Part 1. Information	about the intending immigrant. (You or your adopted child.)	
1. Name	Last Name	For Government Use Only
	First Name Middle Name	This I-864W:
2. Address	Street Number and Name (include apartment number)	does not meet the
	City State or Province	requirements of exemption.
	Country Zip/Postal Code	meets the
3. Date of Birth	(mm/dd/yyyy)	requirements of exemption.
4. Country of Birth (city/country)		
5. Telephone Number	(Include area code or country and city codes)	Reviewer
6. Social Security Number (if any) 7. Alien Registration		Location
Number (if any)		Date (mm/dd/yyyy)
Part 2. Reason for ex	xemption.	
I am EXEMPT from fi	ling a Form I-864 Affidavit of Support because:	
Security Act (SS	can be credited with) 40 quarters (credits) of coverage under the Social A). (Attach SSA earnings statements. Do not count any quarters during yed a means-tested public benefit.)	
	nmarried, immigrating as the child of a U.S. citizen, and will automatically itizen under the Child Citizenship Act of 2000 upon my admission to the	
I am filing for an using Form I-360	immigrant visa or adjustment of status as a self-petitioning widow(er)	
I am filing for an Form I-360.	immigrant visa or adjustment of status as a battered spouse or child using	
Part 3. Concluding	provision.	
I,of perjury under the law	vs of the United States that: , certify under penalty	
(a) I know the cont	ents of this exemption request which I signed;	
(b) All the statemen	nts in this exemption request are true and correct; and	
* *	Social Security Administration to release information about me in its rtment of State and U.S. Citizenship and Immigration Services.	
(Signature of intending in	ding immigrant, or of U.S. citizen parent (Datemm/dd/yyyy) mmigrant is less than 14 years old)	