



# Contract Between Sponsor and Household Member

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-864A  
OMB No. 1615-0075  
Expires 10/31/2021

## For Government Use Only

This Form I-864A relates to a household member who:

IS the intending immigrant       IS NOT the intending immigrant      Reviewed By: \_\_\_\_\_  
Location: \_\_\_\_\_      Date (mm/dd/yyyy): \_\_\_\_\_

To be completed by an attorney or accredited representative (if any).

Select this box if Form G-28 or G-28I is attached.

Attorney State Bar Number (if applicable)

Attorney or Accredited Representative USCIS Online Account Number (if any)

▶ **START HERE - Type or print in black ink.**

### Part 1. Information About You (the Household Member)

#### Full Name

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

#### Mailing Address [\(USPS ZIP Code Lookup\)](#)

2.a. In Care Of Name

2.b. Street Number and Name

2.c.  Apt.  Ste.  Flr.

2.d. City or Town

2.e. State       2.f. ZIP Code

2.g. Province

2.h. Postal Code

2.i. Country

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.

#### Physical Address

4.a. Street Number and Name

4.b.  Apt.  Ste.  Flr.

4.c. City or Town

4.d. State       4.e. ZIP Code

4.f. Province

4.g. Postal Code

4.h. Country

#### Other Information

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

#### Place of Birth

6.a. City or Town

6.b. State or Province

6.c. Country

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

8. USCIS Online Account Number (if any)

**Part 1. Information About You (the Household Member)** (continued)

**Household Member's Bank Account Information**

**9.a. Account Type**

- Checking  Savings

**9.b. Account Holder's Name**

Family Name (Last Name)

Given Name (First Name)

Middle Name

**9.c. Name(s) of Joint Account Holders, if any**

Family Name (Last Name)

Given Name (First Name)

Middle Name

**9.d. Institution Name**

**9.e. Account Number**

**9.f. Routing Number**

**Part 2. Your (the Household Member's) Relationship to the Sponsor**

Select **Item Number 1.a., 1.b., or 1.c.**

- 1.a.**  I am the intending immigrant and also the sponsor's spouse.
- 1.b.**  I am the intending immigrant and also a member of the sponsor's household.
- 1.c.**  I am **not** the intending immigrant. I am the sponsor's household member. I am related to the sponsor as his/her:
- Spouse
- Son or daughter (at least 18 years of age)
- Parent
- Brother or sister
- Other dependent (Specify)
- 

**Part 3. Your (the Household Member's) Employment and Income**

**I am currently:**

- 1.**  Employed as a/an
- 2.** Name of Employer Number 1
- 3.** Name of Employer Number 2 (if applicable)
- 4.**  Self employed as a/an
- 5.**  Retired from (Company Name)   
Since (mm/dd/yyyy)
- 6.**  Unemployed since (mm/dd/yyyy)
- 7. My current individual annual income is:**  
\$

**Federal Income Tax Information**

- 8.a.** Have you filed a Federal income tax return for each of the three most recent tax years?  Yes  No

**NOTE:** You **MUST** attach a photocopy or transcript of your Federal income tax return for only the most recent tax year.

- 8.b.**  (Optional) I have attached photocopies or transcripts of my Federal income tax returns for my second and third most recent tax years.

My total income (adjusted gross income on IRS Form 1040EZ) as reported on my Federal income tax returns for the most recent three years was:

	Tax Year	Total Income
<b>9.a.</b> Most Recent	<input type="text"/>	\$ <input type="text"/>
<b>9.b.</b> 2nd Most Recent	<input type="text"/>	\$ <input type="text"/>
<b>9.c.</b> 3rd Most Recent	<input type="text"/>	\$ <input type="text"/>

**Credit Report Information (Optional)**

- 10.**  I have attached a copy of a recent U.S. credit report.

**Part 4. Use of Your (the Household Member's) Assets to Supplement Sponsor's Income (Optional)**

1. Enter the balance of all cash, savings, and checking accounts. \$
2. Enter the net cash value of real-estate holdings. (Net value means assessed value minus mortgage debt.) \$
3. Enter the cash value of all stocks, bonds, certificates of deposit, and 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 \$**

**Part 5. Sponsor's Contract, Statement, Contact Information, Certification, and Signature**

**NOTE:** Read the **Penalties** section of the Form I-864A Instructions before completing this part.

**I, THE SPONSOR,**

(Print Name)

in consideration of the household member's promise to support the following intending immigrants and to be jointly and severally liable for any obligations I incur under the affidavit of support, promise to complete and file an affidavit of support on behalf of the following named intending immigrants.

(indicate number of intending immigrants)

**Intending Immigrant Number 1**

**Name**

- 1.a. Family Name (Last Name)
- 1.b. Given Name (First Name)
- 1.c. Middle Name
2. Date of Birth (mm/dd/yyyy)
3. Alien Registration Number (A-Number, if any) ▶ A-
4. U.S. Social Security Number (if any) ▶

5. USCIS Online Account Number (if any) ▶

**Intending Immigrant Number 2**

**Name**

- 6.a. Family Name (Last Name)
- 6.b. Given Name (First Name)
- 6.c. Middle Name
7. Date of Birth (mm/dd/yyyy)
8. Alien Registration Number (A-Number, if any) ▶ A-
9. U.S. Social Security Number (if any) ▶

10. USCIS Online Account Number (if any) ▶

**Intending Immigrant Number 3**

**Name**

- 11.a. Family Name (Last Name)
- 11.b. Given Name (First Name)
- 11.c. Middle Name
12. Date of Birth (mm/dd/yyyy)
13. Alien Registration Number (A-Number, if any) ▶ A-
14. U.S. Social Security Number (if any) ▶

15. USCIS Online Account Number (if any) ▶

**Intending Immigrant Number 4**

**Name**

- 16.a. Family Name (Last Name)
- 16.b. Given Name (First Name)
- 16.c. Middle Name
17. Date of Birth (mm/dd/yyyy)
18. Alien Registration Number (A-Number, if any) ▶ A-

**Part 5. Sponsor's Contract, Statement, Contact Information, Certification, and Signature**  
(continued)

19. U.S. Social Security Number (if any)  
▶
20. USCIS Online Account Number (if any)  
▶

**Intending Immigrant Number 5**

**Name**

- 21.a. Family Name (Last Name)
- 21.b. Given Name (First Name)
- 21.c. Middle Name
22. Date of Birth (mm/dd/yyyy)
23. Alien Registration Number (A-Number, if any)  
▶ A-
24. U.S. Social Security Number (if any)  
▶
25. USCIS Online Account Number (if any)  
▶

**Sponsor's Statement**

**NOTE:** Select the box for either **Item Number 26.a.** or **26.b.** If applicable, select the box for **Item Number 27.**

- 26.a.  I can read and understand English, and I have read and understand every question and instruction on this contract and my answer to every question.
- 26.b.  The interpreter named in **Part 6.** read to me every question and the **Sponsor Statement and Certification** instruction on this contract and my answer to every question in , a language in which I am fluent, and I understood everything.
27.  At my request, the preparer named in **Part 7.**, , prepared this contract for me based only upon information I provided or authorized to be provided.

**Sponsor's Contact Information**

28. Sponsor's Daytime Telephone Number
29. Sponsor's Mobile Telephone Number (if any)
30. Sponsor's Email Address (if any)

**Sponsor's Certification**

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that U.S. Citizenship and Immigration Services (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 immigration benefit that I seek.

I furthermore authorize release of information contained in this contract, 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. law.**

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 U.S. Department of Homeland Security (DHS) and DOS, for the purpose of administration of federal laws regarding my obligations as a sponsor, as agreed to in the Form I-864 I executed on behalf of the above named intending immigrants and in this Form I-864A, and only as permitted by law. If any of the above named intending immigrants that I sponsored on the Form I-864 I executed and on this Form I-864A 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.

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.

**Part 5. Sponsor's Contract, Statement, Contact Information, Certification, and Signature**  
(continued)

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 the Form I-864 I executed on behalf of the above named intending immigrants and in this Form I-864A and only as permitted by law. If any of the above named intending immigrants for whom I have an obligation as a sponsor based on the Form I-864 I executed and this Form I-864A 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, 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.

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

**Sponsor's Signature**

**31.a.** Sponsor's Signature

**31.b.** Date of Signature (mm/dd/yyyy)

Subscribed and sworn to (or affirmed) before me this

 day of 

(Month),  (Year) at ,

My commission expires on (mm/dd/yyyy)

Signature of Notary Public

Notary Public Stamp

**NOTE TO ALL SPONSORS:** If you do not completely fill out this contract or fail to submit required documents listed in the Instructions, USCIS may **reject** or deny your contract.

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

Provide the following information about the interpreter if you used one.

**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)

**Part 6. Sponsor's Interpreter's Contact Information, Certification, and Signature**  
(continued)

**Interpreter's Certification**

I certify, under penalty of perjury, that the following is true and correct:

I am fluent in English and ,

which is the same language specified in **Part 5., Item Number 26.b.** and I have read to this sponsor in the identified language every question and instruction on this contract and his or her answer to every question. The sponsor informed me that he or she understands every instruction, question, and answer in the **Sponsor's** contract, including the **Sponsor's 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)

**Part 7. Contact Information, Declaration, and Signature of the Person Preparing this Contract, for the Sponsor, if Other Than the Sponsor or Household Member**

Provide the following information about the preparer.

**Preparer's Full Name**

**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)

**Preparer'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

**Preparer's Contact Information**

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

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

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

**Preparer's Statement**

**7.a.**  I am not an attorney or accredited representative but have prepared this contract on behalf of the sponsor and household member and with the sponsor's and household member's consent.

**7.b.**  I am an attorney or accredited representative and my representation of the sponsor in this case  
 extends  does not extend beyond the preparation of this contract.

**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 contract.



**Part 7. Contact Information, Declaration, and Signature of the Person Preparing this Contract, for the Sponsor, if Other Than the Sponsor or Household Member (continued)**

**Preparer's Certification**

By my signature, I certify, under penalty of perjury, that I prepared this contract at the request of the sponsor and household member. The sponsor and household member then reviewed this completed contract and informed me that he or she understands all of the information contained in, and submitted with, his or her contract, including the **Sponsor's or Household Member's Certification**, and that all of this information is complete, true, and correct. I completed this contract based only on information that the sponsor and household member provided to me or authorized me to obtain or use.

**Preparer's Signature**

8.a. Preparer's Signature

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

**Part 8. Your (the Household Member's) Contract, Statement, Contact Information, Certification, and Signature**

**NOTE:** Read the **Penalties** section of the Form I-864A Instructions before completing this part.

**Household Member's Contract**

Please note that, by signing this Form I-864A, you agree to assume certain 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-864A. If you do not understand the obligations, you may wish to consult an attorney or accredited representative.

**What is the Legal Effect of My Signing Form I-864A?**

If you sign Form I-864A on behalf of any individual who is applying for an immigrant visa or for adjustment of status to become a lawful permanent resident (the intending immigrant), and that intending immigrant submits Form I-864A 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 sponsor. The intending immigrant becoming a lawful permanent resident (sponsored immigrant) is the consideration for the contract.

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 an individual likely at any time to become a public charge, the U.S. Government can consider your income and assets as available for the support of the intending immigrant. The sponsored immigrant, any entity that provides a means-tested public benefit to the sponsored immigrant, and the appropriate government agency are third party beneficiaries of this contract and may bring an action to enforce this contract.

**What If I Choose Not to Sign Form I-864A?**

The U.S. Government cannot make you sign Form I-864A if you do not want to do so. But if you do not sign Form I-864A, the intending immigrant may not become a lawful permanent resident in the United States.

**What Does Signing Form I-864A Require Me To Do?**

If an intending immigrant becomes a lawful permanent resident of the United States (sponsored immigrant) based on a Form I-864A that you have signed, then, until your obligations under Form I-864A terminate, you must provide the sponsor any support necessary to maintain the sponsored immigrant him or her at an income that is at least 125 percent of the Federal Poverty Guidelines based on the sponsor's household size (100 percent if the sponsor you are signing Form I-864A with is the petitioning sponsor and is on active duty in the U.S. Armed Forces, other than active duty for training, and the intending immigrant is the sponsor's husband, wife, or unmarried child under 21 years of age).

**What Other Consequences Are There?**

If an intending immigrant becomes a lawful permanent resident of the United States based on a Form I-864A that you have signed, then, until your obligations under Form I-864A 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.

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.

**Part 8. Your (the Household Member's) Contract, Statement, Contact Information, Certification, and Signature** (continued)

**What If I Do Not Fulfill My Obligations?**

If you do not provide sufficient support to the sponsor to enable the sponsor to maintain the sponsored immigrant(s) listed on this Form I-864A, the sponsor can sue you to enforce this contract. Additionally, the sponsored immigrants listed on this Form I-864A, as third party beneficiaries to this contract, can sue you for this support.

If a Federal, state, local, or private entity provided any means-tested public benefits to the sponsored immigrants listed on this Form I-864A, you are responsible for reimbursing the agency for the amount of the benefits they provided, upon request. If you do not reimburse the agency upon request, that entity, or the appropriate government agency, as a third-party beneficiary of this contract, can sue you for the amount of means-tested public benefits paid.

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 for enforcing or collecting the judgment. You may also be required to pay the costs of collection, including attorney fees.

**When Will These Obligations End?**

Your obligations under a Form I-864A that you signed will end if sponsored immigrant(s) listed on this Form I-864A:

- 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.

**NOTE:** Divorce **does not** terminate your obligations under Form I-864A.

Your obligations under a Form I-864A that you signed 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 owe any means-tested public benefits that the intending immigrant received before you died.

**I, THE HOUSEHOLD MEMBER,**

(Print Name)

in consideration of the sponsor's promise to complete and file an affidavit of support on behalf of the above named intending immigrants:

(Print number of intending immigrants noted in **Part 5. Sponsor's Contract, Statement, Contact Information, Certification, and Signature.**)

***Your (the Household Member's) Certification***

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that I may be required to 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 any benefit that I seek.

I furthermore authorize release of information contained in this contract, in supporting documents, and in my USCIS or DOS records, to other entities and individuals where necessary for the administration and enforcement of U.S. law.

I certify, under penalty of perjury, that:

- A. I provided or authorized to have provided all of the information in my contract, I understand all of the information contained in, and submitted with, my contract, and that all of this information is complete, true, and correct;
- B. I promise to provide any and all financial support necessary to assist the sponsor in maintaining the sponsored immigrants at or above the minimum income provided for in the Immigration and Naturalization Act (INA) section 213A(a)(1)(A) (not less than 125 percent of the Federal Poverty Guidelines, or 100 percent if the sponsor you are signing Form I-864A with is the petitioning sponsor and is on active duty in the U.S. Armed Forces, other than active duty for training, and the intending immigrant is the sponsor's husband, wife, or unmarried child under 21 years of age) during the period in which the affidavit of support is enforceable;
- C. I agree to be jointly and severally liable for payment of any and all obligations owed by the sponsor under the Form I-864 to the sponsored immigrants, to any agency of the Federal Government, to any agency of a state or local government, or to any other private entity that provides means-tested public benefits;
- D. 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-864A;
- E. Each of the Federal income tax returns submitted in support of this contract are true copies, or are unaltered tax transcripts, of the tax returns I filed with the IRS;



**Part 8. Your (the Household Member's) Contract, Statement, Contact Information, Certification, and Signature (continued)**

- F. Consideration where the household member is also the sponsored immigrant:** I understand that if I am the sponsored immigrant and a member of the sponsor's household that this promise relates only to my promise to be jointly and severally liable for any obligation owed by the sponsor under the affidavit of support to any of my dependents, to any agency of the Federal Government, to any agency of a state or local government, or to any other private entity that provides means-tested public benefits and to provide any and all financial support necessary to assist the sponsor in maintaining any of my dependents at or above the minimum income provided for in INA section 213A(a)(1)(A) (not less than 125 percent of the Federal Poverty Guideline, or 100 percent if the sponsor you are signing Form I-864A with is the petitioning sponsor and is on active duty in the U.S. Armed Forces, other than active duty for training, and the intending immigrant is the sponsor's husband, wife, or unmarried child under 21 years of age) during the period which the affidavit of support is enforceable;
- G.** I understand that, if I am related to the sponsored immigrant or the sponsor 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-864A;
- H.** 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 DHS and DOS, for the purpose of administration of federal laws regarding my obligations as a household member who has signed and submitted this Form I-864A, as agreed to in this Form I-864A and only as permitted by law. If any alien that I have an obligation for as agreed to in this Form I-864A 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 State. This consent is valid for the entire period of enforceability of my obligations as a household member.

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 State is for official use only to administer federal laws regarding my support obligations as a household member who has signed and submitted this Form I-864A, and that DHS and State may disclose my information only as authorized by law;

- I.** I authorize the Social Security Administration (SSA) to disclose information to DHS and State, for the purpose of administration of federal laws regarding my obligations as a household member who has signed and submitted this Form I-864A, as agreed to in this Form I-864A and only as permitted by law. If any alien that I have an obligation for as agreed to in this Form I-864A 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, and my reimbursement obligations to DHS and State. This consent is valid for the entire period of enforceability of my obligations as a household member. I understand that the information SSA discloses to DHS and State is for official use for the purpose of administration of federal laws regarding my obligation as a sponsor and that DHS and State may disclose my information as authorized by law; and
- J.** I acknowledge that if I fail to meet the obligations and requirements of this contract, I may be found ineligible to be a sponsor in the future.

**Your (the Household Member's) Statement**

**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 I have read and understand every question and instruction on this contract and my answer to every question.
- 1.b.**  The interpreter named in **Part 9.** read to me every question and instruction on this contract and my answer to every question in , a language in which I am fluent, and I understood everything.
- 2.**  At my request, the preparer named in **Part 10.**, , prepared this contract for me based only upon information I provided or authorized to be provided.

**Part 8. Your (the Household Member's) Contract, Statement, Contact Information, Certification, and Signature** (continued)

**Your (the Household Member's) Contact Information**

3. Your (the Household Member's) Daytime Telephone Number

4. Your (the Household Member's) Mobile Telephone Number (if any)

5. Your (the Household Member's) Email Address (if any)

**Your (the Household Member's) Signature**

6.a. Your (the Household Member's) Printed Name

6.b. Your (the Household Member's) Signature

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

Subscribed and sworn to (or affirmed) before me this

 day of 

(Month),  (Year) at ,

My commission expires on (mm/dd/yyyy)

Signature of Notary Public

Notary Public Stamp

**Part 9. Household Member's 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)

**NOTE TO ALL HOUSEHOLD MEMBERS:** If you do not completely fill out this contract or fail to submit required documents listed in the Instructions, USCIS may **reject or** deny your contract.

**Part 9. Household Member's Interpreter's Contact Information, Certification, and Signature**  
(continued)

**Interpreter's Certification**

I certify, under penalty of perjury, that **the following is true and correct:**

I am fluent in English and , which is the same language specified in **Part 5., Item Number 26.b.** or **Part 8., Item Number 1.b.**, and I have read to this household member in the identified language every question and instruction on this contract and his or her answer to every question **in the household member's contract.** The household member informed me that he or she understands every instruction, question, and answer on the contract, including the **Household Member's 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)

**Part 10. Contact Information, Declaration, and Signature of the Person Preparing this Contract, for the Household Member, if Other Than the Sponsor or Household Member**

Provide the following information about the preparer.

**Preparer's Full Name**

- 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)

**Preparer'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

**Preparer's Contact Information**

4. Preparer's Daytime Telephone Number
5. Preparer's Mobile Telephone Number (if any)
6. Preparer's Email Address (if any)

**Preparer's Statement**

- 7.a.  I am not an attorney or accredited representative but have prepared this contract on behalf of the sponsor and household member and with the sponsor's or household member's consent.
- 7.b.  I am an attorney or accredited representative and my representation of the **household member** in this case  extends  does not extend beyond the preparation of this contract.

**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 contract.

**Part 10. Contact Information, Declaration, and Signature of the Person Preparing this Contract, for the Household Member, if Other Than the Sponsor or Household Member (continued)**

***Preparer's Certification***

By my signature, I certify, under penalty of perjury, that I prepared this contract at the request of the sponsor and household member. The sponsor and household member then reviewed this completed contract and informed me that he or she understands all of the information contained in, and submitted with, his or her contract, including the **Sponsor's or Household Member's Certification**, and that all of this information is complete, true, and correct. I completed this contract based only on information that the sponsor and household member provided to me or authorized me to obtain or use.

***Preparer's Signature***

**8.a.** Preparer's Signature

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

06/22/2020

**Part 11. Additional Information**

If you need extra space to provide any additional information within this contract, 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 contract 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.

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2. A-Number (if any)  
▶ A-

3.a. Page Number  3.b. Part Number  3.c. Item Number

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

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