



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 03/31/2020

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 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, but not married to the sponsor.**
- 1.c. I am **not** the intending immigrant. I am the sponsor's **spouse.**

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: \$

Part 4. Your (the Household Member's) Federal Income Tax Information and Assets

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

NOTE: You **MUST** attach **IRS-issued certified copies or transcripts** of your Federal income tax return for the three 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
2.a. Most Recent	<input type="text"/>	\$ <input type="text"/>
2.b. 2nd Most Recent	<input type="text"/>	\$ <input type="text"/>
2.c. 3rd Most Recent	<input type="text"/>	\$ <input type="text"/>

My assets (complete only if necessary).

- 3.a. Enter the balance of all cash, savings, and checking accounts. \$
- 3.b. Enter the net cash value of real-estate holdings. (Net value means assessed value minus mortgage debt.) \$
- 3.c. Enter the cash value of all stocks, bonds, certificates of deposit, and other assets not listed on **Item Numbers 3.a. or 3.b.** \$
- 3.d. Add together **Item Numbers 3.a., 3.b., and 3.c.** and enter the number here. \$

Household Member's Bank Account Information

Account Type

- 4.a. Checking
- 4.b. Savings

Account Holder

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

Joint Account Holder (if any)

- 6.a. Family Name (Last Name)
- 6.b. Given Name (First Name)
- 6.c. Middle Name
- 7. Institution Name
- 8. Account Number
- 9. Routing Number

Part 4. Your (the Household Member's) Federal Income Tax Information and Assets (continued)

Means-Tested Public Benefits

10. I have received a means-tested public benefit within 36 months of filing this Form I-864. Yes No

Credit Report and Credit Score Information

Provide documentation as provided in the Instructions.

11. Do you have a U.S. credit report and credit score available?

- Yes. Provide a copy of a U.S. credit report and credit score generated within the last 12 months prior to the date of filing.
- No. Provide a credit agency report that demonstrates that you do not have a credit report or score.

Part 5. Sponsor's Promise, Statement, Contact Information, Declaration, 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 **execute** an affidavit of support on behalf of the following named intending immigrants.

(Indicate Number)

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)
▶ _____

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)
▶ _____

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 _____

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

- 17. Date of Birth (mm/dd/yyyy)
- 18. Alien Registration Number (A-Number, if any)
 - ▶ A-
- 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 7.** 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.
- 27. At my request, the preparer named in **Part 8.**, , prepared this contract for me based only upon information I provided or authorized.

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 Declaration and 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. immigration law.

I certify, under penalty of perjury, that all of the information in my contract 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 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)

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 deny your contract.

Part 6. Your (the Household Member's) Promise, Statement, Contact Information, Declaration, Certification, and Signature

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

I, THE HOUSEHOLD MEMBER,

[Redacted Name Box]

(Print Name)

in consideration of the sponsor's promise to **execute** an affidavit of support on behalf of the above named intending immigrants.

[Redacted Number Box]

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

- A.** 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) during the period in which the affidavit of support is enforceable;
- B.** Agree to be jointly and severally liable for payment of any and all obligations owed by the sponsor under the affidavit of support 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;
- C.** Certify under penalty under the laws of the United States that the Federal income tax returns submitted in support of the contract are true copies or unaltered tax transcripts filed with the Internal Revenue Service;
- D. 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) during the period which the affidavit of support is enforceable.

- E.** 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.
- F.** I authorize the Social Security Administration to release information about me in its records to the Department of State and U.S. Citizenship and Immigration Services (USCIS).
- G.** I understand that if I do not file a properly completed Form I-865 within 30 days of any change of address, USCIS may impose a civil fine for my failing to do so.

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 7.** read to me every question and instruction on this contract and my answer to every question in [Redacted Name Box], a language in which I am fluent, and I understood everything.
- 2.** At my request, the preparer named in **Part 8.**, [Redacted Name Box], prepared this contract for me based only upon information I provided or authorized.

Your (the Household Member's) Contact Information

- 3.** Your (the Household Member's) Daytime Telephone Number [Redacted Number Box]
- 4.** Your (the Household Member's) Mobile Telephone Number (if any) [Redacted Number Box]
- 5.** Your (the Household Member's) Email Address (if any) [Redacted Email Box]

Part 6. Your (the Household Member's) Promise, Statement, Contact Information, Declaration, Certification, and Signature (continued)

Your (the Household Member's) Declaration and Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS or 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. immigration law.

I certify, under penalty of perjury, that all of the information in my contract 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 contract and that all of this information is complete, true, and correct.

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)

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 deny your contract.

Part 7. 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 5., Item Number 26.b.** or **Part 6., Item Number 1.b.**, and I have read to this sponsor or household member in the identified language every question and instruction on this contract and his or her answer to every question. The sponsor or household member informed me that he or she understands every instruction, question, and answer on the contract, including the **Sponsor's** or **Household Member'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 8. Contact Information, Declaration, and Signature of the Person Preparing this Contract, 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 sponsor and 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 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 contract.

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 Declaration and 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 9. 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

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. _____

