

TABLE OF CHANGES – FORM
Form I-864, Affidavit of Support Under Section 213A of the INA
OMB Number: 1615-0075
03/31/2020

Reason for Revision: Non-rule. Edits to address previous sponsors, Notary requirements, Presidential Memo, Voluntary credit report/check

Project Phase: 30-day FRN

Legend for Proposed Text:

- Black font = Current text
- **Red font** = Changes

Expires 10/31/2021

Edition Date 10/15/2019

Current Page Number and Section	Current Text	Proposed Text
Page 1, For USCIS Use Only	<p>[Page 1]</p> <p>For USCIS Use Only</p> <p>Affidavit of Support Submitter Petitioner 1st Joint Sponsor 2nd Joint Sponsor Substitute Sponsor 5% Owner</p> <p>Section 213A Review MEETS requirements DOES NOT MEET requirements Reviewed By: Office: Date (mm/dd/yyyy):</p> <p>Number of Support Affidavits in File 1 2</p> <p>Remarks</p> <p>To be completed by an attorney or accredited representative (if any). Select this box if Form G-28 or Form G-28I is attached. Attorney State Bar Number (if applicable) Attorney or Accredited Representative USCIS Online Account Number (if any)</p> <p>► START HERE - Type or print in black ink.</p>	<p>[Page 1]</p> <p>For USCIS Use Only</p> <p>Affidavit of Support Submitter Petitioner 1st Joint Sponsor 2nd Joint Sponsor Substitute Sponsor 5% Owner</p> <p>Adjusted Household Size</p> <p>Section 213A Review MEETS requirements DOES NOT MEET requirements Reviewed By: Office: Date (mm/dd/yyyy):</p> <p>Number of Support Affidavits in File 1 2</p> <p>Remarks</p> <p>To be completed by an attorney or accredited representative (if any). Select this box if Form G - 28 or Form G - 28I is attached. Attorney State Bar Number (if applicable) Attorney or Accredited Representative USCIS Online Account Number (if any)</p> <p>► START HERE - Type or print in black ink.</p>

<p>Page 1, Part 1. Basis For Filing Affidavit of Support</p>	<p>[Page 1]</p> <p>Part 1. Basis For Filing Affidavit of Support</p> <p>I, am the sponsor submitting this affidavit of support because (Select only one box below).</p> <p>1.a. I am the petitioner. I filed or am filing for the immigration of my relative. 1.b. I filed an alien worker petition on behalf of the intending immigrant, who is related to me as my 1.c. I have an ownership interest of at least 5 percent in which filed an alien worker petition on behalf of the intending immigrant, who is related to me as my 1.d. I am the only joint sponsor. 1.e. I am the first second of two joint sponsors. 1.f. The original petitioner is deceased. I am the substitute sponsor. I am the intending immigrant's</p> <p>NOTE: If you are filing this form as a sponsor, you must include proof of your U.S. citizenship, U.S. national status, or lawful permanent resident status.</p>	<p>[No change]</p>
<p>Page 1, Part 2. Information About the Principal Immigrant</p>	<p>[Page 1]</p> <p>Part 2. Information About the Principal Immigrant</p> <p>1.a. Family Name (Last Name) 1.b. Given Name (First Name) 1.c. Middle Name</p> <p>Mailing Address 2.a. In Care Of Name 2.b. Street Number and Name 2.c. Apt./Ste./Flr. [Number] 2.d. City or Town 2.e. State 2.f. ZIP Code 2.g. Province 2.h. Postal Code 2.i. Country</p> <p>Other Information 3. Country of Citizenship or Nationality 4. Date of Birth (mm/dd/yyyy)</p> <p>5. Alien Registration Number (A-Number) (if any) 6. USCIS Online Account Number (if any) 7. Daytime Telephone Number</p>	<p>[Page 1]</p> <p>[No change]</p> <p>Other Information 3. Country of Citizenship or Nationality 4. Date of Birth (mm/dd/yyyy) 5. Gender Male/Female 6. Alien Registration Number (A-Number) (if any) 7. USCIS Online Account Number (if any) 8. Daytime Telephone Number 9. Relationship to Sponsor</p>
<p>Page 2-3,</p>	<p>[Page 2]</p>	

<p>Part 3. Information About the Immigrants You Are Sponsoring</p>	<p>Part 3. Information About the Immigrants You Are Sponsoring</p> <p>1. I am sponsoring the principal immigrant named in Part 2.</p> <p>Yes No (Applicable only if you are sponsoring family members in Part 3, as the second joint sponsor or if you are sponsoring family members who are immigrating more than six months after the principal immigrant)</p> <p>2. I am sponsoring the following family members immigrating at the same time or within six months of the principal immigrant named in Part 2. (Do not include any relative listed on a separate visa petition.)</p> <p>3. I am sponsoring the following family members who are immigrating more than six months after the principal immigrant.</p> <p>Family Member 1</p> <p>4.a. Family Name (Last Name)</p> <p>4.b. Given Name (First Name)</p> <p>4.c. Middle Name</p> <p>5. Relationship to Principal Immigrant</p> <p>6. Date of Birth (mm/dd/yyyy)</p> <p>7. Alien Registration Number (A-Number) (if any)</p> <p>8. USCIS Online Account Number (if any)</p> <p>Family Member 2</p> <p>9.a. Family Name (Last Name)</p> <p>9.b. Given Name (First Name)</p> <p>9.c. Middle Name</p> <p>10. Relationship to Principal Immigrant</p> <p>11. Date of Birth (mm/dd/yyyy)</p> <p>12. Alien Registration Number (A-Number) (if any)</p> <p>13. USCIS Online Account Number (if any)</p> <p>Family Member 3</p> <p>14.a. Family Name (Last Name)</p> <p>14.b. Given Name (First Name)</p> <p>14.c. Middle Name</p> <p>15. Relationship to Principal Immigrant</p> <p>16. Date of Birth (mm/dd/yyyy)</p> <p>17. Alien Registration Number (A-Number) (if any)</p> <p>18. USCIS Online Account Number (if any)</p> <p>Family Member 4</p> <p>19.a. Family Name (Last Name)</p> <p>19.b. Given Name (First Name)</p> <p>19.c. Middle Name</p> <p>20. Relationship to Principal Immigrant</p> <p>21. Date of Birth (mm/dd/yyyy)</p> <p>22. Alien Registration Number (A-Number) (if any)</p> <p>23. USCIS Online Account Number (if any)</p>	<p>[No change]</p>
---------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------

	<p>Family Member 5 24.a. Family Name (Last Name) 24.b. Given Name (First Name) 24.c. Middle Name 25. Relationship to Principal Immigrant 26. Date of Birth (mm/dd/yyyy) 27. Alien Registration Number (A-Number) (if any) 28. USCIS Online Account Number (if any)</p> <p>[Page 3]</p> <p>29. Enter the total number of immigrants you are sponsoring on this affidavit which includes the principal immigrant listed in Part 2., any immigrants listed in Part 3., Item Numbers 1. - 28. and (if applicable), any immigrants listed for these questions in Part 11. Additional Information. Do not count the principal immigrant if you are only sponsoring family members entering more than 6 months after the principal immigrant.</p>	<p>29. Enter the total number of immigrants you are sponsoring on this affidavit which includes the principal immigrant listed in Part 2., any immigrants listed in Part 3., Item Numbers 1. - 28. and (if applicable), any immigrants listed for these questions in Part 12. Additional Information. Do not count the principal immigrant if you are only sponsoring family members entering more than 6 months after the principal immigrant.</p>
<p>Page 3, Part 4. Information About You (Sponsor)</p>	<p>[Page 3]</p> <p>Part 4. Information About You (Sponsor)</p> <p><i>Sponsor's Full Name</i> 1.a. Family Name (Last Name) 1.b. Given Name (First Name) 1.c. Middle Name</p> <p><i>Sponsor's Mailing Address</i> 2.a. In Care Of Name 2.b. Street Number and Name 2.c. Apt./Ste./Flr. [Number] 2.d. City or Town 2.e. State 2.f. ZIP Code 2.g. Province 2.h. Postal Code 2.i. Country</p> <p>3. Is your current mailing address the same as your physical address? Yes No If you answered "No" to Item Number 3., provide your physical address in Item Numbers 4.a. - 4.h.</p> <p><i>Sponsor's Physical Address</i> 4.a. Street Number and Name 4.b. Apt./Ste./Flr. [Number] 4.c. City or Town 4.d. State 4.e. ZIP Code 4.f. Province 4.g. Postal Code 4.h. Country</p>	<p>[Page 3]</p> <p>Part 4. Information About You (Sponsor)</p> <p><i>Sponsor's Full Name</i> 1.a. Family Name (Last Name) 1.b. Given Name (First Name) 1.c. Middle Name</p> <p><i>Sponsor's Mailing Address</i> 2.a. In Care Of Name 2.b. Street Number and Name 2.c. Apt./Ste./Flr. [Number] 2.d. City or Town 2.e. State 2.f. ZIP Code 2.g. Province 2.h. Postal Code 2.i. Country</p> <p>3. Is your current mailing address the same as your physical address? Yes No If you answered "No" to Item Number 3., provide your physical address in Item Numbers 4.a. - 4.h.</p> <p><i>Sponsor's Physical Address</i> 4.a. Street Number and Name 4.b. Apt./Ste./Flr. [Number] 4.c. City or Town 4.d. State 4.e. ZIP Code 4.f. Province 4.g. Postal Code 4.h. Country</p>

	<p>Other Information</p> <p>5. Country of Domicile</p> <p>6. Date of Birth (mm/dd/yyyy)</p> <p>7. City or Town of Birth</p> <p>8. State or Province of Birth</p> <p>9. Country of Birth</p> <p>10. U.S. Social Security Number (Required)</p> <p>Citizenship or Residency</p> <p>11.a. I am a U.S. citizen.</p> <p>11.b. I am a U.S. national.</p> <p>11.c. I am a lawful permanent resident.</p> <p>12. Sponsor's A-Number (if any)</p> <p>13. Sponsor's USCIS Online Account Number (if any)</p> <p>Military Service (To be completed by petitioner sponsors only.)</p> <p>14. I am currently on active duty in the U.S. Armed Forces or U.S. Coast Guard. Yes No</p>	<p>Other Information</p> <p>5. Country of Domicile</p> <p>6. Date of Birth (mm/dd/yyyy)</p> <p>7. City or Town of Birth</p> <p>8. State or Province of Birth</p> <p>9. Country of Birth</p> <p>10. U.S. Social Security Number (Required)</p> <p>Citizenship or Residency</p> <p>11.a. I am a U.S. citizen.</p> <p>11.b. I am a U.S. national.</p> <p>11.c. I am a lawful permanent resident.</p> <p>12. Sponsor's A-Number (if any)</p> <p>13. Sponsor's USCIS Online Account Number (if any)</p> <p>Military Service (To be completed by petitioner sponsors only.)</p> <p>14. I am currently on active duty in the U.S. Armed Forces, other than for active duty training. Yes No</p> <p>Sponsor's Bank Account Information</p> <p>15.a. Account Type</p> <p>Checking</p> <p>Savings</p> <p>15.b. Account Holder's Name</p> <p>Family Name (Last Name)</p> <p>Given Name (First Name)</p> <p>Middle Name</p> <p>15.c. Name(s) of Joint Account Holders (if any)</p> <p>Family Name (Last Name)</p> <p>Given Name (First Name)</p> <p>Middle Name</p> <p>15.d. Institution Name</p> <p>15.e. Account Number</p> <p>15.f. Routing Number</p>
<p>Page 4, Part 5. Sponsor's Household Size</p>	<p>[Page 4]</p> <p>For USCIS Use Only</p> <p>Part 5. Sponsor's Household Size</p> <p>NOTE: Do not count any member of your household more than once.</p> <p>Persons you are sponsoring in this affidavit:</p> <p>1. Provide the number you entered in Part 3., Item Number 29.</p> <p>Persons NOT sponsored in this affidavit:</p> <p>2. Yourself. 1</p> <p>3. If you are currently married, enter "1" for your spouse.</p>	<p>[Page 4]</p> <p>[Deleted]</p> <p>Part 5. Sponsor's Household Size</p> <p>NOTE: Do not count any member of your household more than once.</p> <p>Individuals you are sponsoring in this affidavit:</p> <p>1. Provide the number you entered in Part 3., Item Number 29.</p> <p>Persons NOT sponsored in this affidavit:</p> <p>2. Yourself. 1</p> <p>3. If you are currently married, enter "1" for your spouse.</p>

	<p>4. If you have dependent children, enter the number here.</p> <p>5. If you have any other dependents, enter the number here.</p> <p>6. If you have sponsored any other persons on Form I-864 or Form I-864EZ who are now lawful permanent residents, enter the number here.</p> <p>7. OPTIONAL: If you have siblings, parents, or adult children with the same principal residence who are combining their income with yours by submitting Form I-864A, enter the number here.</p> <p>8. Add together Part 5., Item Numbers 1. - 7. and enter the number here. Household Size:</p>	<p>4. If you have dependent children, enter the total number of dependent children here.</p> <p>5. If you have any other dependents, enter the total number of other dependents here.</p> <p>6. If you have sponsored any other persons on Form I-864 or Form I-864EZ who are now lawful permanent residents and for whom your support obligation has not ended, enter the number here.</p> <p>7. Optional: If you have siblings, parents, or adult children with the same principal residence who are combining their income with yours by submitting Form I-864A, enter the total number of people here:</p> <p>8. Add together Part 5., Item Numbers 1. - 7. and enter the number here. Household Size:</p>
<p>Page 4, Part 6. Previously Submitted Affidavits of Support</p>	<p>[New]</p>	<p>Part 6. Previously Submitted Affidavits of Support</p> <p>1. Have you submitted Form I-864 or Form I-864EZ for any individuals other than those named on this form? Yes No</p> <p>2. If you answered "Yes" to Item Number 1., enter the total number of individuals for whom you previously submitted Form I-864 or Form I-864EZ.</p> <p>[fillable field]</p> <p>3. Provide the following information about each individual for whom you previously submitted Form I-864 or Form I-864EZ. If you need more space to provide the information, use Part 12. Additional Information. You do not need to include any individual for whom your sponsorship obligation has ended, that is, if you know that: 1) the individual became a United States citizen, 2) the individual is currently a lawful permanent resident that has worked or can be credited with 40 qualifying quarters of coverage, 3) the individual abandoned or lost his or her lawful permanent resident status, 4) the individual is deceased, or 5) the individual is obtaining a new grant of adjustment of status while in removal proceedings based on a new affidavit of support, if one is required.</p> <p>a. Sponsored Individual's Name</p> <p>b. Date of Birth</p> <p>c. Alien Registration Number</p>
<p>Page 4-5,</p>	<p>[Page 4]</p> <p>Part 6. Sponsor's Employment and Income</p>	<p>Part 7. Sponsor's Employment and Income</p>

<p>Part 6. Sponsor's Employment and Income</p>	<p>1. Employed as a/an 2. Name of Employer 1 3. Name of Employer 2 (if applicable) 4. Self-Employed as a/an (Occupation) 5. Retired Since (mm/dd/yyyy) 6. Unemployed Since (mm/dd/yyyy) 7. My current individual annual income is: \$</p> <p>Income you are using from any other person who was counted in your household size, including, in certain conditions, the intending immigrant. (See Form I-864 Instructions.) Please indicate name, relationship, and income.</p> <p>Person 1 8. Name 9. Relationship 10. Current Income \$</p> <p>Person 2 11. Name 12. Relationship 13. Current Income \$</p> <p>Person 3 14. Name 15. Relationship 16. Current Income \$</p> <p>Person 4 17. Name 18. Relationship 19. Current Income \$</p> <p>[Page 5]</p> <p>For USCIS Use Only</p> <p>Household Size 1 2 3 4 5 6 7 8 9 Other</p> <p>Poverty Guideline Year: 20 Poverty Line: \$</p> <p>Remarks</p> <p>20. My Current Annual Household Income (Total all lines from Part 6. Item Numbers 7., 10., 13., 16., and 19.; the total will be compared to Federal Poverty Guidelines on Form I-864P.) \$</p> <p>21. The people listed in Item Numbers 8., 11., 14., and 17. have completed Form I-864A. I am filing along with this affidavit all necessary Form I-864As completed by these people.</p>	<p>1. Employed as a/an 2. Name of Employer 1 3. Name of Employer 2 (if applicable) 4. Self-Employed as a/an (Occupation) 5. Retired Since (mm/dd/yyyy) 6. Unemployed Since (mm/dd/yyyy) 7. My current individual annual income is: \$</p> <p>Income you are using from any other individual who was counted in your household size, including, in certain conditions, the intending immigrant. (See Form I-864 Instructions.) Please indicate name, relationship, and income.</p> <p>Person 1 8. Name 9. Relationship 10. Current Income \$</p> <p>Person 2 11. Name 12. Relationship 13. Current Income \$</p> <p>Person 3 14. Name 15. Relationship 16. Current Income \$</p> <p>Person 4 17. Name 18. Relationship 19. Current Income \$</p> <p>[Page 5]</p> <p>For USCIS Use Only</p> <p>Household Size 1 2 3 4 5 6 7 8 9 Other</p> <p>Poverty Guideline Year: 20 Poverty Line: \$</p> <p>Remarks</p> <p>20. My Current Annual Household Income (Total all lines from Part 7. Item Numbers 7., 10., 13., 16., and 19.; the total will be compared to Federal Poverty Guidelines on Form I-864P.) \$</p> <p>21. The people listed in Item Numbers 8., 11., 14., and 17. have completed Form I-864A. I am filing along with this affidavit all necessary Form I-864As completed by these people.</p>
-------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

	<p>22. One or more of the people listed in Item Numbers 8., 11., 14., and 17. do not need to complete Form I-864A because he or she is the intending immigrant and has no accompanying dependents. Name</p> <p>Federal Income Tax Return Information 23.a. Have you filed a Federal income tax return for each of the three most recent tax years? Yes No</p> <p>NOTE: You MUST attach a photocopy or transcript of your Federal income tax return for only the most recent tax year.</p> <p>23.b. (Optional) I have attached photocopies or transcripts of my Federal income tax returns for my second and third most recent tax years.</p> <p>My total income (adjusted gross income on Internal Revenue Service (IRS) Form 1040EZ) as reported on my Federal income tax returns for the most recent three years was:</p> <p>24.a. Most Recent Tax Year Total Income \$ 24.b. 2nd Most Recent 24.c. 3rd Most Recent 25. I was not required to file a Federal income tax return as my income was below the IRS required level and I have attached evidence to support this.</p> <p>[New]</p>	<p>22. One or more of the people listed in Item Numbers 8., 11., 14., and 17. do not need to complete Form I-864A because he or she is the intending immigrant and has no accompanying dependents. Name</p> <p>Federal Income Tax Return Information 23.a. Have you filed a Federal income tax return for each of the three most recent tax years? Yes No</p> <p>NOTE: You MUST attach a photocopy or transcript of your Federal income tax return for only the most recent tax year.</p> <p>23.b. (Optional) I have attached photocopies or transcripts of my Federal income tax returns for my second and third most recent tax years.</p> <p>My total income as reported on my Federal income tax returns for the most recent three years was:</p> <p>24.a. Most Recent Tax Year Total Income \$ 24.b. 2nd Most Recent 24.c. 3rd Most Recent 25. I was not required to file a Federal income tax return as my income was below the IRS required level and I have attached evidence to support this.</p> <p>Credit Report Information (Optional) 26. I have attached a copy of a recent credit report.</p>
<p>Page 5-6, Part 7. Use of Assets to Supplement Income (Optional)</p>	<p>[Page 5]</p> <p>Part 7. Use of Assets to Supplement Income (Optional)</p> <p>If your income, or the total income for you and your household, from Part 6., Item Numbers 20. or 24.a. - 24.c., exceeds the Federal Poverty Guidelines for your household size, YOU ARE NOT REQUIRED to complete this Part 7. Skip to Part 8.</p> <p>Your Assets (Optional) 1. Enter the balance of all savings and checking accounts. \$ 2. Enter the net cash value of real-estate holdings. (Net value means current assessed value minus mortgage debt.) \$ 3. Enter the net cash value of all stocks, bonds, certificates of deposit, and any other assets not already included in Item Number 1. or Item Number 2. \$ 4. Add together Item Numbers 1. - 3. and enter the number here. TOTAL: \$</p>	<p>Part 8. Use of Assets to Supplement Income (Optional)</p> <p>If your income, or the total income for you and your household, from Part 7., Item Numbers 20. or 24.a. - 24.c., exceeds the Federal Poverty Guidelines for your household size, YOU ARE NOT REQUIRED to complete this Part 8. Skip to Part 9.</p> <p>Your Assets (Optional) 1. Enter the balance of all savings and checking accounts. \$ 2. Enter the net cash value of real-estate holdings. (Net value means current assessed value minus mortgage debt.) \$ 3. Enter the net cash value of all stocks, bonds, certificates of deposit, and any other assets not already included in Item Number 1. or Item Number 2. \$ 4. Add together Item Numbers 1. - 3. and enter the number here. TOTAL: \$</p>

	<p>Assets from Form I-864A, Part 4., Item Number 3.d., for:</p> <p>5.a. Name of Relative 5.b. Your household member's assets from Form I-864A (optional). \$</p> <p>Assets of the principal sponsored immigrant (optional). The principal sponsored immigrant is the person listed in Part 2., Item Numbers 1.a. - 1.c. Only include the assets if the principal immigrant is being sponsored by this affidavit of support.</p> <p>6. Enter the balance of the sponsored immigrant's savings and checking accounts. \$ 7. Enter the net cash value of all the principal immigrant's real estate holdings. (Net value means investment value minus mortgage debt.) \$ 8. Enter the current cash value of the principal immigrant's stocks, bonds, certificates of deposit, and other assets not included in Item Number 6. or Item Number 7. \$</p> <p>[Page 6]</p> <p>For USCIS Use Only</p> <p>Household Size 1 2 3 4 5 6 7 8 9 Other</p> <p>Poverty Guideline Year: 20 Poverty Line: \$</p> <p>Sponsor's Household Income (Page 5, Line 10) \$ <i>The total value of all assets, line 10, must equal 5 times (3 times for spouses and children of USC's, or 1 time for orphans to be formally adopted in the U.S.) the difference between the poverty guidelines and the sponsor's household income, line 10.</i></p> <p>Remarks</p> <p>9. Add together Item Numbers 6. - 8. and enter the number here. \$</p> <p>Total Value of Assets 10. Add together Item Numbers 4., 5.b., and 9. and enter the number here. TOTAL: \$</p>	<p>Assets from Form I-864A (Optional) If you need to provide information about more than one Form I-864A, use the space provided in Part 12. Additional Information.</p> <p>5.a. Name of household member 5.b. Your household member's total assets from Form I-864A, Part 4., Item Number 4. \$</p> <p>Assets of the principal sponsored immigrant (Optional) The principal sponsored immigrant is the individual listed in Part 2., Item Numbers 1.a. - 1.c. Only include the assets if the principal immigrant is being sponsored by this affidavit of support.</p> <p>6. Enter the balance of the sponsored immigrant's savings and checking accounts. \$ 7. Enter the net cash value of all the principal immigrant's real estate holdings. (Net value means investment value minus mortgage debt.) \$ 8. Enter the current cash value of the principal immigrant's stocks, bonds, certificates of deposit, and other assets not included in Item Number 6. or Item Number 7. \$</p> <p>[Page 6]</p> <p>[Deleted]</p> <p>Household Size 1 2 3 4 5 6 7 8 9 Other</p> <p>Poverty Guideline Year: 20 Poverty Line: \$</p> <p>Sponsor's Household Income (Page 5, Line 10) \$ <i>The total value of all assets, line 10, must equal 5 times (3 times for spouses and children of USC's, or 1 time for orphans to be formally adopted in the U.S.) the difference between the poverty guidelines and the sponsor's household income, line 10.</i></p> <p>Remarks</p> <p>9. Add together Item Numbers 6. - 8. and enter the number here. \$</p> <p>Total Value of Assets 10. Add together Item Numbers 4., 5.b., and 9. and enter the number here. TOTAL: \$</p>
Page 6-8, Part 8. Sponsor's Contract, Statement,	<p>[Page 6]</p>	

<p>Contact Information, Declaration, Certification, and Signature</p>	<p>Part 8. Sponsor's Contract, Statement, Contact Information, Declaration, Certification, and Signature</p> <p>NOTE: Read the Penalties section of the Form I-864 Instructions before completing this part.</p> <p><i>Sponsor's Contract</i> Please note that, by signing this Form I-864, you agree to assume certain specific obligations under the Immigration and Nationality Act (INA) and other Federal laws. The following paragraphs describe those obligations. Please read the following information carefully before you sign Form I-864. If you do not understand the obligations, you may wish to consult an attorney or accredited representative.</p> <p>What is the Legal Effect of My Signing Form I-864? If you sign Form I-864 on behalf of any person (called the intending immigrant) who is applying for an immigrant visa or for adjustment of status to a lawful permanent resident, and that intending immigrant submits Form I-864 to the U.S. Government with his or her application for an immigrant visa or adjustment of status, under INA section 213A, these actions create a contract between you and the U.S. Government. The intending immigrant becoming a lawful permanent resident is the consideration for the contract.</p> <p>Under this contract, you agree that, in deciding whether the intending immigrant can establish that he or she is not inadmissible to the United States as a person likely to become a public charge, the U.S. Government can consider your income and assets as available for the support of the intending immigrant.</p> <p>What If I Choose Not to Sign Form I-864? The U.S. Government cannot make you sign Form I-864 if you do not want to do so. But if you do not sign Form I-864, the intending immigrant may not become a lawful permanent resident in the United States.</p> <p>What Does Signing Form I-864 Require Me To Do? If an intending immigrant becomes a lawful permanent resident in the United States based on a Form I-864 that you have signed, then, until your obligations under Form I-864 terminate, you must:</p> <p>A. Provide the intending immigrant any support necessary to maintain him or her at an income that is at least 125 percent of the</p>	<p>Part 9. Sponsor's Contract, Statement, Contact Information, Certification, and Signature</p> <p>NOTE: Read the Penalties section of the Form I-864 Instructions before completing this part.</p> <p><i>Sponsor's Contract</i> Please note that, by signing this Form I-864, you agree to assume certain specific obligations under the Immigration and Nationality Act (INA) and other Federal laws. The following paragraphs describe those obligations. Please read the following information carefully before you sign Form I-864. If you do not understand the obligations, you may wish to consult an attorney or accredited representative.</p> <p>What is the Legal Effect of My Signing Form I-864? If you sign Form I-864 on behalf of any individual (called the intending immigrant) who is applying for an immigrant visa or for adjustment of status to that of a lawful permanent resident, and that intending immigrant submits Form I-864 to the U.S. Government with his or her application for an immigrant visa or adjustment of status, under INA section 213A, these actions create a contract between you and the U.S. Government. The intending immigrant becoming a lawful permanent resident is the consideration for the contract.</p> <p>[deleted]</p> <p>What If I Choose Not to Sign Form I-864? The U.S. Government cannot make you sign Form I-864 if you do not want to do so. But if you do not sign Form I-864, the intending immigrant may not become a lawful permanent resident in the United States.</p> <p>What Does Signing Form I-864 Require Me To Do? If an intending immigrant becomes a lawful permanent resident in the United States based on a Form I-864 that you have signed, then you must do all of the following until your obligations under this Form I-864 terminate:</p> <p>A. Provide the intending immigrant any support necessary to maintain him or her at an income that is at least 125 percent of the</p>
------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

	<p>Federal Poverty Guidelines for his or her household size (100 percent if you are the petitioning sponsor and are on active duty in the U.S. Armed Forces or U.S. Coast Guard, and the person is your husband, wife, or unmarried child under 21 years of age); and</p> <p>B. Notify U.S. Citizenship and Immigration Services (USCIS) of any change in your address, within 30 days of the change, by filing Form I-865.</p> <p>What Other Consequences Are There? If an intending immigrant becomes a lawful permanent resident in the United States based on a Form I-864 that you have signed, then, until your obligations under Form I-864 terminate, the U.S. Government may consider (deem) your income and assets as available to that person, in determining whether he or she is eligible for certain Federal means-tested public benefits and also for state or local means-tested public benefits, if the state or local government's rules provide for consideration (deeming) of your income and assets as available to the person.</p> <p>This provision does not apply to public benefits specified in section 403(c) of the Welfare Reform Act such as emergency Medicaid, short-term, non-cash emergency relief; services provided under the National School Lunch and Child Nutrition Acts; immunizations and testing and treatment for communicable diseases; and means-tested programs under the Elementary and Secondary Education Act.</p> <p>What If I Do Not Fulfill My Obligations? If you do not provide sufficient support to the person who becomes a lawful permanent resident based on a Form I-864 that you signed, that person may sue you for this support.</p> <p>[Page 7]</p> <p>If a Federal, state, local, or private agency provided any covered means-tested public benefit to the person who becomes a lawful permanent resident based on a Form I-864 that you signed, the agency may ask you to reimburse them for the amount of the benefits they provided. If you do not make the reimbursement, the agency may sue you for the amount that the agency believes you owe.</p> <p>If you are sued, and the court enters a judgment against you, the person or agency that sued you may use any legally permitted procedures for</p>	<p>Federal Poverty Guidelines for your household size (100 percent if you are the petitioning sponsor and are on active duty in the U.S. Armed Forces or U.S. Coast Guard, and the intending immigrant is your husband, wife, or unmarried child under 21 years of age); and</p> <p>B. Notify U.S. Citizenship and Immigration Services (USCIS) of any change in your address, within 30 days of the change, by filing Form I-865.</p> <p>What Other Consequences Are There? If an intending immigrant becomes a lawful permanent resident in the United States based on a Form I-864 that you have signed, then, until your obligations under Form I-864 terminate, the U.S. Government may consider (deem) your income and assets as available to that individual, in determining whether he or she is eligible for certain Federal means-tested public benefits and also for state or local means-tested public benefits, if the state or local government's rules provide for consideration (deeming) of your income and assets as available to the individual.</p> <p>This provision does not apply to public benefits specified in section 403(c) of the Welfare Reform Act such as emergency Medicaid, short-term, non-cash emergency relief; services provided under the National School Lunch and Child Nutrition Acts; immunizations and testing and treatment for communicable diseases; and means-tested public benefits under the Elementary and Secondary Education Act.</p> <p>What If I Do Not Fulfill My Obligations? If you do not provide sufficient support to the individual who becomes a lawful permanent resident based on a Form I-864 that you signed, that individual may sue you for this support.</p> <p>If a Federal, state, local, or private agency provided any covered means-tested public benefit to the person who becomes a lawful permanent resident based on this Form I-864 that you signed, you are responsible for reimbursing the agency for the amount of the benefits they provided. If you do not make the reimbursement, the agency may sue you for the amount that the agency believes you owe. If you fail to reimburse the benefit granting agency, you may become ineligible to sponsor anyone in the future.</p> <p>If you are sued, and the court enters a judgment against you, the individual or agency that sued you may use any legally permitted procedures</p>
--	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

	<p>enforcing or collecting the judgment. You may also be required to pay the costs of collection, including attorney fees.</p> <p>If you do not file a properly completed Form I-865 within 30 days of any change of address, USCIS may impose a civil fine for your failing to do so.</p> <p>When Will These Obligations End?</p> <p>Your obligations under a Form I-864 that you signed will end if the person who becomes a lawful permanent resident based on that affidavit:</p> <p>A. Becomes a U.S. citizen; B. Has worked, or can receive credit for, 40 quarters of coverage under the Social Security Act; C. No longer has lawful permanent resident status and has departed the United States; D. Is subject to removal, but applies for and obtains, in removal proceedings, a new grant of adjustment of status, based on a new affidavit of support, if one is required; or E. Dies.</p> <p>NOTE: Divorce does not terminate your obligations under Form I-864.</p> <p>Your obligations under a Form I-864 that you signed also end if you die. Therefore, if you die, your estate is not required to take responsibility for the person's support after your death. However, your estate may owe any support that you accumulated before you died.</p> <p><i>Sponsor's Statement</i> NOTE: Select the box for either Item Number 1.a. or 1.b. If applicable, select the box for Item Number 2.</p> <p>1.a. I can read and understand English, and I have read and understand every question and instruction on this affidavit and my answer to every question. 1.b. The interpreter named in Part 9. read to me every question and instruction on this affidavit and my answer to every question in [Language], a language in which I am fluent, and I understood everything. 2. At my request, the preparer named in Part 10., [Name], prepared this affidavit for me</p>	<p>for enforcing or collecting the judgment. You may also be required to pay the costs of collection, including attorney fees.</p> <p>If you do not file a properly completed Form I-865 within 30 days of any change of address, USCIS may impose a civil fine for your failing to do so.</p> <p>When Will These Obligations End?</p> <p>Your obligations under this Form I-864 will end if the individual you are sponsoring who becomes a lawful permanent resident based on the application for which this affidavit was required:</p> <p>A. Becomes a U.S. citizen; B. Has worked, or can receive credit for, 40 quarters of coverage under the Social Security Act; C. Has abandoned or lost lawful permanent resident status and has departed the United States; D. Is subject to removal, but applies for and obtains, in removal proceedings, a new grant of adjustment of status, based on a new affidavit of support, if one is required; or E. Dies.</p> <p>[deleted]</p> <p>Your obligations under this Form I-864 also end if you die. Therefore, if you die, your estate is not required to take responsibility for the individual's support after your death. However, your estate may be required to reimburse a benefit granting agency for any means-tested public benefits that the intending immigrant received before you died.</p> <p>NOTE: Divorce does not terminate your obligations under Form I-864.</p> <p><i>Sponsor's Statement</i> NOTE: Select the box for either Item Number 1.a. or 1.b. If applicable, select the box for Item Number 2.</p> <p>1.a. I can read and understand English, and I have read and understand every question and instruction on this affidavit and my answer to every question. 1.b. The interpreter named in Part 10. read to me every question and instruction on this affidavit and my answer to every question in [Language], a language in which I am fluent, and I understood everything. 2. At my request, the preparer named in Part 11., [Name], prepared this affidavit for me</p>
--	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

	<p>based only upon information I provided or authorized.</p> <p><i>Sponsor's Contact Information</i> 3. Sponsor's Daytime Telephone Number 4. Sponsor's Mobile Telephone Number (if any) 5. Sponsor's Email Address (if any)</p> <p><i>Sponsor's Declaration and Certification</i> Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS or the U.S. Department of State (DOS) may require that I submit original documents to USCIS or DOS at a later date. Furthermore, I authorize the release of any information from any and all of my records that USCIS or DOS may need to determine my eligibility for the benefit that I seek.</p> <p>I furthermore authorize release of information contained in this affidavit, in supporting documents, and in my USCIS or DOS records, to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.</p> <p>I certify, under penalty of perjury, that: all of the information in my affidavit and any document submitted with it were provided or authorized by me, that I reviewed and 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>A. I know the contents of this affidavit of support that I signed;</p> <p>B. I have read and I understand each of the obligations described in Part 8., and I agree, freely and without any mental reservation or purpose of evasion, to accept each of those obligations in order to make it possible for the immigrants indicated in Part 3. to become lawful permanent residents of the United States;</p> <p>C. I agree to submit to the personal jurisdiction of any Federal or state court that has subject matter jurisdiction of a lawsuit against me to enforce my obligations under this Form I-864;</p> <p>[Page 8]</p> <p>D. Each of the Federal income tax returns submitted in support of this affidavit are true copies, or are unaltered tax transcripts, of the tax returns I filed with the IRS;</p> <p>[New]</p>	<p>based only upon information I provided or authorized.</p> <p><i>Sponsor's Contact Information</i> 3. Sponsor's Daytime Telephone Number 4. Sponsor's Mobile Telephone Number (if any) 5. Sponsor's Email Address (if any)</p> <p><i>Sponsor's Certification</i> Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS or the U.S. Department of State (DOS) may require that I submit original documents to USCIS or DOS at a later date. Furthermore, I authorize the release of any information from any and all of my records that USCIS or DOS may need to determine my eligibility for the benefit that I seek.</p> <p>I furthermore authorize release of information contained in this affidavit, in supporting documents, and in my USCIS or DOS records, to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.</p> <p>I certify, under penalty of perjury, that:</p> <p>A. I 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>[Deleted]</p> <p>B. I am willing and able to receive, maintain, and provide support to the individual named in</p>
--	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

		<p>Part 3. at the applicable threshold set forth in the Poverty Guidelines and by statute;</p> <p>C. I understand that during the duration of my obligation as a sponsor, I may be sued if the individuals named in Part 3. receive means-tested benefits after admission to the United States as immigrants or after being granted adjustment of status;</p> <p>D. I understand that Form I-864 may be made available to any Federal, State, or local agency that may receive an application from the individuals named in Part 3. for Supplemental Nutrition Assistance Program (SNAP) benefits (formerly called Food Stamps), Medicaid (other than Emergency Medicaid), Supplemental Security Income, Temporary Assistance to Needy Families, or other means-tested benefits;</p> <p>E. I understand that if the individual named in Part 3. does apply for SNAP/Food Stamps, Supplemental Security Income, Medicaid (other than Emergency Medicaid) or Temporary Assistance for Needy Families or other means-tested benefits, my own income and assets may be considered in deciding the individual's application. How long my income and assets may be attributed to the individual named in Part 3. is determined under the statutes and rules governing each specific program;</p> <p>F. I have read the section entitled Sponsor and Beneficiary Liability in the Instructions for this affidavit, 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>G. I agree to submit to the personal jurisdiction of any Federal state, or local court that has subject matter jurisdiction of a lawsuit against me to enforce my obligations under this Form I-864;</p> <p>H. Each of the Federal income tax returns submitted in support of this affidavit are true copies, or are unaltered tax transcripts, of the tax returns I filed with the IRS;</p> <p>I. I understand that, if I am related to the sponsored immigrant by marriage, the termination of the marriage (by divorce, dissolution, annulment, or other legal process) will not relieve me of my obligations under this Form I-864;</p> <p>J. I understand that if I fail to respond within 45 days to a request for reimbursement from a public benefit-granting agency or an appropriate government entity because the individual named in Part 3. received a means-tested</p>
	<p>E. I understand that, if I am related to the sponsored immigrant by marriage, the termination of the marriage (by divorce, dissolution, annulment, or other legal process) will not relieve me of my obligations under this Form I-864; and</p>	

	<p>F. I authorize the Social Security Administration to release information about me in its records to USCIS and DOS.</p> <p><i>Sponsor's Signature</i> 6.a. Sponsor's Signature 6.b. Date of Signature (mm/dd/yyyy)</p> <p>NOTE TO ALL SPONSORS: If you do not completely fill out this affidavit or fail to submit required documents listed in the Instructions, USCIS or DOS may deny your affidavit.</p>	<p>benefit, an action may be brought against me pursuant to the affidavit of support;</p> <p>K. I understand that I may be subject to a civil penalty if I fail to notify U.S. Citizenship and Immigration Services (USCIS) of any change in my address, within 30 days of the change, by filing Form I-865, Sponsor's Notice of Change of Address;</p> <p>L. I authorize agencies and entities that administer or oversee means-tested public benefits, and any agency or entity that is authorized to act on its behalf, to disclose information to the Department of Homeland Security (DHS) and Department of State (DOS), for the purpose of administration of federal laws regarding my obligations as a sponsor, as agreed to in this affidavit and only as permitted by law. If any alien that I sponsor on this affidavit applies for a means-tested public benefit, including Medicaid, the Children's Health Insurance Program, Temporary Assistance to Needy Families, or the Supplemental Nutrition Assistance Program, or any other Federal or State public benefit subject to deeming of my income and/or assets/resources or for which I could be liable for reimbursement, I specifically authorize the agencies and entities that administer or oversee means-tested public benefits, and any agency or entity that is authorized to act on its behalf, to disclose my name, Social Security number, date of birth, information about the agency's deeming of my income and/or assets/resources, and any reimbursement obligations to DHS and DOS. This consent is valid for the entire period of enforceability of my obligations as a sponsor.</p> <p>I understand that the information that agencies and entities that administer or oversee means-tested public benefits, and any agency or entity that is authorized to act on its behalf, disclose to DHS and DOS is for official use only to administer federal laws regarding my support obligations as a sponsor, and that DHS and DOS may disclose my information only as authorized by law;</p> <p>M. I authorize the Social Security Administration (SSA) to disclose information to DHS and DOS, for the purpose of administration of federal laws regarding my obligations as a sponsor, as agreed to in this affidavit and only as permitted by law. If any alien that I sponsor on this affidavit applies for Supplemental Security Income payments, I specifically authorize SSA to disclose my name, Social Security number, date of birth, the deeming of my income and/or assets/resources,</p>
--	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

		<p>and my reimbursement obligations to DHS and DOS. This consent is valid for the entire period of enforceability of my obligations as a sponsor. I understand that the information SSA discloses to DHS and DOS is for official use for the purpose of administration of federal laws regarding my obligation as a sponsor and that DHS and DOS may disclose my information as authorized by law; and</p> <p>N. I acknowledge that if I fail to meet the obligations of sponsorship, I may become ineligible to sponsor anyone in the future.</p> <p><i>Sponsor's Signature</i> 6.a. Sponsor's Signature 6.b. Date of Signature (mm/dd/yyyy)</p> <p>Subscribed and sworn to (or affirmed) before me this [fillable field] day of [fillable field] (Month), [fillable field] (Year) at [fillable field].</p> <p>My commission expires on (mm/dd/yyyy)_____</p> <p>Signature of Notary Public</p> <p>Notary Public Stamp [space for stamp]</p> <p>NOTE TO ALL SPONSORS: If you do not completely fill out this affidavit or fail to submit required documents listed in the Instructions, USCIS or DOS may deny your affidavit.</p>
<p>Page 8, Part 9. Interpreter's Contact Information, Certification, and Signature</p>	<p>[Page 8]</p> <p>Part 9. Interpreter's Contact Information, Certification, and Signature Provide the following information about the interpreter.</p> <p><i>Interpreter's Full Name</i> 1.a. Interpreter's Family Name (Last Name) 1.b. Interpreter's Given Name (First Name) 2. Interpreter's Business or Organization Name (if any)</p> <p><i>Interpreter's Mailing Address</i> 3.a. Street Number and Name 3.b. Apt./Ste./Flr. [Number] 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>Interpreter's Contact Information</i> 4. Interpreter's Daytime Telephone Number</p>	<p>Part 10. Interpreter's Contact Information, Certification, and Signature Provide the following information about the interpreter.</p> <p><i>Interpreter's Full Name</i> 1.a. Interpreter's Family Name (Last Name) 1.b. Interpreter's Given Name (First Name) 2. Interpreter's Business or Organization Name (if any)</p> <p><i>Interpreter's Mailing Address</i> 3.a. Street Number and Name 3.b. Apt./Ste./Flr. [Number] 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>Interpreter's Contact Information</i> 4. Interpreter's Daytime Telephone Number</p>

	<p>5. Interpreter's Mobile Telephone Number (if any) 6. Interpreter's Email Address (if any)</p> <p><i>Interpreter's Certification</i> I certify, under penalty of perjury, that:</p> <p>I am fluent in English and [Language], which is the same language specified in Part 8., Item Number 1.b., and I have read to this sponsor in the identified language 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 Sponsor's Declaration and Certification, and has verified the accuracy of every answer.</p> <p><i>Interpreter's Signature</i> 7.a. Interpreter's Signature 7.b. Date of Signature (mm/dd/yyyy)</p>	<p>5. Interpreter's Mobile Telephone Number (if any) 6. Interpreter's Email Address (if any)</p> <p><i>Interpreter's Certification</i> I certify, under penalty of perjury, that:</p> <p>I am fluent in English and [Language], which is the same language specified in Part 8., Item Number 1.b., and I have read to this sponsor in the identified language 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 Sponsor's Certification, and has verified the accuracy of every answer.</p> <p><i>Interpreter's Signature</i> 7.a. Interpreter's Signature 7.b. Date of Signature (mm/dd/yyyy)</p>
<p>Page 9, Part 10. Contact Information, Declaration, and Signature of the Person Preparing this Affidavit, if Other Than the Sponsor</p>	<p>[Page 9]</p> <p>Part 10. Contact Information, Declaration, and Signature of the Person Preparing this Affidavit, if Other Than the Sponsor Provide the following information about the preparer.</p> <p><i>Preparer's Full Name</i> 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> 3.a. Street Number and Name 3.b. Apt./Ste./Flr. [Number] 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> 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> 7.a. I am not an attorney or accredited representative but have prepared this affidavit on behalf of the sponsor and with the sponsor's consent. 7.b. I am an attorney or accredited representative and my representation of the</p>	<p>Part 11. Contact Information, Certification, and Signature of the Person Preparing this Affidavit, if Other Than the Sponsor Provide the following information about the preparer.</p> <p><i>Preparer's Full Name</i> 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> 3.a. Street Number and Name 3.b. Apt./Ste./Flr. [Number] 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> 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> 7.a. I am not an attorney or accredited representative but have prepared this affidavit on behalf of the sponsor and with the sponsor's consent. 7.b. I am an attorney or accredited representative and my representation of the</p>

	<p>sponsor in this case extends/does not extend beyond the preparation of this affidavit.</p> <p>NOTE: If you are an attorney or accredited representative, you may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, or G-28I, Notice of Entry of Appearance as Attorney In Matters Outside the Geographical Confines of the United States, with this affidavit.</p> <p><i>Preparer's Certification</i> By my signature, I certify, under penalty of perjury, that I prepared this affidavit at the request 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 Declaration and 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.</p> <p><i>Preparer's Signature</i> 8.a. Preparer's Signature 8.b. Date of Signature (mm/dd/yyyy)</p>	<p>sponsor in this case extends/does not extend beyond the preparation of this affidavit.</p> <p>NOTE: If you are an attorney or accredited representative, you may need to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, or G-28I, Notice of Entry of Appearance as Attorney In Matters Outside the Geographical Confines of the United States, with this affidavit.</p> <p><i>Preparer's Certification</i> By my signature, I certify, under penalty of perjury, that I prepared this affidavit at the request 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.</p> <p><i>Preparer's Signature</i> 8.a. Preparer's Signature 8.b. Date of Signature (mm/dd/yyyy)</p>
<p>Page 10, Part 11. Additional Information</p>	<p>[Page 10]</p> <p>Part 11. Additional Information</p> <p>If you need extra space to provide any additional information within this affidavit, 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 affidavit or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the Page Number, Part Number, and Item Number to which your answer refers; and sign and date each sheet.</p> <p>1.a. Family Name (Last Name) 1.b. Given Name (First Name) 1.c. Middle Name</p> <p>2. A-Number (if any)</p> <p>3.a. Page Number 3.b. Part Number 3.c. Item Number 3.d. [Fillable field]</p> <p>4.a. Page Number 4.b. Part Number 4.c. Item Number 4.d. [Fillable field]</p>	<p>Part 12. Additional Information</p> <p>If you need extra space to provide any additional information within this affidavit, 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 affidavit or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the Page Number, Part Number, and Item Number to which your answer refers; and sign and date each sheet.</p> <p>1.a. Family Name (Last Name) 1.b. Given Name (First Name) 1.c. Middle Name</p> <p>2. A-Number (if any)</p> <p>3.a. Page Number 3.b. Part Number 3.c. Item Number 3.d. [Fillable field]</p> <p>4.a. Page Number 4.b. Part Number 4.c. Item Number 4.d. [Fillable field]</p>

	5.a. Page Number 5.b. Part Number 5.c. Item Number 5.d. [Fillable field]	5.a. Page Number 5.b. Part Number 5.c. Item Number 5.d. [Fillable field]
	6.a. Page Number 6.b. Part Number 6.c. Item Number 6.d. [Fillable field]	6.a. Page Number 6.b. Part Number 6.c. Item Number 6.d. [Fillable field]
	7.a. Page Number 7.b. Part Number 7.c. Item Number 7.d. [Fillable field]	7.a. Page Number 7.b. Part Number 7.c. Item Number 7.d. [Fillable field]