

Form I-924A

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| Supplement to Form I-924, Application For Regional Center Under the Immigrant Investor Program Content from 10/20/2014 version | Form I-924A, Annual Certification of Regional Center Content from 3/14/2016 version |
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[page 1]

Part 1. Information About the Regional Center

1. Name of Regional Center Entity
2. Name of Regional Center (if different from regional center entity)
3. Regional Center Identification Number

4. Regional Center Receipt Number

Regional Center Mailing Address

5.a. In Care Of Name

5.b.

Street Number and Name or PO Box

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| <p>5.c. Apt. Ste. Flr. 5.d. City or Town 5.e. State 5.f. ZIP Code</p> <p><i>Regional Center Contact Information</i></p> <p>6. Daytime Telephone Number</p> <p>7. Fax Number</p> <p>8. Email Address (if any)</p> <p>9. Web site Address (if any)</p> | <p>Part 1. Information About the Regional Center</p> <p>1. Name of Regional Center Entity</p> <p>2. Name of Regional Center (if different from regional center entity)</p> <p>3. Regional Center Identification Number</p> <p>4. Regional Center Receipt Number</p> <p><i>Regional Center Mailing Address</i></p> <p>5.a. In Care Of Name (if any) 5.b. Street Number and Name or PO Box 5.c. Apt. Ste. Flr. 5.d. City or Town 5.e. State 5.f. ZIP Code</p> <p><i>Regional Center Contact Information</i></p> <p>6. Daytime Telephone Number</p> <p>7. Fax Number</p> <p>8. Email Address (if any)</p> <p>9. Web site Address (if any)</p> <p>NOTE for Regional Center Mailing Address: If the regional center mailing address is different from the physical address, please provide the physical address of the regional center in the space provided in Part 11. Additional Information.</p> |
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Part 2. Information About Managing Company or Agency (if different from regional center entity)

1. Name of Managing Company or Agency

Managing Company or Agency Mailing Address

2.a. In Care Of Name

2.b.

Street Number and Name or PO Box

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| <p>2.c. Apt. Ste. Flr. 2.d. City or Town 2.e. State 2.f. ZIP Code</p> <p>Contact Information for Managing Company or Agency</p> <p>3. Daytime Telephone Number 4. Fax Number 5. Email Address (if any) 6. Web site Address (if any)</p> <p>NOTE for Multiple Managing Companies or Agencies: If more than one managing company or agency is associated with the regional center, provide the above information for all other managing companies or agencies in the space provided in Part 11. Additional Information.</p> | <p>Part 2. Information About the Managing Company or Agency (if different from regional center entity)</p> <p>1. Name of Managing Company or Agency</p> <p>Managing Company or Agency Mailing Address</p> <p>2.a. In Care Of Name (if any) 2.b. Street Number and Name or PO Box 2.c. Apt. Ste. Flr. 2.d. City or Town 2.e. State 2.f. ZIP Code</p> <p>Contact Information for Managing Company or Agency</p> <p>3. Daytime Telephone Number 4. Fax Number 5. Email Address (if any) 6. Web site Address (if any)</p> <p>NOTE for Multiple Managing Companies or Agencies: If more than one managing company or agency is associated with the regional center, provide the above information for all other managing companies or agencies in the space provided in Part 11. Additional Information.</p> |
| <p>[page 1]</p> <p>Part 3. Reporting Period for Regional Center Activity</p> <p>Select only one box.</p> <p>1. Reporting for the fiscal year ending September 30, (yyyy)</p> <p>2. Reporting for a series of fiscal years beginning October 1, (yyyy) and ending September 30, (yyyy)</p> | <p>Part 3. Reporting Period for Regional Center Activity</p> <p>Select only one box.</p> <p>1. Reporting for the Federal fiscal year ending September 30, (yyyy).</p> <p>2. Reporting for a series of Federal fiscal years beginning October 1, (yyyy) and ending September 30, (yyyy).</p> |
| <p>[page 2]</p> | |

Part 4. Information About Organizational Structure, Ownership, and Control of Regional Center Entity

Principals of the Regional Center Entity – Owners

List all **persons (natural) and companies (non-natural)** who own, or have a percentage of ownership in the regional center entity. For natural persons, include each owner's name, date of birth, country of birth, the percentage of ownership, and the position held within the regional center (if applicable). For any non-natural owner of the regional center entity, list the names of all natural persons who have an ultimate beneficial ownership interest in the entity through that non-natural owner. Additionally, for any non-natural owner, provide the name of the company, any trade name "DBA" and the Federal Employer Identification Number. For each individual owner, natural and non-natural, include the address, phone number, email and Web site address. **If you need extra space, use the space provided in Part 11. Additional Information.**

NOTE: For the purposes of Form I-924A, a "natural person" is an individual human being and a "non-natural person" is any legal entity or organization such as, but not limited to, a corporation, limited liability company, **partnership**, or governmental entity.

Information About Owners of the Regional Center Entity

- 1.a. Family Name (Last Name)**
- 1.b. Given Name (First Name)**
- 1.c. Middle Name**

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

3. Country of Birth

4. Company Name (for a non-natural owner)

Part 4. Information About the Organizational Structure, Ownership, and Control of Regional Center Entity

Information About the Principal Owners of the Regional Center Entity

List and provide the required information for all persons or legal entities or organizations that own or have a percentage of ownership in the regional center entity.

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

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

3. Country of Birth

4. U.S. Social Security Number (if any)

5. Percentage of Ownership of the Regional Center Entity %

6. Position Held Within the Regional Center Entity (if any)

7. Entity Name (for an owner of the Regional Center Entity that is an entity or organization)

5. Federal Employer Identification Number (for a non-natural owner)
6. Natural person having ownership, control, or beneficial interest in a Company listed in **Item Number 4.** of this section

Other Names Used By Owners of the Regional Center Entity (if applicable)

- 7.a. Family Name (Last Name)
7.b. Given Name (First Name)
7.c. Middle Name
7.d. Trade Name ("DBA," if any) (for a non-natural owner)

Mailing Address of Owner

- 8.a. In Care Of Name
8.b. Street Number and Name or PO Box
8.c. Apt. Ste. Flr.
8.d. City or Town
8.e. State
8.f. ZIP Code

Other Information About Owner

9. Daytime Telephone Number
10. Fax Number
11. Email Address (if any)
12. Web site address (if any)
13. Percentage of Ownership %
14. Position Held Within the Regional Center

8. Federal Employer Identification Number (for an owner of the Regional Center Entity that is an entity or organization)

- 9.a. Persons Having Ownership, Control or Beneficial Interest in the Entity Listed in **Part 4., Item Number 7.**

- 9.b. Date of Birth (mm/dd/yyyy)

- 9.c. Country of Birth

- 9.d. Percentage of Ownership in the Entity Listed in **Part 4., Item Number 7. %**

- 9.e. Position Held (if any) in the Entity Listed in **Part 4., Item Number 7.**

Other Names Used By the Principal Owner of the Regional Center Entity (if applicable)

- 10.a. Family Name (Last Name)
10.b. Given Name (First Name)
10.c. Middle Name
11. Trade Name (DBA if any) (for the entity listed in **Part 4., Item Number 7.**)

Mailing Address for the Principal Owner of the Regional Center Entity

- 12.a. In Care Of Name (if any)
12.b. Street Number and Name or PO Box
12.c. Apt. Ste. Flr.
12.d. City or Town
12.e. State
12.f. ZIP Code
12.g. Province
12.h. Postal Code
12.i. Country

Contact Information for the Principal Owner of the Regional Center Entity

13. Daytime Telephone Number
14. Fax Number
15. Email Address (if any)
16. Web site Address (if any)

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Principals of the Regional Center Entity - Non-Owner

List all principals associated with the regional center, other than those already identified in **Part 4., Item Number 1.a.** Include each principal's name, position within the regional center entity, date of birth, country of birth, and position held within the regional center. If you need extra space, use the space provided in **Part 11. Additional Information.**

Information About Non-Owners of the Regional Center Entity

- 15.a. Family Name (Last Name)
- 15.b. Given Name (First Name)
- 15.c. Middle Name

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

17. Country of Birth

18. Company Name (for a non-natural owner)

19. Federal Employer Identification Number (for a non-natural owner)

20. Natural person having ownership, control, or beneficial interest in a Company listed in **Item Number 18.** of this section

Other Names Used By Non-Owners of the Regional Center Entity (if applicable)

Information About the Principal Non-Owner of the Regional Center Entity

List and provide the required information for all principals associated with the regional center, other than those already identified in **Part 4., Item Numbers 1.a. - 11.**

17.a. Family Name (Last Name)

17.b. Given Name (First Name)

17.c. Middle Name

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

19. Country of Birth

20. U.S. Social Security Number (if any)

21. Position Held Within the Regional Center Entity

22. Entity Name (for a principal of the Regional Center Entity that is an entity or organization)

23. Federal Employer Identification Number (for a principal of the Regional Center Entity that is an entity or organization)

24.a. Persons Having Ownership, Control, or Beneficial Interest in the Entity Listed in **Part 4., Item Number 26.**

24.b. Date of Birth (mm/dd/yyyy)

24.c. Country of Birth

24.d. Percentage of Ownership in the Entity Listed in **Part 4., Item Number 26.** %

24.e. Position Held (if any) in the Entity Listed in **Part 4., Item Number 26.**

Other Names Used By the Principal Non-Owner of the Regional Center Entity (if applicable)

25.a. Family Name (Last Name)

25.b. Given Name (First Name)

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| <p>21.a. Family Name (Last Name) 21.b. Given Name (First Name) 21.c. Middle Name</p> <p>21.d. Trade Name ("DBA," if any) (for a non-natural owner)</p> <p>Mailing Address of Non-Owner</p> <p>22.a. In Care Of Name 22.b. Street Number and Name or PO Box 22.c. Apt. Ste. Flr. 22.d. City or Town 22.e. State 22.f. ZIP Code</p> <p>Other Information About Non-Owner</p> <p>23. Daytime Telephone Number 24. Fax Number 25. Email Address (if any) 26. Web site Address (if any)</p> <p>27. Position Held Within the Regional Center</p> | <p>25.c. Middle Name</p> <p>26. Trade Name (DBA if any) (for the entity listed in Part 4., Item Number 26.)</p> <p>Mailing Address for the Principal Non-Owner of the Regional Center Entity</p> <p>27.a. In Care Of Name (if any) 27.b. Street Number and Name or PO Box 27.c. Apt. Ste. Flr. 27.d. City or Town 27.e. State 27.f. ZIP Code 27.g. Province 27.h. Postal Code 27.i. Country</p> <p>Contact Information for the Principal Non-Owner of the Regional Center Entity</p> <p>28. Daytime Telephone Number 29. Fax Number 30. Email Address (if any) 31. Web site Address (if any)</p> |
| <p>[page 3]</p> <p>Part 5. Information About the Regional Center's Operations</p> <p>Aggregate Capital Investment and Job Creation</p> <p>Provide the aggregate capital investment and job creation that has been the focus of the EB-5 capital investments sponsored through the regional center.</p> <p>NOTE: Please indicate the number of jobs maintained through investments in "troubled businesses" separate from aggregate job creation as indicated below.</p> <p>1.a. Aggregate EB-5 Capital Investment</p> <p>1.b. Aggregate Non EB-5 Capital Investment</p> <p>1.c. Aggregate Number of Direct, Indirect, and/or Induced Jobs Created</p> <p>1.d. Aggregate Number of Jobs Maintained through Investment in Troubled Businesses</p> <p>[page 4]</p> | <p>Part 5. Information About the Regional Center's Operations</p> <p>Aggregate Capital Investment and Job Creation</p> <p>Provide the aggregate capital investment and job creation that has been the focus of the EB-5 capital investments sponsored through the regional center.</p> <p>NOTE: Please indicate the number of jobs maintained through investments in "troubled businesses" separate from aggregate job creation as indicated below.</p> <p>1. Aggregate EB-5 Capital Investment From All Sponsored Projects 2. Aggregate Non-EB-5 Capital Investment From All Sponsored Projects 3. Aggregate Number of Direct, Indirect, and/or Induced Jobs Created For All Sponsored Projects 4. Aggregate Number of Jobs Maintained Through Investment in Troubled Businesses</p> |

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| <p>Identify each industry that has been the focus of EB-5 capital investments sponsored through the regional center. For each industry, identify the resulting aggregate capital investment and job creation resulting from EB-5 capital investments sponsored through the regional center.</p> <p>NOTE: Identify jobs maintained through investments in "troubled businesses."</p> <p>2.a. Name of Industry 2.b. North American Industry Classification System (NAICS) Code for the Industry Category 2.c. Aggregate EB-5 Capital Investment 2.d. Aggregate Non-EB-5 Capital Investment 2.e. Aggregate Number of Direct, Indirect, and/or Induced Jobs Created 2.f. Aggregate Number of Jobs Maintained through Investment in Troubled Businesses</p> <p>3.a. Name of Industry 3.b. NAICS Code for the Industry Category 3.c. Aggregate EB-5 Capital Investment 3.d. Aggregate Non-EB-5 Capital Investment 3.e. Aggregate Number of Direct, Indirect, and/or Induced Jobs Created 3.f. Aggregate Number of Jobs Maintained through Investment in Troubled Businesses</p> <p>If you need extra space, use the space provided in Part 11. Additional Information.</p> | <p><i>Industries and Resulting Aggregate Capital Investment and Job Creation</i></p> <p>Identify each industry and the resulting aggregate capital investment and job creation from the EB-5 capital investments sponsored through the regional center.</p> <p>5. Name of Industry 6. North American Industry Classification System (NAICS) Code for the Industry Category 7. Aggregate EB-5 Capital Investment 8. Aggregate Non-EB-5 Capital Investment 9. Aggregate Number of Direct, Indirect, and/or Induced Jobs Created 10. Aggregate Number of Jobs Maintained Through Investment in Troubled Businesses</p> <p>11. Name of Industry 12. NAICS Code for the Industry Category 13. Aggregate EB-5 Capital Investment 14. Aggregate Non-EB-5 Capital Investment 15. Aggregate Number of Direct, Indirect, and/or Induced Jobs Created 16. Aggregate Number of Jobs Maintained Through Investment in Troubled Businesses</p> |
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Part 6. Information About New Commercial Enterprise

Provide the following information for each new commercial enterprise located within the geographic scope of the regional center that has received EB-5 investor capital. If the regional center oversees more than one new commercial enterprise, provide the information below for each new commercial enterprise **in the space provided in Part 11. Additional Information.**

1. Name of New Commercial Enterprise

Mailing Address

- 2.a.** In Care Of Name
- 2.b.** Street Number and Name or PO Box
- 2.c.** Apt. Ste. Flr.
- 2.d.**

City or Town
2.e.

State

2.f.

ZIP Code

| | |
|---|---|
| <p>Other Information</p> <p>3.a. Name of Industry</p> <p>3.b. NAICS Code for Industry Category</p> <p>3.c. Aggregate EB-5 Capital Investment</p> <p>3.d. Aggregate Non-EB-5 Capital Investment</p> <p>3.e. Aggregate Number of Direct, Indirect, and/or Induced Jobs Created</p> <p>3.f. Aggregate Number of Jobs Maintained through Investments in Troubled Businesses</p> <p>3.g. Does the new commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? Yes/No</p> <p>[page 5]</p> <p>If you answered "Yes" to Item Number 3.g., identify the name and address of each job creating entity as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating entity.</p> <p>Information About the Job Creating Entity</p> <p>4.a. Entity Name</p> <p>4.b. Name of Industry</p> | <p>Part 6. Information About the New Commercial Enterprise</p> <p>Provide the following information for each new commercial enterprise associated with the regional center that has received EB-5 investor capital. If the regional center oversees more than one new commercial enterprise, provide the information below for each additional new commercial enterprise in Part 11. Additional Information.</p> <p>NOTE: Please indicate the number of jobs maintained through investments in "troubled businesses" separate from aggregate job creation as indicated below.</p> <p>1. Name of the New Commercial Enterprise</p> <p>2. New Commercial Enterprise Federal Employer Identification Number</p> <p>New Commercial Enterprise Mailing Address</p> <p>3.a. In Care Of Name (if any)</p> <p>3.b. Street Number and Name or PO Box</p> <p>3.c. Apt. Ste. Flr.</p> <p>3.d. City or Town</p> <p>3.e. State</p> <p>3.f. ZIP Code</p> <p>NOTE for New Commercial Enterprise Mailing Address: If the new commercial enterprise mailing address is different from the physical address, please provide the physical address of the new commercial enterprise in the space provided in Part 11. Additional Information.</p> <p>Other Information</p> <p>4. Name of Industry Receiving Investment Capital From the New Commercial Enterprise</p> <p>5. NAICS Code for the Industry Category</p> <p>If more than one industry is receiving investment capital from the new commercial enterprise, provide the name and NAICS code for each additional industry category in the space provided in Part 11. Additional Information.</p> <p>6. Aggregate EB-5 Capital Investment</p> <p>7. Aggregate Non-EB-5 Capital Investment</p> |
|---|---|

Other Information About the Job Creating Entity

- 5.a. Street Number and Name or PO Box
- 5.b. Apt. Ste. Flr.
- 5.c. City or Town
- 5.d. State
- 5.e. ZIP Code

- 6.a. Aggregate EB-5 Capital Investment
- 6.b. Aggregate Non-EB-5 Capital Investment
- 6.c. Aggregate Number of Direct, Indirect, and/or Induced Jobs Created
- 6.d. Aggregate Number of Jobs Maintained through Investment in Troubled Businesses

If you need extra space to complete this section, use the space provided in **Part 11. Additional Information.**

- 8. Aggregate Number of Direct, Indirect, and/or Induced Jobs Created
- 9. Aggregate Number of Jobs Maintained Through Investment in Troubled Businesses
- 10. Does the new commercial enterprise serve as a vehicle for investment into other job creating entities that have or will create or maintain jobs for EB-5 purposes? Yes No

If you answered “Yes” to **Item Number 10.**, identify the name and address of each job creating entity, its industry, as well as the aggregate capital investment and job creation associated with each job creating entity. **NOTE:** Please indicate the number of jobs maintained through investments in “troubled businesses” separate from aggregate job creation as indicated below.

Information About the Job Creating Entity

- 11. Entity Name
- 12. Job Creating Entity Federal Employer Identification Number
- 13. Name of Industry If more than one industry is associated with the job creating entity, provide the name for each additional industry category in the space provided in **Part 11. Additional Information.**

Mailing Address

- 14.a. In Care Of Name
- 14.b. Street Number and Name or PO Box
- 14.c. Apt. Ste. Flr.
- 14.d. City or Town
- 14.e. State
- 14.f. ZIP Code
- 15. Aggregate EB-5 Capital Investment
- 16. Aggregate Non-EB-5 Capital Investment
- 17. Aggregate Number of Direct, Indirect, and/or Induced Jobs Created
- 18. Aggregate Number of Jobs Maintained Through Investment in Troubled Businesses

NOTE: If the address in **Item Numbers 14.a. - 14.f.** of this section refers to the mailing address of the job creating entity, please provide the physical address of the new commercial enterprise in the space provided in **Part 11. Additional Information.**

Part 7. Petitions Filed By EB-5 Investors

***Immigrant Petition by Alien Entrepreneur
(Form I-526)***

Provide the total number of approved, denied, and revoked Form I-526, **Immigrant Petition by Alien Entrepreneur**, petitions filed by EB-5 investors making capital investments sponsored by the regional center.

NOTE: If an adverse action was ultimately reversed and the petition was approved, then list the case as approved.

Form I-526 Petition Final Case Actions

1.a.

Approved
1.b. Denied

1.c.

Revoked

| | |
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| <p><i>Petition by Entrepreneur to Remove Conditions (Form I-829)</i></p> <p>Provide the total number of approved and denied Form I-829, <i>Petition by Entrepreneur to Remove Conditions</i>, petitions filed by EB-5 investors making capital investments sponsored by the regional center.</p> <p>Form I-829 Petition Final Case Actions</p> <p>2.a. Approved 2.b. Denied</p> | <p>Part 7. Petitions Filed by EB-5 Investors</p> <p><i>Immigrant Petition by Alien Entrepreneur (Form I-526)</i></p> <p>Provide the total number of approved, denied, and revoked Form I-526, Immigrant Petition by Alien Entrepreneur, petitions filed by EB-5 investors making capital investments in each new commercial enterprise associated with the regional center.</p> <p>NOTE: If an adverse action was ultimately reversed and the petition was approved, then list the case as approved.</p> <p>Form I-526 Petition Final Case Actions</p> <p>1. Name of the New Commercial Enterprise</p> <p>2. Select only one result. Approved Denied Revoked</p> <p><i>Petition By Entrepreneur to Remove Conditions (Form I-829)</i></p> <p>Provide the total number of approved and denied Form I-829, <i>Petition by Entrepreneur to Remove Conditions</i>, petitions filed by EB-5 investors making capital investments in each new commercial enterprise associated with the regional center.</p> <p>Form I-829 Petition Final Case Actions</p> <p>3. Name of New Commercial Enterprise</p> <p>4. Select only one result. Approved Denied</p> |
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Part 8. Statement, Contact Information, Certification, and Signature of the Authorized Individual

NOTE: Select the box for either **Item Number 1.a. or 1.b.** If applicable, select the box for **Item Number 2.**

1.a. I can read and understand English, and have read and understand every question and instruction on this supplement, as well as my answer to every question.

1.b. The interpreter named in **Part 9** has also read to me every question and instruction on this supplement, as well as my answer to every question, in [fillable box], a language in which I am fluent. I understand every question and instruction on this supplement as translated to me by my interpreter, and have provided complete, true, and correct responses in the language indicated above.

2. I have requested the services of and consented to [fillable box], who is/ is not an attorney or accredited representative, preparing this supplement for me.

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Authorized Individual's Contact Information

3.a. Authorized Individual's Family Name (Last Name)

3.b.

Authorized Individual's Given Name (First Name)

4. Authorized Individual's Title

5. Authorized Individual's Daytime Telephone Number

6. Authorized Individual's Mobile Telephone Number (if any)

7. Authorized Individual's Email Address (if any)

8. Authorized Individual's Web site Address (if any)

Authorized Individual's Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require the regional center to submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from the regional center's records that USCIS may need to determine the regional center's continued eligibility.

I also authorize release of information contained in this supplement, in supporting documents, and in USCIS records, to other entities and persons where necessary for the administration of U.S. immigration laws and, as appropriate, for law enforcement purposes or in the interest of national security.

I certify, under penalty of perjury, that the information in this supplement and any documents submitted with this supplement **are** complete, true and correct. I am filing this supplement on behalf of the **regional center entity**, and I certify that I am empowered to do so by the **regional center entity**.

Authorized Individual's Signature

9.a. Authorized Individual's Signature

9.b.

Date of Signature

(mm/dd/yyyy)

Part 8. Statement, Contact Information, Declaration, Certification, and Signature of the Authorized Individual

NOTE: Read the **Penalties** section of the Form I-924A Instructions before completing this part.

Applicant's or Authorized Individual's Statement

Select the box for either **Item Number 1.a. or 1.b.** If applicable, select the box for **Item Number 2.**

1.a. I can read and understand English, and I have read and understand each and every question and instruction on this **form** and my answer to each question.

1.b. The interpreter named in **Part 9.** has read to me every question and instruction on this **form** and my answer to every question in _____, a language in which I am fluent. I understood all of this information as interpreted.

2. At my request, the preparer named in **Part 10.**, _____, prepared this **form** for me based only upon information I provided or authorized.

Authorized Individual's Contact Information

3.a. Authorized **Individual's** Family Name (Last Name)

3.b. Authorized **Individual's** Given Name (First Name)

4. Authorized **Individual's** Title

5. Authorized **Individual's** Daytime Telephone Number

6. Authorized **Individual's** Mobile Telephone Number

(if any)

7. Authorized Individual's Email Address (if any)

Authorized Individual's Declaration and Certification

Copies of any documents submitted are exact photocopies of unaltered, original documents, and I understand that, as the authorized individual's, I may be required to submit original documents to USCIS at a later date.

I authorize the release of any information from my records, or from the petitioning organization's records, to USCIS or other entities and persons where necessary to determine eligibility for the immigration benefit sought or where authorized by law. I recognize the authority of USCIS to conduct audits of this form using publicly available open source information. I also recognize that any supporting evidence submitted in support of this form may be verified by USCIS through any means determined appropriate by USCIS, including but not limited to, on-site compliance reviews.

I am filing this form on behalf of the regional center entity, and I certify that I am authorized to do so by the regional center entity.

I certify, under penalty of perjury, that I have reviewed this form, I understand all of the information contained in, and submitted with, this form, and all of this information is complete, true, and correct.

Authorized Individual's Signature

8.a. Authorized Individual's Signature

8.b. Date of Signature (mm/dd/yyyy)

NOTE TO ALL REGIONAL CENTERS AND AUTHORIZED INDIVIDUALS: If you do not completely fill out this form or fail to submit required documents listed in the Instructions, USCIS may reject your form. USCIS will issue a notice of intent to terminate the participation of the regional center in the Immigrant Investor Program if a regional center fails to submit the required information or upon a determination that the regional center no longer serves the purpose of

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Part 9. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.

Interpreter's Full Name

- 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)

Interpreter's Mailing Address

- 3.a.** Street Number and Name
- 3.b.** Apt. Ste. Flr.
- 3.c.** City or Town
- 3.d.** State
- 3.e.** ZIP Code
- 3.f.** Province
- 3.g.** Postal Code
- 3.h.** Country

Interpreter's Contact Information

- 4.** Interpreter's Daytime Telephone Number
- 5.** Interpreter's Email Address (if any)

Interpreter's Certification

I certify that:

I am fluent in English and [fillable box], which is the same language provided in **Part 8., Item Number 1.b.**;

I have read to the authorized individual of the regional center every question and instruction on this supplement, as well as the answer to every question, in the language provided in **Part 8., Item Number 1.b.**; and

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The authorized individual of the regional center has informed me that he or she understands every instruction and question on the supplement, as well as the answer to every question, and the authorized individual of the regional center verified the accuracy of every answer.

Interpreter's Signature

6.a.

Interpreter's Signature

6.b. Date of Signature (mm/dd/yyyy)

Part 9. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.

Interpreter's Full Name

- 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)

Interpreter's Mailing Address

- 3.a. Street Number and Name
- 3.b. Apt. Ste. Flr.
- 3.c. City or Town
- 3.d. State
- 3.e. ZIP Code
- 3.f. Province
- 3.g. Postal Code
- 3.h. Country

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 am fluent in English and _____, which is the same language provided in **Part 8., Item Number 1.b.**, and I have read to the authorized **individual** in the identified language every question and instruction on this **form** and his or her answer to every question. The authorized **individual** informed me that he or she understands every instruction, question, and answer on the **form**, including the **Authorized Individual's Declaration and Certification**, and has verified the accuracy of every answer.

Interpreter's Signature

- 7.a. Interpreter's Signature

| | |
|--|---|
| | 7.b. Date of Signature (mm/dd/yyyy) |
| <p>[page 7]</p> <p>Part 10. Contact Information, Statement, Certification, and Signature of the Person Preparing this Supplement, If Other Than the Authorized Individual of the Regional Center</p> <p>Provide the following information about the preparer.</p> <p>Preparer's Full Name</p> <p>1.a. Preparer's Family Name (Last Name) 1.b. Preparer's Given Name (First Name)</p> <p>2. Preparer's Business or Organization Name</p> <p>Preparer's Mailing Address</p> <p>3.a. Street Number and Name 3.b. Apt. Ste. Flr. 3.c. City or Town 3.d. State 3.e. ZIP Code 3.f. Province 3.g. Postal Code 3.h. Country</p> <p>Preparer's Contact Information</p> <p>4. Preparer's Daytime Telephone Number</p> <p>5. Preparer's Fax Number</p> <p>6. Preparer's Email Address (if any)</p> <p>Preparer's Statement</p> <p>7.a. I am not an attorney or accredited representative but have prepared this supplement on behalf of the authorized individual of the regional center and with the authorized individual's consent.</p> <p>7.b. I am an attorney or accredited representative and my representation of the authorized individual of the regional center extends/does not extend beyond the preparation of this supplement.</p> <p>NOTE: If you are an attorney or accredited representative whose representation extends beyond preparation of this supplement, you must submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this application.</p> | <p>Part 10. Contact Information, Declaration, and Signature of the Person Preparing this Form, if Other Than the Authorized Individual</p> <p>Provide the following information about the preparer.</p> <p>Preparer's Full Name</p> <p>1.a. Preparer's Family Name (Last Name) 1.b. Preparer's Given Name (First Name)</p> <p>2. Preparer's Business or Organization Name (if any)</p> <p>Preparer's Mailing Address</p> <p>3.a. Street Number and Name 3.b. Apt. Ste. Flr. 3.c. City or Town 3.d. State 3.e. ZIP Code 3.f. Province 3.g. Postal Code 3.h. Country</p> <p>Preparer's Contact Information</p> <p>4. Preparer's Daytime Telephone Number</p> <p>5. Preparer's Mobile Telephone Number (if any)</p> <p>6. Preparer's Email Address (if any)</p> <p>Preparer's Statement</p> <p>7.a. I am not an attorney or accredited representative but have prepared this form on behalf of the authorized individual and with the authorized individual's consent.</p> <p>7.b. I am an attorney or accredited representative and have prepared this form on behalf of the authorized individual and with the authorized individual's consent.</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, with this form.</p> <p>Preparer's Certification</p> |

Preparer's Certification

By my signature, I certify, swear, or affirm, under penalty of perjury, that I prepared this supplement on behalf of, at the request of, and with the express consent of the **authorized individual of the regional center**. I completed this supplement based only on responses the authorized individual of the regional center provided to me. After completing the supplement, I reviewed it and all of the responses with the authorized individual of the regional center, who agreed with each and every answer on the supplement. If the authorized individual of the regional center supplied additional information concerning a question on the supplement, I recorded it on the supplement.

Preparer's Signature

- 8.a. Preparer's Signature
- 8.b. Date of Signature (mm/dd/yyyy)

By my signature, I certify, under penalty of perjury, that I prepared this **form** at the request of the authorized **individual**. The **authorized individual** has reviewed this completed **form**, including the **Authorized Individual's Declaration and Certification**, and informed me that all of this information in the form and in the supporting documents is complete, true, and correct.

Preparer's Signature

- 8.a. Preparer's Signature
- 8.b. Date of Signature (mm/dd/yyyy)

[page 8]

Part 11. Additional Information

If you need extra space to provide any additional information within this supplement, 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 your supplement or attach a separate sheet of paper. Include the regional center entity's name 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.

- 1. Name of Regional Center Entity
- 2. Regional Center Identification Number
- 3.a. Page Number
- 3.b. Part Number
- 3.c. Item Number
- 3.d. _____
- 4.a. Page Number
- 4.b. Part Number
- 4.c. Item Number
- 4.d. _____
- 5.a. Page Number
- 5.b. Part Number

Part 11. Additional Information

If you need extra space to provide any additional information within this **form**, 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 **form** or attach a separate sheet of paper. Type or print the regional center entity's name 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.

- 1. Name of Regional Center Entity
- 2. Regional Center Identification Number
- 3.a. Page Number
- 3.b. Part Number
- 3.c. Item Number
- 3.d. _____
- 4.a. Page Number
- 4.b. Part Number
- 4.c. Item Number
- 4.d. _____
- 5.a. Page Number
- 5.b. Part Number

5.c. Item Number
5.d. _____

6.a. Page Number
6.b. Part Number
6.c. Item Number
6.d. _____

7.a. Page Number
7.b. Part Number
7.c. Item Number
7.d. _____

5.c. Item Number
5.d. _____

6.a. Page Number
6.b. Part Number
6.c. Item Number
6.d. _____

7.a. Page Number
7.b. Part Number
7.c. Item Number
7.d. _____