Beneficiary's Children</b></i></p> <p><b>Child 1</b></p> <p><b>12.a.</b> Family Name (Last Name) <b>12.b.</b> Given Name (First Name) <b>12.c.</b> Middle Name</p> <p><b>13.</b> Date of Birth (mm/dd/yyyy)</p> <p><b>14.</b> Gender</p> <p><b>Child 2</b></p> <p><b>15.a.</b> Family Name (Last Name) <b>15.b.</b> Given Name (First Name) <b>15.c.</b> Middle Name</p> <p><b>16.</b> Date of Birth (mm/dd/yyyy)</p> <p><b>17.</b> Gender</p> <p>[deleted]</p> <p>[deleted]</p> <p>[deleted]</p>
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<p>I have on deposit in savings banks in the United States \$ _____</p> <p>I have other personal property, the reasonable value of which is: \$ _____</p> <p>I have stocks and bonds with the following market value, as indicated on the attached list, which I certify to be true and correct to the best of my knowledge and belief: \$ _____</p> <p>I have life insurance in the sum of: \$ _____</p> <p>With a cash surrender value of: \$ _____</p> <p>I own real estate valued at: \$ _____</p> <p><u>With mortgage(s) or other encumbrance(s) thereon amounting to:</u> \$ _____</p> <p>Which is located at: Street Number and Name _____</p> <p>City _____</p> <p>State _____</p> <p>Zip Code _____</p> <p>8. The following persons are dependent upon me for support. (Check the box in the appropriate column to indicate whether the person named is <i>wholly</i> or <i>partially</i> dependent upon you for support.)</p> <p>Name of Person _____</p>	<p><b>4. Balance of all my savings and checking accounts in United States-based financial institutions \$ _____</b></p> <p><b>5. Value of my other personal property \$ _____</b></p> <p><b>6. Market value of my stocks and bonds \$ _____ .</b></p> <p>I have listed my stocks and bonds in <b>Part 7. Additional Information</b> (or attached a list of them), which I certify to be true and correct to the best of my knowledge and belief.</p> <p><b>7. a.</b> I have life insurance in the sum of \$ _____</p> <p><b>7.b.</b> With a cash surrender value of \$ _____</p> <p><b><i>Real Estate Information</i></b></p> <p><b>8.a.</b> I own real estate valued at \$ _____</p> <p><b>8.b.</b> I have mortgages or other debts amounting to \$ _____</p> <p>My real estate is located at:</p> <p><b>9.a.</b> Street Number and Name _____</p> <p><b>9.b.</b> City _____</p> <p><b>9.c.</b> State _____</p> <p><b>9.d.</b> ZIP Code _____</p> <p><b><i>Dependents' Information</i></b></p> <p>The following persons are dependent upon me for support. <b>If you need extra space to complete this section, use the space provided in Part 7. Additional Information.</b></p> <p><b>10.a.</b> Family Name (Last Name) _____</p>
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	<p>Relationship to Me</p> <p>Age</p> <p>Wholly Dependent</p> <p>Partially Dependent</p> <p>Name of Person</p> <p>Relationship to Me</p> <p>Age</p> <p>Wholly Dependent</p> <p>Partially Dependent</p> <p>Name of Person</p> <p>Relationship to Me</p> <p>Age</p> <p>Wholly Dependent</p> <p>Partially Dependent</p> <p>9. I have previously submitted affidavit(s) of support for the following person(s). If none, state "None".</p> <p>Name of Person</p>	<p><b>10.b.</b> Given Name (First Name) <b>10.c.</b> Middle Name</p> <p><b>11.</b> Relationship to Me:</p> <p><b>12.</b> Date of Birth (mm/dd/yyyy)</p> <p><b>13.</b> This person is: <input type="checkbox"/> Wholly Dependent On Me For Support <input type="checkbox"/> Partially Dependent On Me For Support</p> <p><b>14.a.</b> Family Name (Last Name) <b>14.b.</b> Given Name (First Name) <b>14.c.</b> Middle Name</p> <p><b>15.</b> Relationship to Me:</p> <p><b>16.</b> Date of Birth (mm/dd/yyyy)</p> <p><b>17.</b> This person is: <input type="checkbox"/> Wholly Dependent On Me For Support <input type="checkbox"/> Partially Dependent On Me For Support</p> <p><b>18.a.</b> Family Name (Last Name) <b>18.b.</b> Given Name (First Name) <b>18.c.</b> Middle Name</p> <p><b>19.</b> Relationship to Me:</p> <p><b>20.</b> Date of Birth (mm/dd/yyyy)</p> <p><b>21.</b> This person is: <input type="checkbox"/> Wholly Dependent On Me For Support <input type="checkbox"/> Partially Dependent On Me For Support</p> <p>I have previously submitted affidavit(s) of support for the following person(s). (If none, write "None" in the space for name below.)</p> <p><b>22.a.</b> Family Name (Last Name) <b>22.b.</b> Given Name (First Name) <b>22.c.</b> Middle Name</p>
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	<p>Date Submitted</p> <p>Name of Person</p> <p>Date Submitted</p>	<p><b>23.</b> Date Submitted (mm/dd/yyyy)</p> <p><b>24.a.</b> Family Name (Last Name)</p> <p><b>24.b.</b> Given Name (First Name)</p> <p><b>24.c.</b> Middle Name</p> <p><b>25.</b> Date Submitted (mm/dd/yyyy)</p>
	<p>10. I have submitted a visa petition(s) to U.S. Citizenship and Immigration Services on behalf of the following person(s). If none, state "None".</p>	<p>I have submitted a visa petition(s) to U.S. Citizenship and Immigration Services on behalf of the following persons. (If none, write "None" in the space for name below.)</p>
	<p>Name of Person</p>	<p><b>26.a.</b> Family Name (Last Name)</p> <p><b>26.b.</b> Given Name (First Name)</p> <p><b>26.c.</b> Middle Name</p> <p><b>27.</b> Relationship to Me:</p> <p><b>28.</b> Date of Birth (mm/dd/yyyy)</p>
	<p>Date Submitted</p>	<p><b>29.</b> Date of Filing (mm/dd/yyyy)</p>
	<p>Name of Person</p>	<p><b>30.a.</b> Family Name (Last Name)</p> <p><b>30.b.</b> Given Name (First Name)</p> <p><b>30.c.</b> Middle Name</p>
	<p>Relationship</p>	<p><b>31.</b> Relationship to Me:</p> <p><b>32.</b> Date of Birth (mm/dd/yyyy)</p>
	<p>Date Submitted</p>	<p><b>33.</b> Date of Filing (mm/dd/yyyy)</p>
	<p>Name of Person</p>	<p><b>34.a.</b> Family Name (Last Name)</p> <p><b>34.b.</b> Given Name (First Name)</p> <p><b>34.c.</b> Middle Name</p>
	<p>Relationship</p>	<p><b>35.</b> Relationship to Me:</p> <p><b>36.</b> Date of Birth (mm/dd/yyyy)</p>
	<p>Date Submitted</p>	<p><b>37.</b> Date of Filing (mm/dd/yyyy)</p>

	<p>11. I __ intend __do not intend to make specific contributions to the support of the person(s) named in <b>item 3</b>.</p> <p><i>(If you check "intend," indicate the exact nature and duration of the contributions. For example, if you intend to furnish room and board, state for how long and, if money, state the amount in U.S. dollars and whether it is to be given in a lump sum, weekly or monthly, and for how long.</i></p>	<p><b>38.</b> I __ intend __do not intend to make specific contributions to the support of the person(s) named in <b>Part 2</b>.</p> <p>(If you <b>select</b> "intend," indicate the exact nature and duration of the contributions <b>you intend to make</b> in <b>Part 7</b>. <b>Additional Information.</b> For example, if you intend to furnish room and board, state for how long and, if money, state the amount in U.S. dollars and whether it is to be given in a lump sum, weekly or monthly, and for how long.</p>
<p><b>Page 2, Oath or Affirmation of Sponsor</b></p>		<p><b>[Page 5]</b> <b>Part 4. Sponsor's Statement, Contact Information, Certification, and Signature</b></p> <p><b>NOTE:</b> Read the Penalties section of the Form I-134 Instructions before completing this part.</p> <p><b>Sponsor's Statement</b></p> <p><b>NOTE:</b> Select the box for either <b>Item Number 1.a. or 1.b.</b> If applicable, select the box for <b>Item Number 2.</b></p> <p><b>1.a.</b> <input type="checkbox"/> I can read and understand English, and I have read and understand every question and instruction on this <b>affidavit</b>, and my answer to every question.</p> <p><b>1.b.</b> <input type="checkbox"/> The interpreter named in <b>Part 5</b>. read to me every question and instruction on this <b>affidavit</b>, and my answer to every question, in [Fillable Field], a language in which I am fluent and I understood everything.</p> <p><b>2.</b> <input type="checkbox"/> At my request, the preparer named in <b>Part 6.</b>, [Fillable Filed], prepared this <b>affidavit</b> for me based only upon information I provided or authorized.</p>

	<p><b>I certify under penalty of perjury</b></p>	<p><b><i>Sponsor's Contact Information</i></b></p> <p>3. Sponsor's Daytime Telephone Number</p> <p>4. Sponsor's Mobile Telephone Number (if any)</p> <p>5. Sponsor's Email Address (if any)</p> <p><b><i>Sponsor's Certification</i></b></p> <p>Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS or the Department of State may require that I submit original documents to USCIS or the Department of State at a later date. Furthermore, I authorize the release of any information from any of my records that USCIS or the Department of State may need to determine my eligibility for the immigration benefit I seek.</p> <p>I further authorize release of information contained in this affidavit, in supporting documents, and in my USCIS or the Department of State records to other entities and persons where necessary for the administration and enforcement of U.S. immigration laws.</p> <p>I understand that USCIS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, if I am required to provide biometrics, I will be required to sign an oath reaffirming that:</p> <ul style="list-style-type: none"> <li>1) I reviewed and provided or authorized all of the information in my affidavit;</li> <li>2) I understood all of the information contained in, and submitted with, my affidavit; and</li> <li>3) All of this information was complete, true, and correct at the time of filing.</li> </ul> <p>I certify, under penalty of perjury, that I</p>
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	<p><b>under United States law that I know the contents of this affidavit signed by me and that the statements are true and correct.</b></p> <p>4. This affidavit is made by me for the purpose of assuring the U.S. Government that the person(s) named in <b>item (3)</b> will not become a public charge in the United States.</p> <p>5. I am willing and able to receive, maintain, and support the person(s) named in <b>item 3</b>. I am ready and willing to deposit a bond, if necessary, to guarantee that such person(s) will not become a public charge during his or her stay in the United States, or to guarantee that the above named person(s) will maintain his or her nonimmigrant status, if admitted temporarily, and will depart prior to the expiration of his or her authorized stay in the United States.</p> <p>6. I understand that:</p> <ul style="list-style-type: none"> <li>a. Form I-134 is an “undertaking” under section 213 of the Immigration and Nationality Act, and I may be sued if the person(s) named in item 3 becomes a public charge after admission to the United States;</li> <li>b. Form I-134 may be made available to any Federal, State, or local agency that may receive an application from the person(s) named in <b>item 3</b> for Food Stamps, Supplemental Security Income, or Temporary Assistance to Needy Families; and</li> <li>c. If the person(s) named in item 3 does apply for Food Stamps, Supplemental Security Income, or Temporary Assistance for</li> </ul>	<p>provided or authorized all of the information in my affidavit, I understand all of the information contained in, and submitted with, my affidavit, and that all of this information is complete, true, and correct</p> <p><b>That</b> this affidavit is made by me to assure the U.S. Government that the person named in <b>Part 2</b>. will not become a public charge in the United States.</p> <p><b>That</b> I am willing and able to receive, maintain, and support the person named in <b>Part 2</b>. I am ready and willing to deposit a bond, if necessary, to guarantee that such persons will not become a public charge during his or her stay in the United States, or to guarantee that the above named persons will maintain his or her nonimmigrant status, if admitted temporarily, and will depart prior to the expiration of his or her authorized stay in the United States.</p> <p><b>That</b> I understand that Form I-134 is an “undertaking” under section 213 of the Immigration and Nationality Act, and I may be sued if the persons named in <b>Part 2</b>. become a public charge after admission to the United States.</p> <p><b>That</b> I understand that Form I-134 may be made available to any Federal, State, or local agency that may receive an application from the persons named in <b>Part 2</b>. for Food Stamps, Supplemental Security Income, or Temporary Assistance to Needy Families.</p> <p><b>That</b> I understand that if the person named in <b>Part 2</b>. does apply for Food Stamps, Supplemental Security Income, or Temporary Assistance for Needy</p>
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	<p>Needy Families, my own income and assets may be considered in deciding the person's application. How long my income and assets may be attributed to the person(s) named in item 3 is determined under the statutes and rules governing each specific program.</p> <p><b>I acknowledge that I have read "Sponsor and Alien Liability" on Page 2 of the instructions for this form, and am aware of my responsibilities as a sponsor under the Social Security Act, as amended, and the Food Stamp Act, as amended.</b></p> <p><b>Signature of Sponsor</b></p> <p><b>Date</b></p>	<p>Families, my own income and assets may be considered in deciding the person's application. How long my income and assets may be attributed to the persons named in <b>Part 2</b>, is determined under the statutes and rules governing each specific program.</p> <p>I acknowledge that I have read the section entitled <b>Sponsor and Beneficiary Liability</b> in the Instructions for this <b>affidavit</b>, and am aware of my responsibilities as a sponsor under the Social Security Act, as amended, and the Food Stamp Act, as amended.</p> <p><i>Sponsor's Signature</i></p> <p><b>6.a.</b> Sponsor's Signature</p> <p><b>6.b.</b> Date of Signature (mm/dd/yyyy)</p> <p><b>NOTE TO ALL SPONSORS:</b> If you do not completely fill out this <b>affidavit</b> or fail to submit required documents listed in the Instructions, USCIS or the <b>Department of State</b> may deny your <b>affidavit</b>.</p>
		<p><b>[Page 6]</b> <b>[New]</b></p> <p><b>Part 5. Interpreter's Contact Information, Certification, and Signature</b></p> <p>Provide the following information <b>about</b> the interpreter.</p> <p><i>Interpreter's Full Name</i></p> <p><b>1.a.</b> Interpreter's Family Name (Last Name)</p> <p><b>1.b.</b> Interpreter's Given Name (First Name)</p> <p><b>2.</b> Interpreter's Business or Organization Name (if any)</p>

		<p><b><i>Interpreter's Mailing Address</i></b></p> <p><b>3.a.</b> Street Number and Name  <b>3.b.</b> Apt. Ste. Flr.  <b>3.c.</b> City or Town  <b>3.d.</b> State  <b>3.e.</b> ZIP Code  <b>3.f.</b> Province  <b>3.g.</b> Postal Code  <b>3.h.</b> Country</p> <p><b><i>Interpreter's Contact Information</i></b></p> <p><b>4.</b> Interpreter's Daytime Telephone Number  <b>5.</b> Interpreter's Mobile Telephone Number (if any)  <b>6.</b> Interpreter's Email Address (if any)</p> <p><b><i>Interpreter's Certification</i></b></p> <p><b>I certify, under penalty of perjury, that:</b></p> <p>I am fluent in English and [Fillable Field], which is the same language provided in <b>Part 4., Item Number 1.b., and I</b> have read to this <b>sponsor in the identified language</b> every question and instruction on this affidavit and his or her answer to every question. The sponsor informed me that he or she understands every instruction, question, and answer on the affidavit, including the <b>Sponsor's Certification</b>, and has verified the accuracy of every answer.</p> <p><b><i>Interpreter's Signature</i></b></p> <p><b>7.a.</b> Interpreter's Signature  <b>7.b.</b> Date of Signature (mm/dd/yyyy)</p>
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		<p>[Page 6]</p> <p>[New]</p> <p><b>Part 6. Contact Information, Statement, Declaration, and Signature of the Person Preparing this Affidavit, if Other Than the Sponsor</b></p> <p>Provide the following information about the preparer.</p> <p><i>Preparer's Full Name</i></p> <p>1.a. Preparer's Family Name (Last Name)  1.b. Preparer's Given Name (First Name)  2. Preparer's Business or Organization Name (if any)</p> <p><i>Preparer's Mailing Address</i></p> <p>3.a. Street Number and Name  3.b. Apt. Ste. Flr.  3.c. City or Town  3.d. State  3.e. ZIP Code  3.f. Province  3.g. Postal Code  3.h. Country</p> <p><i>Preparer's Contact Information</i></p> <p>4. Preparer's Daytime Telephone Number  5. Preparer's Mobile Telephone Number (if any)  6. Preparer's Email Address (if any)</p> <p><i>Preparer's Statement</i></p> <p><b>7.a.</b> <input type="checkbox"/> I am not an attorney or accredited representative but have prepared this affidavit on behalf of the sponsor and with the sponsor's consent.</p> <p><b>7.b.</b> <input type="checkbox"/> I am an attorney or accredited representative and my representation of the sponsor in this case <input type="checkbox"/> extends <input type="checkbox"/> does not extend beyond the preparation of this affidavit.</p>
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		<p><b>NOTE:</b> If you are an attorney or accredited representative whose representation extends beyond preparation of this <b>affidavit</b>, you <b>may be obliged to</b> submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this with this affidavit.</p> <p><i><b>Preparer's Certification</b></i>  By my signature, I <b>certify, under penalty</b> of perjury, that I prepared this affidavit at the request <b>of the sponsor. The sponsor then reviewed this completed affidavit and informed me that he or she understands all of the information contained in, and submitted with, his or her affidavit, including the Sponsor's Certification, and that all of this information is complete, true, and correct. I completed this affidavit based only on information that the sponsor provided to me or authorized me to obtain or use.</b></p> <p><i><b>Preparer's Signature</b></i></p> <p>8.a. Preparer's Signature  8.b. Date of Signature (mm/dd/yyyy)</p>
		<p><b>[Page 8]</b>  <b>[New]</b></p> <p><b>Part 7. Additional Information</b>  If you need extra space to provide any additional information within this <b>affidavit</b>, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this <b>affidavit</b> or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; type or print the Page Number, Part Number, and Item Number to which your answer refers; and sign and date each sheet.</p> <p>Your Full Name</p> <p>1.a. Family Name (Last Name) [Auto-</p>



		<p>populated field]</p> <p>1.b. Given Name (First Name) [Auto-populated field]</p> <p>1.c. Middle Name [Auto-populated field]</p> <p>2. A-Number (if any) [Auto-populated field]</p> <p>3.a. Page Number    3.b. Part Number</p> <p>3.c. Item Number</p> <p>3.d. _____</p> <p>4.a. Page Number    4.b. Part Number</p> <p>4.c. Item Number</p> <p>4.d. _____</p> <p>5.a. Page Number    5.b. Part Number</p> <p>5.c. Item Number</p> <p>5.d. _____</p> <p>6.a. Page Number    6.b. Part Number</p> <p>6.c. Item Number</p> <p>6.d. _____</p> <p>7.a. Page Number    7.b. Part Number</p> <p>7.c. Item Number</p> <p>7.d. _____</p>
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