

# Form I-134, Declaration of Financial Support

OMB No. 1615-0014

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**START HERE – Type or print in black ink.** Answer all questions fully and accurately. If a question does not apply to you (for example, if you have never been married and the question asks, “Provide the name of your current spouse”), type or print “N/A” unless otherwise directed. If your answer to a question that requires a numeric response is zero or none (for example, “How many children do you have?” or “How many times have you departed the United States?”), type or print “None” unless otherwise directed.

## Part 1. Basis for Filing

1. I am filing this form on behalf of:

Myself as the beneficiary.

Another individual who is the beneficiary.

## Part 2. Information about the Beneficiary

Complete **Part 2.** regardless of whether you are filing this form on behalf of yourself as the beneficiary or on behalf of another individual who is the beneficiary.

1. Beneficiary’s Current Legal Name (**Do not** provide a nickname.)

Family Name (Last Name)

Given Name (First Name)

Middle Name

2. Other Names Used

Provide all other names the beneficiary has ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in **Part 8. Additional Information.**

Family Name (Last Name) [x2]

Given Name (First Name) [x2]

Middle Name [x2]

3. Date of Birth (mm/dd/yyyy)

4. Gender Male/Female

5. Alien Registration Number (A-Number)

6. Place of Birth

City or Town

State or Province

Country

7. Country of Citizenship or Nationality

8. Marital Status

Single, Never Married

Married  
Divorced  
Widowed  
Legally Separated  
Marriage Annulled  
Other (Explain):

**9. Beneficiary's Mailing Address**

In Care Of Name  
Street Number and Name  
Apt./Ste./Flr. Number  
City or Town  
State  
ZIP Code  
Province  
Postal Code  
Country

**10. Are the beneficiary's mailing address and physical address the same?**  
Yes/No

If you answered "No" to **Item Number 10.**, provide the physical address in **Item Number 11.**

**11. Beneficiary's Physical Address**

In Care Of Name  
Street Number and Name (Do **not** provide a PO Box in this space unless it is your **ONLY** address.)  
Apt./Ste./Flr. Number  
City or Town  
State  
ZIP Code  
Province  
Postal Code  
Country

***Beneficiary's Anticipated Length of Stay***

**12. Beneficiary's anticipated period of stay in the United States**  
From (mm/dd/yyyy)  
To (mm/dd/yyyy)

***Beneficiary's Financial Information***

Provide information about the beneficiary's income, assets, and resources. If you need additional space to complete any **Item Number** in this section, use the space provided in **Part 8. Additional Information**. Provide proof of income as provided in the Instructions.

**13. Beneficiary's Income**

Provide all of the information requested in the table below about the beneficiary, all of the beneficiary's dependents, and any other individuals the beneficiary financially supports (do not include any individuals named in **Part 3**). Information about assets that are not based on employment should be added in **Item Number 18**, and not in **Item Number 13**.

Table [4 columns, 8 rows] (See Word Doc for layout)

**Individual's Full Name** (First, Middle, Last) (do not include any individuals named in **Part 3**).  
**Date of Birth** (mm/dd/yyyy)

**Relationship to the Beneficiary** (Type or print “Self” if you are filing for yourself as the beneficiary or “Beneficiary” if someone is agreeing to support you in **Part 3.**)

**Income contribution to the beneficiary annually** (if none, type or print \$0)

**Total Number of Dependents**

**Total Income**

**14.** Does any of the beneficiary’s total income (including income from dependents and other individuals who contribute to the beneficiary’s income, excluding any individuals named in **Part 3.**) come from an illegal activity or source (such as proceeds from illegal gambling or illegal drug sales)?

Yes

No

**15.** If you answered “Yes” to **Item Number 14.**, what amount of the beneficiary’s total income comes from an illegal activity or source? (Type or print “N/A” if you answered “No” to **Item Number 14.**) \$\_\_\_\_\_

**16.** Does any of the beneficiary’s total income come from public benefits as defined in 8 CFR 212.21(b) or means-tested public benefits as defined in 8 CFR 213a.1?

Yes

No

**17.** If you answered “Yes” to **Item Number 16**, what amount of the beneficiary’s total income comes from public benefits or means-tested public benefits? (Type or print “N/A” if you answered “No” to **Item Number 16.**)

\$\_\_\_\_\_

**18. Beneficiary’s Assets**

In the table below, provide the amounts of assets available to the beneficiary for the expected period of his or her stay (excluding assets from any individuals named in **Part 3.**). Attach evidence showing that the beneficiary has these assets.

Table [3 columns, 10 rows] (See Word Doc for layout)

**Full Name of Asset Holder**

(First, Middle, Last)

**Type of Asset**

**Amount (Cash Value)**

(U.S. dollars)

Current Cash Value (U.S. dollars) \$

**TOTAL** (U.S. dollars) \$

**Part 3. Information About the Individual Agreeing to Financially Support the Beneficiary Named in Part 2.**

If you are not the beneficiary named in **Part 2.**, complete **Part 3.** If you are the beneficiary named in **Part 2.**, type or print “none” or “N/A” in each field in **Part 3.** before moving to **Part 4.**

**1. Current Legal Name (Do not provide a nickname.)**

Family Name (Last Name)

Given Name (First Name)

Middle Name

**2. Other Names Used**

Provide all other names you have ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in **Part 8. Additional Information.**

Family Name (Last Name) [x2]

Given Name (First Name) [x2]

Middle Name [x2]

**3. Current Mailing Address**

In Care Of Name

Street Number and Name

Apt./Ste./Flr. Number

City or Town

State

ZIP Code

Province

Postal Code

Country

**4. Is your current mailing address the same as your current physical address?**

Yes/No

If you answered "No" to **Item Number 4.**, provide your current physical address in **Item Number 5.**

**5. Physical Address**

In Care Of Name

Street Number and Name

Apt./Ste./Flr. Number

City or Town

State

ZIP Code

Province

Postal Code

Country

***Other Information***

**6. Date of Birth (mm/dd/yyyy)**

**7. Place of Birth**

City or Town

State or Province

Country

**8. Alien Registration Number (A-Number)**

**9. USCIS Online Account Number**

***Immigration Status***

**10. What is your current immigration status? Provide documentation as provided in the instructions.**

U.S. Citizen

U.S. National

Lawful Permanent Resident      A-Number

Nonimmigrant      Form I-94 Arrival/Departure Record Number

Other (Explain): \_\_\_\_\_

***Employment Information***

**11. Employment Status**

[ ] Employed (full-time, part-time, seasonal, self-employed)

[ ] Unemployed or Not Employed

- Retired
- Other (Explain):

If you indicated that you are employed in **Item Number 11.**, provide the information requested in **Item Numbers 12. - 13.** If you selected a different option in **Item Number 11.**, type or print “N/A” in **Item Numbers 12. - 13.**

**12.A.** I am currently employed as a/an  
Name of Employer

**B.** I am currently self-employed as a/an

**13. Current Employer’s Address**

Street Number and Name

Apt./Ste./Flr.

Number

City or Town

State

ZIP Code

Province

Postal Code

Country

**Financial Information**

**Income**

**14.** Provide all of the information requested in the table below about yourself, all of your dependents, and any other individuals you financially support (do not include any individuals named in **Part 2**). Information about assets that are not based on employment should be added in **Item Number 19.** and not in **Item Number 14.**

Table [4 columns, 8 rows] (See Word Doc for layout)

**Full Name** (First, Middle, Last) (do not include any individuals named in **Part 2.**)

**Date of Birth** (mm/dd/yyyy)

**Relationship to the Individual Agreeing to Financially Support** (Type or print “Self” for Individual Agreeing to Financially Support the Beneficiary)

**Income Contribution to the Beneficiary Annually** (if none, type or print \$0)

**Total Number of Dependents**

**Total Income**

**15.** Does any of the income listed above come from an illegal activity or source (such as proceeds from illegal gambling or illegal drug sales)?

Yes

No

**16.** If you answered “Yes” to **Item Number 15.**, what amount of income comes from an illegal activity? (Type or print “N/A” if you answered “No” to **Item Number 15.**) \$ \_\_\_\_\_

**17.** Does any of the income listed above come from public benefits as defined in 8 CFR 212.21(b) or means-tested public benefits as defined in 8 CFR 213a.1?

Yes

No

**18.** If you answered “Yes” to **Item Number 17.**, what amount of income is from public benefits or means-tested public benefits? (Type or print “N/A” if you answered “No” to **Item Number 17.**) \$ \_\_\_\_\_

**Assets**

**19.** Fill out the table below regarding the assets available to **you** (do not include any assets from any individuals named in **Part 2.**). Attach evidence showing you have these assets.

Table [3 columns, 10 rows] (See Word Doc for layout)

**Full Name of Asset Holder**

(First, Middle, Last)

**Type of Asset**

**Amount (Cash Value)**

(U.S. dollars)

Current Cash Value (U.S. dollars) \$

**TOTAL** (U.S. dollars) \$

***Financial Responsibility for Other Beneficiaries***

**20.** Have you previously submitted a Form I-134 on behalf of a person other than the beneficiary listed on this Form I-134?

Yes

No

If you answered “Yes” to **Item Number 20.**, provide the information requested in **Item Numbers 21. - 22.** (Type or print “N/A” in **Item Numbers 21. - 22.** if you answered “No” to **Item Number 20.**) If you need additional space to complete this section, use the space provided in **Part 8. Additional Information.**

**21. Person 1**

Family Name (Last Name)

Given Name (First Name)

Middle Name

A-Number

Date Submitted (mm/dd/yyyy)

**22. Person 2**

Family Name (Last Name)

Given Name (First Name)

Middle Name

A-Number

Date Submitted (mm/dd/yyyy)

***Intent to Provide Specific Contributions to the Beneficiary***

**23.** I  intend  do not intend to make specific contributions to the support of the beneficiary named in **Part 2.**

Explain the contribution. For example, if you intend to furnish room and board, state for how long. If you intend to provide 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. If you need additional space, use **Part 8. Additional Information.**

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**Part 4. Statement, Contact Information, Certification, and Signature of the Beneficiary (if filing Form I-134 on his or her own behalf)**

If you are the beneficiary and are filing Form I-134 on your own behalf, complete and sign **Part 4.** If you are not the beneficiary who is filing Form I-134 on your own behalf, type or print “N/A” in **Item Numbers 1. - 6.**

**NOTE:** Read the **Penalties** section of the Form I-134 Instructions before completing this section.

***Beneficiary's Statement***

**NOTE:** Select the box for either **Item A.** or **B.** in **Item Number 1.** If applicable, select the box for **Item Number 2.**

**1.** I, as the beneficiary, certify the following:

**A.** I can read and understand English, and I have read and understand every question and instruction on this declaration and my answer to every question.

**B.** The interpreter named in **Part 6.** read to me every question and instruction on this declaration and my answer to every question in [Fillable Field], a language in which I am fluent and I understood everything.

**2.** At my request, the preparer named in **Part 7.**, [Fillable Field], prepared this declaration for me based only upon information I provided or authorized.

***Beneficiary's Contact Information***

**3.** Beneficiary's Daytime Telephone Number

**4.** Beneficiary's Mobile Telephone Number (if any)

**5.** Beneficiary's Email Address (if any)

***Beneficiary's Certification***

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 and all of my records that USCIS or the Department of State may need to determine my eligibility for the immigration benefit I seek.

I further authorize release of information contained in this declaration, 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 law.

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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:

- 1)** I reviewed and provided or authorized all of the information in my declaration;
- 2)** I understood all of the information contained in, and submitted with, my declaration; and
- 3)** All of this information was complete, true, and correct at the time of filing.

I certify, under penalty of perjury, that I provided or authorized all of the information in my declaration, I understand all of the information contained in, and submitted with, my declaration, and that all of this information is complete, true, and correct.

That this declaration is made by me to assure the U.S. Government that I will be able to financially support myself while in the United States.

That I am willing and able to pay for necessary expenses for the duration of my temporary stay in the United States.

***Beneficiary's Signature***

**6.** Beneficiary's Signature

Date of Signature (mm/dd/yyyy)

**Part 5. Statement, Contact Information, Certification, and Signature of the Individual Agreeing to Financially Support the Beneficiary**

If you are filing Form I-134 on behalf of someone else (the beneficiary listed in **Part 2.**), complete and sign **Part 5.**

If you are the beneficiary and are filing Form I-134 on your own behalf, type or print “N/A” in **Item Numbers 1. - 6.**

**NOTE:** Read the **Penalties** section of the Form I-134 Instructions before completing this **section.**

***Statement of Individual Agreeing to Financially Support the Beneficiary***

**NOTE:** Select the box for either **Item A. or B. in Item Number 1.** If applicable, select the box for **Item Number 2.**

**1. I, as the individual agreeing to financially support the beneficiary, certify the following:**

**A.** I can read and understand English, and I have read and understand every question and instruction on this **declaration** and my answer to every question.

**B.** The interpreter named in **Part 6.** read to me every question and instruction on this **declaration** and my answer to every question in [Fillable Field], a language in which I am fluent and I understood everything.

**2.** At my request, the preparer named in **Part 7.**, [Fillable Field], prepared this **declaration** for me based only upon information I provided or authorized.

***Contact Information for Individual Agreeing to Financially Support the Beneficiary***

- 3. Daytime** Telephone Number
- 4. Mobile** Telephone Number (if any)
- 5. Email** Address (if any)

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***Certification of Individual Agreeing to Financially Support the Beneficiary***

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 **and all** of my records that USCIS or the Department of State may need to determine my eligibility for the immigration benefit I seek.

I further authorize release of information contained in this **declaration**, 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 **law.**

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:

- 1)** I reviewed and provided or authorized all of the information in my **declaration**;
- 2)** I understood all of the information contained in, and submitted with, my **declaration**; and
- 3)** All of this information was complete, true, and correct at the time of filing.

I certify, under penalty of perjury, that I provided or authorized all of the information in my **declaration**, I understand all of the information contained in, and submitted with, my **declaration**, and that all of this information is complete, true, and correct.

That this **declaration** is made by me to assure the U.S. Government that the person named in **Part 2** **will be financially supported while** in the United States.

That I am willing and able to receive, maintain, and support the person named in **Part 2** to **better ensure** that such persons will **have sufficient financial resources or financial support to pay for necessary expenses for the period of his** or her **temporary** stay in the United States.

I acknowledge that I have read **this** section, **and I** am aware of my responsibilities as **an individual agreeing to financially support the beneficiary**.

***Signature of Individual Agreeing to Financially Support the Beneficiary***

**6. Signature**

**Date** of Signature (mm/dd/yyyy)

**NOTE TO ALL INDIVIDUALS AGREEING TO FINANCIALLY SUPPORT THE BENEFICIARY:** If you do not completely fill out this **declaration** or **if you** fail to submit required documents listed in the Instructions, USCIS or the Department of State may deny **or not consider** your **declaration**.

**Part 6. Interpreter's Contact Information, Certification, and Signature**

Provide the following information about the interpreter.

***Interpreter's Full Name***

**1. Interpreter's** Family Name (Last Name)

**Interpreter's** Given Name (First Name)

**2. Interpreter's** Business or Organization Name (if any)

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***Interpreter's Mailing Address***

**3. Street** Number and Name

**Apt./Ste./Flr. Number**

**City** or Town

**State**

**ZIP** Code

**Province**

**Postal** Code

**Country**

***Interpreter's Contact Information***

**4. Interpreter's** Daytime Telephone Number

**5. Interpreter's** Mobile Telephone Number (if any)

**6. Interpreter's** Email Address (if any)

***Interpreter's Certification***

I certify, under penalty of perjury, that:

I am fluent in English and [Fillable Field], which is the same language specified in **Part 4.** or in **Part 5., Item B.** in **Item Number 1.**, and I have read to this **individual agreeing to financially support the beneficiary** in the identified language every question and instruction on this **declaration** and his or her answer to every question. The **individual agreeing to financially support the beneficiary** informed me that he or she understands every instruction, question, and answer on the **declaration**, including the **Certification of the Individual Agreeing to Financially Support the Beneficiary**, and has verified the accuracy of every answer.

***Interpreter's Signature***

**7.** Interpreter's Signature

**Date** of Signature (mm/dd/yyyy)

**Part 7. Contact Information, Declaration, and Signature of the Person Preparing this Declaration, if Other Than the Individual Agreeing to Financially Support the Beneficiary**

Provide the following information about the preparer.

***Preparer's Full Name***

**1.** Preparer's Family Name (Last Name)

Preparer's Given Name (First Name)

**2.** Preparer's Business or Organization Name (if any)

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***Preparer's Mailing Address***

**3.** Street Number and Name

**Apt./Ste./Flr. Number**

**City** or Town

**State**

**ZIP Code**

**Province**

**Postal Code**

**Country**

***Preparer's Contact Information***

**4.** Preparer's Daytime Telephone Number

**5.** Preparer's **Mobile Telephone** Number

**6.** Preparer's Email Address (if any)

***Preparer's Statement***

**7.A.** I am not an attorney or accredited representative but have prepared this **declaration** on behalf of the **individual agreeing to financially support the beneficiary (which is the beneficiary if filing on behalf of him or herself)** and with **that individual's** consent.

**B.** I am an attorney or accredited representative and my representation of the **individual agreeing to financially support the beneficiary (which is the beneficiary if filing on behalf of him or herself)** in this case extends/does not extend beyond the preparation of this **declaration**.

**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, with this application.

***Preparer's Certification***

By my signature, I certify, under penalty of perjury, that I prepared this **declaration** at the request of the **individual agreeing to financially support the beneficiary (which is the beneficiary if filing on behalf of him or herself)**. The **individual agreeing to financially support the beneficiary (which is the beneficiary if filing on behalf of him or herself)** then reviewed this completed **declaration** and informed me that he or she understands all of the information contained in, and submitted with, his or her **declaration**, including the **Certification of the Individual Agreeing to Financially Support the Beneficiary**, and that all of this information is complete, true, and correct. I completed this **declaration** based only on information that the **individual agreeing to financially support the beneficiary** provided to me or authorized me to obtain or use.

***Preparer's Signature***

**8.** Preparer's Signature

**Date** of Signature (mm/dd/yyyy)

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**Part 8. Additional Information**

If you need extra space to provide any additional information within this **declaration**, 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 **declaration** or attach a separate sheet of paper. Type or print your name and **A-Number** 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.

***Your Full Name***

**1.** Family Name (Last Name)

Given Name (First Name)

Middle Name

**2.** **A-Number**

**3.A.** Page Number

**B.** Part Number

**C.** Item Number

**D.**

**4.A.** Page Number

**B.** Part Number

**C.** Item Number

**D.**

**5.A.** Page Number

**B.** Part Number

**C.** Item Number

**D.**

**6.A.** Page Number

**B.** Part Number

**C.** Item Number

**D.**