



Affidavit of Support Under Section 213A of the INA

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

USCIS
Form I-864
OMB No. 1615-0075
Expires 03/31/2020

For USCIS Use Only	Affidavit of Support Submitter	Adjusted Household Size	Number of Support Affidavits in File
	<input type="checkbox"/> Petitioner <input type="checkbox"/> 1st Joint Sponsor <input type="checkbox"/> 2nd Joint Sponsor <input type="checkbox"/> Substitute Sponsor <input type="checkbox"/> 5% Owner	Section 213A Review <input type="checkbox"/> MEETS requirements <input type="checkbox"/> DOES NOT MEET requirements Reviewed By: _____ Office: _____ Date (mm/dd/yyyy): _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 Remarks

To be completed by an attorney or accredited representative (if any).	<input type="checkbox"/> 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) _____
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▶ **START HERE - Type or print in black ink.**

Part 1. Basis For Filing Affidavit of Support

I, _____, am the sponsor submitting this affidavit of support because (Select **only one** box):

1.a. I am the petitioner. I filed or am filing for the immigration of my relative.

1.b. I filed an alien worker petition on behalf of the intending immigrant, who is related to me as my _____

1.c. I have an ownership interest of at least 5 percent in _____ which filed an alien worker petition on behalf of the intending immigrant, who is related to me as my _____

1.d. I am the only joint sponsor.

1.e. I am the first second of two joint sponsors.

1.f. The original petitioner is deceased. I am the substitute sponsor. I am the intending immigrant's _____

NOTE: If you are filing this form as a sponsor, you must include proof of your U.S. citizenship, U.S. national status, or lawful permanent resident status.

Part 2. Information About the Principal Immigrant

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 _____

Other Information

3. Country of Citizenship or Nationality _____

4. Date of Birth (mm/dd/yyyy) _____

5. Gender Male Female

6. Alien Registration Number (A-Number) (if any)
▶ A- _____

7. USCIS Online Account Number (if any)
▶ _____

8. Daytime Telephone Number _____

Part 2. Information About the Principal Immigrant (continued)

9. Relationship to Sponsor

[Empty text box]

Part 3. Information About the Immigrants You Are Sponsoring

1. I am sponsoring the principal immigrant named in **Part 2**.

Yes No (Applicable only if you are sponsoring family members in **Part 3**, as the second joint sponsor or if you are sponsoring family members who are immigrating more than six months after the principal immigrant)

2. I am sponsoring the following family members immigrating at the same time or within six months of the principal immigrant named in **Part 2**. (Do not include any relative listed on a separate visa petition.)

3. I am sponsoring the following family members who are immigrating more than six months after the principal immigrant.

Family Member 1

4.a. Family Name (Last Name) [Empty text box]

4.b. Given Name (First Name) [Empty text box]

4.c. Middle Name [Empty text box]

5. Relationship to Principal Immigrant [Empty text box]

6. Date of Birth (mm/dd/yyyy) [Empty text box]

7. Alien Registration Number (A-Number) (if any)
 ▶ A- [Empty grid]

8. USCIS Online Account Number (if any)
 ▶ [Empty grid]

Family Member 2

9.a. Family Name (Last Name) [Empty text box]

9.b. Given Name (First Name) [Empty text box]

9.c. Middle Name [Empty text box]

10. Relationship to Principal Immigrant [Empty text box]

11. Date of Birth (mm/dd/yyyy) [Empty text box]

12. Alien Registration Number (A-Number) (if any)
 ▶ A- [Empty grid]

13. USCIS Online Account Number (if any)
 ▶ [Empty grid]

Family Member 3

14.a. Family Name (Last Name) [Empty text box]

14.b. Given Name (First Name) [Empty text box]

14.c. Middle Name [Empty text box]

15. Relationship to Principal Immigrant [Empty text box]

16. Date of Birth (mm/dd/yyyy) [Empty text box]

17. Alien Registration Number (A-Number) (if any)
 ▶ A- [Empty grid]

18. USCIS Online Account Number (if any)
 ▶ [Empty grid]

Family Member 4

19.a. Family Name (Last Name) [Empty text box]

19.b. Given Name (First Name) [Empty text box]

19.c. Middle Name [Empty text box]

20. Relationship to Principal Immigrant [Empty text box]

21. Date of Birth (mm/dd/yyyy) [Empty text box]

22. Alien Registration Number (A-Number) (if any)
 ▶ A- [Empty grid]

23. USCIS Online Account Number (if any)
 ▶ [Empty grid]

Family Member 5

24.a. Family Name (Last Name) [Empty text box]

24.b. Given Name (First Name) [Empty text box]

24.c. Middle Name [Empty text box]

25. Relationship to Principal Immigrant [Empty text box]

26. Date of Birth (mm/dd/yyyy) [Empty text box]

Part 3. Information About the Immigrants You Are Sponsoring (continued)

- 27. Alien Registration Number (A-Number) (if any)
▶ A-
- 28. USCIS Online Account Number (if any)
▶
- 29. Enter the total number of immigrants you are sponsoring on this affidavit which includes the principal immigrant listed in **Part 2.**, any immigrants listed in **Part 3, Item Numbers 1. - 28.** and (if applicable), any immigrants listed for these questions in **Part 12. Additional Information.** Do not count the principal immigrant if you are only sponsoring family members entering more than 6 months after the principal immigrant. ▶

Part 4. Information About You (Sponsor)

Sponsor's Full Name

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

Sponsor's Mailing Address

- 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 in **Item Numbers 4.a. - 4.h.**

Sponsor's 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. Country of Domicile
- 6. Date of Birth (mm/dd/yyyy)
- 7. City or Town of Birth
- 8. State or Province of Birth
- 9. Country of Birth
- 10. U.S. Social Security Number (Required) ▶

Citizenship or Residency

- 11.a. I am a U.S. citizen.
- 11.b. I am a U.S. national.
- 11.c. I am a lawful permanent resident.

- 12. Sponsor's A-Number (if any)
▶ A-
- 13. Sponsor's USCIS Online Account Number (if any)
▶

Military Service (To be completed by petitioner sponsors only.)

- 14. I am currently on **active duty** in the U.S. Armed Forces, **other than for active duty training.** Yes No

Part 4. Information About You (Sponsor)
(continued)

Sponsor's Bank Account Information

15.a. Account Type

- Checking Savings

15.b. Account Holder's Name

Family Name (Last Name)
Given Name (First Name)
Middle Name

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

Family Name (Last Name)
Given Name (First Name)
Middle Name

15.d. Institution Name

15.e. Account Number

15.f. Routing Number

Part 5. Sponsor's Household Size

NOTE: Do not count any member of your household more than once.

Individuals you are sponsoring in this affidavit:

1. Provide the number you entered in **Part 3., Item Number 29.**

Individuals NOT sponsored in this affidavit:

2. Yourself.
3. If you are currently married, enter "1" for your spouse.
4. If you have dependent children, enter the **total number of dependent children** here.
5. If you have any other dependents, enter the **total number of other dependents** here.

6. If you have sponsored any other persons on Form I-864 or Form I-864EZ who are now lawful permanent residents **and for whom your support obligation has not ended**, enter the number here.

7. **Optional:** If you have siblings, parents, or adult children with the same principal residence who are combining their income with yours by submitting Form I-864A, enter the **total number of people** here:

8. Add together **Part 5., Item Numbers 1. - 7.** and enter the number here
Household Size:

Part 6. Previously Submitted Affidavits of Support

1. Have you submitted Form I-864 or Form I-864EZ for any individuals other than those named on this form? Yes No
2. If you answered "Yes" to **Item Number 1.**, enter the total number of individuals for whom you previously submitted Form I-864 or Form I-864EZ.
3. Provide the following information about each individual for whom you previously submitted Form I-864 or Form I-864EZ. If you need more space to provide the information, use **Part 12. Additional Information.** You do not need to include any individual for whom your sponsorship obligation has ended, that is, if you know that: **1)** the individual became a United States citizen, **2)** the individual is currently a lawful permanent resident that has worked or can be credited with 40 qualifying quarters of coverage, **3)** the individual abandoned or lost his or her lawful permanent resident status, **4)** the individual is deceased, or **5)** the individual is obtaining a new grant of adjustment of status while in removal proceedings based on a new affidavit of support, if one is required.

- a. Sponsored Individual's Name
b. Date of Birth (mm/dd/yyyy)
c. Alien Registration Number **A-**

For USCIS Use Only	Household Size	Poverty Guideline	Remarks	
	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> Other _____	Year: <u>20</u>		
		Poverty Line: \$ _____		

Part 7. Sponsor's Employment and Income

I am currently:

- Employed as a/an

- Name of Employer 1

- Name of Employer 2 (if applicable)

- Self-Employed as a/an (Occupation)

- Retired Since (mm/dd/yyyy) _____
- Unemployed Since (mm/dd/yyyy) _____
- My current individual annual income is:
\$ _____

Income you are using from any other individual who was counted in your household size, including, in certain conditions, the intending immigrant. (See Form I-864 Instructions.) Please indicate name, relationship, and income.

Person 1

- Name

- Relationship

- Current Income \$ _____

Person 2

- Name

- Relationship

- Current Income \$ _____

Person 3

- Name

- Relationship

- Current Income \$ _____

Person 4

- Name

- Relationship

- Current Income \$ _____
- My Current Annual Household Income** (Total all lines from Part 7. Item Numbers 7., 10., 13., 16., and 19.; the total will be compared to Federal Poverty Guidelines on Form I-864P.) \$ _____

- The people listed in **Item Numbers 8., 11., 14., and 17.** have completed Form I-864A. I am filing along with this affidavit all necessary Form I-864As completed by these people.
- One or more of the people listed in **Item Numbers 8., 11., 14., and 17.** do not need to complete Form I-864A because he or she is the intending immigrant and has no accompanying dependents.
Name

Federal Income Tax Return Information

- 23.a.** Have you filed a Federal income tax return for each of the three most recent tax years? Yes No
NOTE: You **MUST** attach a photocopy or transcript of your Federal income tax return for only the most recent tax year.
- 23.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** as reported on my Federal income tax returns for the most recent three years was:

For USCIS Use Only	Household Size			Poverty Guideline	Remarks
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	Year: <u>20</u>	
	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	Poverty Line: \$ _____	
	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9		
	<input type="checkbox"/> Other _____				

Part 7. Sponsor's Employment and Income
(continued)

	Tax Year	Total Income
24.a. Most Recent		\$ _____
24.b. 2nd Most Recent		\$ _____
24.c. 3rd Most Recent		\$ _____

25. I was not required to file a Federal income tax return as my income was below the IRS required level and I have attached evidence to support this.

Credit Report Information (Optional)

26. I have attached a copy of a recent credit report.

Part 8. Use of Assets to Supplement Income
(Optional)

If your income, or the total income for you and your household, from **Part 7., Item Numbers 20. or 24.a. - 24.c.**, exceeds the Federal Poverty Guidelines for your household size, **YOU ARE NOT REQUIRED** to complete this **Part 8.** Skip to **Part 9.**

Your Assets (Optional)

- Enter the balance of all savings and checking accounts.
\$ _____
- Enter the net cash value of real-estate holdings. (Net value means current assessed value minus mortgage debt.)
\$ _____
- Enter the net cash value of all stocks, bonds, certificates of deposit, and any other assets not already included in **Item Number 1.** or **Item Number 2.**
\$ _____
- Add together **Item Numbers 1. - 3.** and enter the number here.
TOTAL: \$ _____

Assets from Form I-864A (Optional) If you need to provide information about more than one Form I-864A, use the space provided in **Part 12. Additional Information.**

5.a. Name of household member

5.b. Your household member's **total** assets from Form I-864A, **Part 4., Item Number 4.** \$ _____

Assets of the principal sponsored immigrant (Optional)

The principal sponsored immigrant is the **individual** listed in **Part 2., Item Numbers 1.a. - 1.c.** Only include the assets if the principal immigrant is being sponsored by this affidavit of support.

- Enter the balance of the principal immigrant's savings and checking accounts. \$ _____
- Enter the net cash value of all the principal immigrant's real estate holdings. (Net value means investment value minus mortgage debt.) \$ _____
- Enter the current cash value of the principal immigrant's stocks, bonds, certificates of deposit, and other assets not included in **Item Number 6.** or **Item Number 7.** \$ _____
- Add together **Item Numbers 6. - 8.** and enter the number here. \$ _____

Total Value of Assets

10. Add together **Item Numbers 4., 5.b.,** and **9.** and enter the number here.
TOTAL: \$ _____

Part 9. Sponsor's Contract, Statement, Contact Information, Certification, and Signature

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

Sponsor's Contract

Please note that, by signing this Form I-864, you agree to assume certain specific obligations under the Immigration and Nationality Act (INA) and other Federal laws. The following paragraphs describe those obligations. Please read the following information carefully before you sign Form I-864. If you do not understand the obligations, you may wish to consult an attorney or accredited representative.

Part 9. Sponsor's Contract, Statement, Contact Information, Certification, and Signature
(continued)

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

If you sign Form I-864 on behalf of any **individual** (called the intending immigrant) who is applying for an immigrant visa or for adjustment of status to **that of** a lawful permanent resident, and that intending immigrant submits Form I-864 to the U.S. Government with his or her application for an immigrant visa or adjustment of status, under INA section 213A, these actions create a contract between you and the U.S. Government. The intending immigrant becoming a lawful permanent resident is the consideration for the **contract**.

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

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

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

If an intending immigrant becomes a lawful permanent resident in the United States based on a Form I-864 that you have signed, **then you must do all of the following until** your obligations under this Form I-864 **terminate**:

- A. Provide the intending immigrant any support necessary to maintain him or her at an income that is at least 125 percent of the Federal Poverty Guidelines for **your** household size (100 percent if you are the petitioning sponsor and are on active duty in the U.S. Armed Forces or U.S. Coast Guard, and the **intending immigrant** is your husband, wife, or unmarried child under 21 years of age); and
- B. Notify U.S. Citizenship and Immigration Services (USCIS) of any change in your address, within 30 days of the change, by filing Form I-865.

What Other Consequences Are There?

If an intending immigrant becomes a lawful permanent resident in the United States based on a Form I-864 that you have signed, then, until your obligations under Form I-864 terminate, the U.S. Government may consider (deem) your income and assets as available to that **individual**, in determining whether he or she is eligible for certain Federal means-tested public benefits and also for state or local means-tested public benefits, if the state or local government's rules provide for consideration (deeming) of your income and assets as available to the **individual**.

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.

What If I Do Not Fulfill My Obligations?

If you do **not** provide sufficient support to the **individual** who becomes a lawful permanent resident based on a Form I-864 that you signed, that **individual** may sue you for this support.

If a Federal, state, local, or private agency provided any covered means-tested public benefit to the person who becomes a lawful permanent resident based on **this** Form I-864 that you signed, **you are responsible for reimbursing the agency** for the amount of the benefits they provided. If you do not make the reimbursement, the agency may sue you for the amount that the agency believes you owe. **If you fail to reimburse the benefit granting agency upon request, you may be found ineligible to be a sponsor in the future.**

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.

If you do not file a properly completed Form I-865 within 30 days of any change of address, USCIS may impose a civil fine for your failing to do so.

When Will These Obligations End?

Your obligations under **this** Form I-864 will end if the **individual you are sponsoring** who becomes a lawful permanent resident based on **the application for which this affidavit was required**:

- A. Becomes a U.S. citizen;
- B. Has worked, or can receive credit for, 40 quarters of coverage under the Social Security Act;
- C. **Has abandoned or lost** lawful permanent resident status and has departed the United States;
- D. Is subject to removal, but applies for and obtains, in removal proceedings, a new grant of adjustment of status, based on a new affidavit of support, if one is required; or
- E. **Dies.**

Your obligations under **this** Form I-864 **also** end if you die. Therefore, if you die, your estate is not required to take responsibility for the **individual's** support after your death. However, your estate may **be required to reimburse a benefit granting agency for any means-tested public benefits that the intending immigrant received** before you died.

Part 9. Sponsor's Contract, Statement, Contact Information, Certification, and Signature
(continued)

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

Sponsor'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 affidavit and my answer to every question.
- 1.b. The interpreter named in **Part 10.** read to me every question and instruction on this affidavit and my answer to every question in , a language in which I am fluent, and I understood everything.
2. At my request, the preparer named in **Part 11.**, , prepared this affidavit for me based only upon information I provided or authorized.

Sponsor's Contact Information

3. Sponsor's Daytime Telephone Number
4. Sponsor's Mobile Telephone Number (if any)
5. 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 USCIS or the U.S. Department of State (DOS) may require that I submit original documents to USCIS or DOS at a later date.

Furthermore, I authorize the release of any information from any and all of my records that USCIS or DOS may need to determine my eligibility for the benefit that I seek.

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

I certify, under penalty of perjury, **that:**

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

Part 9. Sponsor's Contract, Statement, Contact Information, Certification, and Signature
(continued)

- J.** I understand that if I fail to respond within 45 days to a request for reimbursement from a public benefit-granting agency or an appropriate government entity because the individual named in **Part 3.** received a means-tested benefit, an action may be brought against me pursuant to the affidavit of support;
- K.** I understand that I may be subject to a civil penalty if I fail to notify U.S. Citizenship and Immigration Services (USCIS) of any change in my address, within 30 days of the change, by filing Form I-865, Sponsor's Notice of Change of Address;
- L.** I authorize agencies and entities that administer or oversee means-tested public benefits, and any agency or entity that is authorized to act on its behalf, to disclose information to the Department of Homeland Security (DHS) and Department of State (DOS), for the purpose of administration of federal laws regarding my obligations as a sponsor, as agreed to in this affidavit and only as permitted by law. If any alien that I sponsor on this affidavit applies for a means-tested public benefit, including Medicaid, the Children's Health Insurance Program, Temporary Assistance to Needy Families, or the Supplemental Nutrition Assistance Program, or any other Federal or State public benefit subject to deeming of my income and/or assets/resources or for which I could be liable for reimbursement, I specifically authorize the agencies and entities that administer or oversee means-tested public benefits, and any agency or entity that is authorized to act on its behalf, to disclose my name, Social Security number, date of birth, information about the agency's deeming of my income and/or assets/resources, and any reimbursement obligations to DHS and DOS. This consent is valid for the entire period of enforceability of my obligations as a sponsor.

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;

- M.** I authorize the Social Security Administration (SSA) to disclose information to DHS and DOS, for the purpose of administration of federal laws regarding my obligations as a sponsor, as agreed to in this affidavit and only as permitted by law. If any alien that I sponsor on this affidavit applies for Supplemental Security Income payments, I specifically authorize SSA to disclose my name, Social Security number, date of birth, the deeming of my income and/or assets/resources, and my reimbursement obligations to DHS and DOS. This consent is valid for the entire period of enforceability of my obligations as a sponsor. I understand that the information SSA discloses to DHS and DOS is for official use for the purpose of administration of federal laws regarding my obligation as a sponsor and that DHS and DOS may disclose my information as authorized by law; and
- N.** I acknowledge that if I fail to meet the obligations of sponsorship, I may be found ineligible to be a sponsor in the future.

Sponsor's Signature

6.a. Sponsor's Signature

6.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 affidavit or fail to submit required documents listed in the Instructions, USCIS or DOS may deny your affidavit.

Part 10. 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 certify, under penalty of perjury, that:
 I am fluent in English and ,
 which is the same language specified in **Part 8., Item Number 1.b.**, and I have read to this sponsor in the identified language every question and instruction on this affidavit and his or her answer to every question. The sponsor informed me that he or she understands every instruction, question, and answer on the affidavit, including the **Sponsor's Certification**, and has verified the accuracy of every answer.

Part 10. Interpreter's Contact Information, Certification, and Signature (continued)

Interpreter's Signature

- 7.a. Interpreter's Signature
- 7.b. Date of Signature (mm/dd/yyyy)

Part 11. Contact Information, Certification, and Signature of the Person Preparing this Affidavit, if Other Than the Sponsor

Provide the following information about the preparer.

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 affidavit on behalf of the sponsor and with the sponsor's consent.
- 7.b. I am an attorney or accredited representative and my representation of the sponsor in this case
 extends does not extend beyond the preparation of this affidavit.

NOTE: If you are an attorney or accredited representative, you may **need** to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, or G-28I, Notice of Entry of Appearance as Attorney In Matters Outside the Geographical Confines of the United States, with this affidavit.

Preparer's Certification

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

Preparer's Signature

8.a. Preparer's Signature

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

