



# 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 10/31/2021

<b>For USCIS Use Only</b>	<b>Affidavit of Support Submitter</b>	<b>Section 213A Review</b>	<b>Number of Support Affidavits in File</b>
	<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	<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 <b>Remarks</b>

<b>To be completed by an attorney or accredited representative (if any).</b>	<input type="checkbox"/> <b>Select this box if Form G-28 or G-28I is attached.</b>	<b>Attorney State Bar Number (if applicable)</b> _____	<b>Attorney or Accredited Representative USCIS Online Account Number (if any)</b> _____
--	--	---	--

► **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. Alien Registration Number (A-Number) (if any)  
► A- \_\_\_\_\_
- 6. USCIS Online Account Number (if any)  
► \_\_\_\_\_
- 7. Daytime Telephone Number \_\_\_\_\_

**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)

4.b. Given Name (First Name)

4.c. Middle Name

5. Relationship to Principal Immigrant

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

7. Alien Registration Number (A-Number) (if any)  
▶ A-

8. USCIS Online Account Number (if any)  
▶

**Family Member 2**

9.a. Family Name (Last Name)

9.b. Given Name (First Name)

9.c. Middle Name

10. Relationship to Principal Immigrant

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

12. Alien Registration Number (A-Number) (if any)  
▶ A-

13. USCIS Online Account Number (if any)  
▶

**Family Member 3**

14.a. Family Name (Last Name)

14.b. Given Name (First Name)

14.c. Middle Name

15. Relationship to Principal Immigrant

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

17. Alien Registration Number (A-Number) (if any)  
▶ A-

18. USCIS Online Account Number (if any)  
▶

**Family Member 4**

19.a. Family Name (Last Name)

19.b. Given Name (First Name)

19.c. Middle Name

20. Relationship to Principal Immigrant

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

22. Alien Registration Number (A-Number) (if any)  
▶ A-

23. USCIS Online Account Number (if any)  
▶

**Family Member 5**

24.a. Family Name (Last Name)

24.b. Given Name (First Name)

24.c. Middle Name

25. Relationship to Principal Immigrant

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

27. Alien Registration Number (A-Number) (if any)  
▶ A-

28. USCIS Online Account Number (if any)  
▶

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

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 11. 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)

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 or U.S. Coast Guard.  Yes  No

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

**Sponsor's Biographic Information**

15. Ethnicity (Select **only one** box)

- Hispanic or Latino
- Not Hispanic or Latino

16. Race (Select **all applicable** boxes)

- White
- Asian
- Black or African American
- American Indian or Alaska Native
- Native Hawaiian or Other Pacific Islander

17. Height Feet  Inches

18. Weight Pounds

19. Eye Color (Select **only one** box)

- |                                 |                                |  |
|---------------------------------|--------------------------------|--|
| <input type="checkbox"/> Black  | <input type="checkbox"/> Blue  | <input type="checkbox"/> Brown         |
| <input type="checkbox"/> Gray   | <input type="checkbox"/> Green | <input type="checkbox"/> Hazel         |
| <input type="checkbox"/> Maroon | <input type="checkbox"/> Pink  | <input type="checkbox"/> Unknown/Other |

20. Hair Color (Select **only one** box)

- |   |                                |                                |
|---|--------------------------------|--------------------------------|
| <input type="checkbox"/> Bald (No hair) | <input type="checkbox"/> Black | <input type="checkbox"/> Blond |
| <input type="checkbox"/> Brown          | <input type="checkbox"/> Gray  | <input type="checkbox"/> Red   |
| <input type="checkbox"/> Sandy          | <input type="checkbox"/> White |                                |
| <input type="checkbox"/> Unknown/Other  |                                |                                |

**Part 5. Sponsor's Household Size**

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

**Persons you are sponsoring in this affidavit:**

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

**Persons 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 number here.

5. If you have any other dependents, enter the number here.

6. If you have sponsored any other persons on Form I-864 or Form I-864EZ who are now lawful permanent residents, 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 number here.

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

**Household Size:**

**Part 6. Sponsor's Employment and Income**

**I am currently:**

1.  Employed as a/an

2. Name of Employer 1

3. Name of Employer 2 (if applicable)

4.  Self-Employed as a/an (Occupation)

5.  Retired Since (mm/dd/yyyy)

6.  Unemployed Since (mm/dd/yyyy)

7. My current individual annual income is: \$

**Income you are using from any other person 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.**

<b>For USCIS Use Only</b>	<b>Household Size</b>			<b>Poverty Guideline</b>		<b>Remarks</b>
	<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 6. Sponsor's Employment and Income (continued)**

**Person 1**

8. Name

9. Relationship

10. Current Income \$

**Person 2**

11. Name

12. Relationship

13. Current Income \$

**Person 3**

14. Name

15. Relationship

16. Current Income \$

**Person 4**

17. Name

18. Relationship

19. Current Income \$

20. My Current Annual Household Income (Total all lines from Part 6. Item Numbers 7., 10., 13., 16., and 19.; the total will be compared to Federal Poverty Guidelines on Form I-864P.) \$

21.  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.

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

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

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.

**Part 7. Use of Assets to Supplement Income (Optional)**

If your income, or the total income for you and your household, from Part 6., 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 7. Skip to Part 8.

**Your Assets (Optional)**

1. Enter the balance of all savings and checking accounts.  
\$

2. Enter the net cash value of real-estate holdings. (Net value means current assessed value minus mortgage debt.)  
\$

3. 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.  
\$

4. Add together Item Numbers 1. - 3. and enter the number here.  
**TOTAL: \$**

<b>For USCIS Use Only</b>	<b>Household Size</b>	<b>Poverty Guideline</b>	<b>Sponsor's Household Income</b> <i>(Page 4, Line 10)</i>	<b>Remarks</b>
	<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>	\$ _____	

**Part 7. Use of Assets to Supplement Income (Optional)**

**Assets from Form I-864A, Part 4., Item Number 3.d., for:**

**5.a.** Name of Relative

**5.b.** Your household member's assets from Form I-864A (optional).  
 \$

**Assets of the principal sponsored immigrant (optional).**

The principal sponsored immigrant is the person 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.

**6.** Enter the balance of the principal immigrant's savings and checking accounts.  
 \$

**7.** Enter the net cash value of all the principal immigrant's real estate holdings. (Net value means investment value minus mortgage debt.)  
 \$

**8.** 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.**  
 \$

**9.** 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 8. Sponsor's Contract, Statement, Contact Information, Declaration, 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.

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

If you sign Form I-864 on behalf of any person (called the intending immigrant) who is applying for an immigrant visa or for adjustment of status to 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.

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 a person likely to become a public charge, the U.S. Government can consider your income and assets as available for the support of the intending immigrant.

**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.

**Part 8. Sponsor's Contract, Statement, Contact Information, Declaration, Certification, and Signature (continued)**

**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, until your obligations under Form I-864 terminate, you must:

- 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 his or her 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 person 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 person, 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 person.

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 programs under the Elementary and Secondary Education Act.

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

If you do not provide sufficient support to the person who becomes a lawful permanent resident based on a Form I-864 that you signed, that person 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 a Form I-864 that you signed, the agency may ask you to reimburse them 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 are sued, and the court enters a judgment against you, the person 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 a Form I-864 that you signed will end if the person who becomes a lawful permanent resident based on that affidavit:

- 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-864.

Your obligations under a Form I-864 that you signed also end if you die. Therefore, if you die, your estate is not required to take responsibility for the person's support after your death. However, your estate may owe any support that you accumulated before you died.

**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 9.** 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 10.**, , prepared this affidavit for me based only upon information I provided or authorized.

**Part 8. Sponsor's Contract, Statement, Contact Information, Declaration, Certification, and Signature** (continued)

**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 Declaration and 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 all of the information in my affidavit and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my affidavit and that all of this information is complete, true, and correct.

- A. I know the contents of this affidavit of support that I signed;
- B. I have read and I understand each of the obligations described in **Part 8.**, and I agree, freely and without any mental reservation or purpose of evasion, to accept each of those obligations in order to make it possible for the immigrants indicated in **Part 3.** to become lawful permanent residents of the United States;
- C. I agree to submit to the personal jurisdiction of any Federal or state court that has subject matter jurisdiction of a lawsuit against me to enforce my obligations under this Form I-864;
- D. 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;

- E. 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; and
- F. I authorize the Social Security Administration to release information about me in its records to USCIS and DOS.

**Sponsor's Signature**

- 6.a. Sponsor's Signature
- 6.b. Date of Signature (mm/dd/yyyy)

**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 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.  Fl.
- 3.c. City or Town
- 3.d. State  3.e. ZIP Code
- 3.f. Province
- 3.g. Postal Code
- 3.h. Country



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

**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 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)

**Part 10. Contact Information, Declaration, 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 be obliged 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.

---

**Part 10. Contact Information, Declaration, and Signature of the Person Preparing this Affidavit, if Other Than the Sponsor (continued)**

***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 Declaration and 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)

DRAFT  
Not for  
Production  
05/12/2020

**Part 11. Additional Information**

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

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.

DRAFT  
Not for  
Production  
05/12/2020