

TABLE OF CHANGES – FORM
Form I-134, Declaration of Financial Support
OMB Number: 1615-0014
12/16/2022

Reason for Revision: Emergency REV

Project Phase:

Legend for Proposed Text:

- Black font = Current text
- **Red font** = Changes

Expires 12/31/2024

Edition Date 12/20/2022

Current Page Number and Section	Current Text	Proposed Text
Page 1, Start Here	<p>[Page 1]</p> <p>START HERE – Type or print in black ink.</p> <p>Part 1. Basis for Filing</p> <p>1. I am filing this form on behalf of: <input type="checkbox"/> Myself as the beneficiary. <input type="checkbox"/> Another individual who is the beneficiary.</p>	<p>[Page 1]</p> <p>[no change]</p>
Pages 1-4, Part 2. Information About the Beneficiary	<p>[Page 1]</p> <p>Part 2. Information about the Beneficiary</p> <p>Complete Part 2. regardless of whether you are filing this form on behalf of yourself as the beneficiary or on behalf of another individual who is the beneficiary.</p> <p>1. Beneficiary’s Current Legal Name (Do not provide a nickname.) Family Name (Last Name) Given Name (First Name) Middle Name</p> <p>2. Other Names Used</p> <p>Provide all other names the beneficiary has ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in Part 8.</p> <p>Additional Information.</p> <p>Family Name (Last Name) [x2] Given Name (First Name) [x2] Middle Name [x2]</p>	<p>[Page 1]</p> <p>[no change]</p>

	<p>3. Date of Birth (mm/dd/yyyy)</p> <p>4. Gender Male/Female</p> <p>5. Alien Registration Number (A-Number)</p> <p>6. Place of Birth City or Town State or Province Country</p> <p>7. Country of Citizenship or Nationality</p> <p>8. Passport Number of the beneficiary's most recently issued passport</p> <p>Country that issued the most recently issued passport</p> <p>Expiration date for the most recently issued passport</p> <p>9. Marital Status Single, Never Married Married Divorced Widowed Legally Separated Marriage Annulled Other (Explain):</p> <p>[Page 2]</p> <p>10. Beneficiary's Mailing Address In Care Of Name (if any) Street Number and Name Apt./Ste./Flr. Number City or Town State ZIP Code Province Postal Code Country</p> <p>11. Are the beneficiary's mailing address and physical address the same? Yes/No</p> <p>If you answered "No" to Item Number 11., provide the physical address in Item Number 12.</p> <p>12. Beneficiary's Physical Address In Care Of Name (if any) Street Number and Name (Do not provide a PO Box in this space unless it is your ONLY</p>	<p>5. Alien Registration Number (A-Number) (if any)</p> <p>6. Place of Birth City or Town State or Province Country</p> <p>7. Country of Citizenship or Nationality</p> <p>[deleted]</p> <p>8. Marital Status Single, Never Married Married Divorced Widowed Legally Separated Marriage Annulled Other (Explain):</p> <p>[Page 2]</p> <p>9. Beneficiary's Mailing Address In Care Of Name (if any) Street Number and Name Apt./Ste./Flr. Number City or Town State ZIP Code Province Postal Code Country</p> <p>10. Are the beneficiary's mailing address and physical address the same? Yes/No</p> <p>If you answered "No" to Item Number 10., provide the physical address in Item Number 11.</p> <p>11. Beneficiary's Physical Address In Care Of Name (if any) Street Number and Name (Do not provide a PO Box in this space unless it is your ONLY</p>
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	<p>address.) Apt./Ste./Flr. Number City or Town State ZIP Code Province Postal Code Country</p> <p>13. Beneficiary’s Daytime Telephone Number 14. Beneficiary’s Mobile Telephone Number 15. Beneficiary’s Email Address</p> <p><i>Beneficiary’s Anticipated Length of Stay</i></p> <p>16. Beneficiary’s Anticipated Period of Stay in the United States From (mm/dd/yyyy) To (select one): <input type="checkbox"/> (mm/dd/yyyy) <input type="checkbox"/> No End Date</p> <p>[Page 3]</p> <p><i>Beneficiary’s Financial Information</i></p> <p>Provide information about the beneficiary’s income and assets. If you need additional space to complete any Item Number in this section, use the space provided in Part 8. Additional Information.</p> <p>Beneficiary’s Income</p> <p>17. Provide all of the information requested in the table below about the beneficiary, all of the beneficiary’s dependents, and any other individuals the beneficiary financially supports (do not include any individuals named in Part 3.). Information about assets that are not based on employment should be added in Item Number 22. and not in Item Number 17.</p> <p>Table [4 columns, 8 rows] (See Word Doc for layout) Individual’s Full Name (First, Middle, Last) (do not include any individuals named in Part 3.) Date of Birth (mm/dd/yyyy) Relationship to the Beneficiary (Type or print “Self” if you are filing for yourself as the beneficiary or “Beneficiary” if someone is agreeing to support you in Part 3.) Income contribution to the beneficiary annually (if none, type or print \$0) Total Number of Dependents Total Income</p> <p>18. Does any of the beneficiary’s total income (including income from dependents and other</p>	<p>address.) Apt./Ste./Flr. Number City or Town State ZIP Code Province Postal Code Country</p> <p>[deleted]</p> <p><i>Beneficiary’s Anticipated Length of Stay</i></p> <p>12. Beneficiary’s Anticipated Period of Stay in the United States From (mm/dd/yyyy) To (select one): <input type="checkbox"/> (mm/dd/yyyy) <input type="checkbox"/> No End Date</p> <p>[Page 3]</p> <p><i>Beneficiary’s Financial Information</i></p> <p>Provide information about the beneficiary’s income and assets. If you need additional space to complete any Item Number in this section, use the space provided in Part 8. Additional Information.</p> <p>Beneficiary’s Income</p> <p>13. Provide all of the information requested in the table below about the beneficiary, all of the beneficiary’s dependents, and any other individuals the beneficiary financially supports (do not include any individuals named in Part 3.). Information about assets that are not based on employment should be added in Item Number 16. and not in Item Number 13.</p> <p>Table [4 columns, 8 rows] (See Word Doc for layout) Individual’s Full Name (First, Middle, Last) (do not include any individuals named in Part 3.) Date of Birth (mm/dd/yyyy) Relationship to the Beneficiary (Type or print “Self” if you are filing for yourself as the beneficiary or “Beneficiary” if someone is agreeing to support you in Part 3.) Income contribution to the beneficiary annually (if none, type or print \$0) Total Number of Dependents Total Income</p> <p>14. Does any of the beneficiary’s total income (including income from dependents and other</p>
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	<p>2. Other Names Used</p> <p>Provide all other names you have ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in Part 8. Additional Information.</p> <p>Family Name (Last Name) [x2] Given Name (First Name) [x2] Middle Name [x2]</p> <p>3. Current Mailing Address In Care Of Name (if any) Street Number and Name Apt./Ste./Flr. Number City or Town State ZIP Code Province Postal Code Country</p> <p>[Page 5]</p> <p>4. Is your current mailing address the same as your current physical address? Yes/No</p> <p>If you answered "No" to Item Number 4., provide your current physical address in Item Number 5.</p> <p>5. Physical Address In Care Of Name (if any) Street Number and Name Apt./Ste./Flr. Number City or Town State ZIP Code Province Postal Code Country</p> <p>Other Information</p> <p>6. Date of Birth (mm/dd/yyyy)</p> <p>7. Place of Birth City or Town State or Province Country</p> <p>8. Alien Registration Number (A-Number)</p> <p>9. USCIS Online Account Number</p> <p>10. What is your relationship to the beneficiary?</p> <p>Immigration Status</p>	<p>2. Other Names Used</p> <p>Provide all other names you have ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in Part 8. Additional Information.</p> <p>Family Name (Last Name) [x2] Given Name (First Name) [x2] Middle Name [x2]</p> <p>3. Current Mailing Address In Care Of Name (if any) Street Number and Name Apt./Ste./Flr. Number City or Town State ZIP Code Province Postal Code Country</p> <p>[Page 5]</p> <p>4. Is your current mailing address the same as your current physical address? Yes/No</p> <p>If you answered "No" to Item Number 4., provide your current physical address in Item Number 5.</p> <p>5. Physical Address In Care Of Name (if any) Street Number and Name Apt./Ste./Flr. Number City or Town State ZIP Code Province Postal Code Country</p> <p>Other Information</p> <p>6. Date of Birth (mm/dd/yyyy)</p> <p>7. Place of Birth City or Town State or Province Country</p> <p>8. Alien Registration Number (A-Number) (if any)</p> <p>9. USCIS Online Account Number (if any)</p> <p>[deleted]</p> <p>Immigration Status</p>
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	<p>11. What is your current immigration status? Provide documentation as provided in the instructions.</p> <p>U.S. Citizen U.S. National Lawful Permanent Resident Nonimmigrant Form I-94 Arrival/Departure Record Number Other (Explain): _____</p> <p>[Page 6]</p> <p><i>Employment Information</i></p> <p>12. Employment Status <input type="checkbox"/> Employed (full-time, part-time, seasonal, self-employed) <input type="checkbox"/> Unemployed or Not Employed <input type="checkbox"/> Retired <input type="checkbox"/> Other (Explain):</p> <p>If you indicated that you are employed in Item Number 12., provide the information requested in Item Numbers 13. - 14.</p> <p>13.A. I am currently employed as a/an Name of Employer</p> <p>B. I am currently self-employed as a/an</p> <p>14. Current Employer’s Address Street Number and Name Apt./Ste./Flr. Number City or Town State ZIP Code Province Postal Code Country</p> <p><i>Financial Information</i></p> <p>Provide information about your income and assets. If you need additional space to complete any Item Number in this section, use the space provided in Part 8. Additional Information.</p> <p>Income</p> <p>15. Provide all of the information requested in the table below about yourself, all of your dependents, and any other individuals you financially support (do not include any individuals named in Part 2.). Information about assets that are not based on employment should be added in Item Number 20. and not in Item Number 15.</p>	<p>10. What is your current immigration status? Provide documentation as provided in the instructions.</p> <p>U.S. Citizen U.S. National Lawful Permanent Resident A-Number Nonimmigrant Form I-94 Arrival/Departure Record Number Other (Explain): _____</p> <p>[Page 6]</p> <p><i>Employment Information</i></p> <p>11. Employment Status <input type="checkbox"/> Employed (full-time, part-time, seasonal, self-employed) <input type="checkbox"/> Unemployed or Not Employed <input type="checkbox"/> Retired <input type="checkbox"/> Other (Explain):</p> <p>If you indicated that you are employed in Item Number 11., provide the information requested in Item Numbers 12. - 13.</p> <p>12.A. I am currently employed as a/an Name of Employer</p> <p>B. I am currently self-employed as a/an</p> <p>13. Current Employer’s Address Street Number and Name Apt./Ste./Flr. Number City or Town State ZIP Code Province Postal Code Country</p> <p><i>Financial Information</i></p> <p>Provide information about your income and assets. If you need additional space to complete any Item Number in this section, use the space provided in Part 8. Additional Information.</p> <p>Income</p> <p>14. Provide all of the information requested in the table below about yourself, all of your dependents, and any other individuals you financially support (do not include any individuals named in Part 2.). Information about assets that are not based on employment should be added in Item Number 17. and not in Item Number 14.</p>
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Table [4 columns, 8 rows] (See Word Doc for layout)
Full Name (First, Middle, Last) (do not include any individuals named in **Part 2.**)
Date of Birth (mm/dd/yyyy)
Relationship to the Individual Agreeing to Financially Support (Type or print "Self" for Individual Agreeing to Financially Support the Beneficiary)
Income Contribution to the Beneficiary Annually (if none, type or print \$0)
Total Number of Dependents
Total Income

[Page 7]

16. Does any of the income listed above come from an illegal activity or source (such as proceeds from illegal gambling or illegal drug sales)?
Yes
No

17. If you answered "Yes" to **Item Number 16.**, what amount of income comes from an illegal activity? \$_____

18. Does any of the income listed above come from means-tested public benefits as defined in 8 CFR 213a.1?
Yes
No

19. If you answered "Yes" to **Item Number 18.**, what amount of income is from means-tested public benefits \$_____

Assets

20. Fill out the table below regarding the assets available to **you** (do not include any assets from any individuals named in **Part 2.**). Attach evidence showing you have these assets.

Table [3 columns, 10 rows] (See Word Doc for layout)
Full Name of Asset Holder
(you or your household member)
Type of Asset
Amount (Cash Value)
(U.S. dollars)
[New]
TOTAL (U.S. dollars) \$

Financial Responsibility for Other Beneficiaries

21. Have you previously submitted a Form I-

Table [4 columns, 8 rows] (See Word Doc for layout)
Full Name (First, Middle, Last) (do not include any individuals named in **Part 2.**)
Date of Birth (mm/dd/yyyy)
Relationship to the Individual Agreeing to Financially Support (Type or print "Self" for Individual Agreeing to Financially Support the Beneficiary)
Income Contribution to the Beneficiary Annually (if none, type or print \$0)
Total Number of Dependents
Total Income

[Page 7]

15. Does any of the income listed above come from an illegal activity or source (such as proceeds from illegal gambling or illegal drug sales)?
Yes
No

16. If you answered "Yes" to **Item Number 15.**, what amount of income comes from an illegal activity? \$_____

[deleted]

[deleted]

Assets

17. Fill out the table below regarding the assets available to **you** (do not include any assets from any individuals named in **Part 2.**). Attach evidence showing you have these assets.

Table [3 columns, 10 rows] (See Word Doc for layout)
Full Name of Asset Holder
(you or your household member)
Type of Asset
Amount (Cash Value)
(U.S. dollars)
Current Cash Value (U.S. dollars) \$
TOTAL (U.S. dollars) \$

Financial Responsibility for Other Beneficiaries

18. Have you previously submitted a Form I-

	<p>134 on behalf of a person other than the beneficiary named in Part 2?</p> <p>Yes No</p> <p>If you answered “Yes” to Item Number 21., provide the information requested in Item Numbers 22. - 23. If you need additional space to complete this section, use the space provided in Part 8. Additional Information.</p> <p>22. Person 1 Family Name (Last Name) Given Name (First Name) Middle Name A-Number Date Submitted (mm/dd/yyyy)</p> <p>23. Person 2 Family Name (Last Name) Given Name (First Name) Middle Name A-Number Date Submitted (mm/dd/yyyy)</p> <p>[Page 8]</p> <p><i>Intent to Provide Specific Contributions to the Beneficiary</i></p> <p>24. I <input type="checkbox"/> intend <input type="checkbox"/> do not intend to make specific contributions to the support of the beneficiary named in Part 2.</p> <p>Explain the contribution. For example, if you intend to furnish room and board, state for how long. If you intend to provide money, state the amount in U.S. dollars and whether it is to be given in a lump sum, weekly, or monthly, and for how long. If you need additional space, use Part 8. Additional Information.</p>	<p>134 on behalf of a person other than the beneficiary listed on this Form I-134?</p> <p>Yes No</p> <p>If you answered “Yes” to Item Number 20., provide the information requested in Item Numbers 19. - 20. If you need additional space to complete this section, use the space provided in Part 8. Additional Information.</p> <p>19. Person 1 Family Name (Last Name) Given Name (First Name) Middle Name A-Number Date Submitted (mm/dd/yyyy)</p> <p>20. Person 2 Family Name (Last Name) Given Name (First Name) Middle Name A-Number Date Submitted (mm/dd/yyyy)</p> <p>[Page 8]</p> <p><i>Intent to Provide Specific Contributions to the Beneficiary</i></p> <p>21. I <input type="checkbox"/> intend <input type="checkbox"/> do not intend to make specific contributions to the support of the beneficiary named in Part 2.</p> <p>Explain the contribution. For example, if you intend to furnish room and board, state for how long. If you intend to provide money, state the amount in U.S. dollars and whether it is to be given in a lump sum, weekly, or monthly, and for how long. If you need additional space, use Part 8. Additional Information.</p>
<p>Pages 8-9</p> <p>Part 4. Statement, Contact Information, Certification, and Signature of the Beneficiary (Only complete this section if Part 1. Basis for Filing selection is “Myself as the beneficiary”, otherwise continue to Part 5.)</p>	<p>[Page 8]</p> <p>Part 4. Statement, Contact Information, Certification, and Signature of the Beneficiary (Only complete this section if Part 1. Basis for Filing selection is “Myself as the beneficiary”, otherwise continue to Part 5.)</p> <p>If you are the beneficiary and are filing Form I-134 on your own behalf, complete and sign Part 4.</p> <p>NOTE: Read the Penalties section of the Form I-134 Instructions before completing this section.</p>	<p>[Page 8]</p> <p>Part 4. Statement, Contact Information, Certification, and Signature of the Beneficiary (if filing Form I-134 on his or her own behalf)</p> <p>If you are the beneficiary and are filing Form I-134 on your own behalf, complete and sign Part 4.</p> <p>NOTE: Read the Penalties section of the Form I-134 Instructions before completing this section.</p>

Beneficiary's Statement

NOTE: Select the box for either **Item A.** or **B.** in **Item Number 1.** If applicable, select the box for **Item Number 2.**

1. I, as the beneficiary, certify the following:

A. I can read and understand English, and I have read and understand every question and instruction on this declaration and my answer to every question.

B. The interpreter named in **Part 6.** read to me every question and instruction on this declaration and my answer to every question in [Fillable Field], a language in which I am fluent and I understood everything.

2. At my request, the preparer named in **Part 7.,** [Fillable Field], prepared this declaration for me based only upon information I provided or authorized.

[New]

Beneficiary's Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS or the Department of State may require that I submit original documents to USCIS or the Department of State at a later date. Furthermore, I authorize the release of any information from any and all of my records that USCIS or the Department of State may need to determine my eligibility for the immigration benefit I seek.

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

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I understand that USCIS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, if I am required to provide biometrics, I will be required to sign an

Beneficiary's Statement

NOTE: Select the box for either **Item A.** or **B.** in **Item Number 1.** If applicable, select the box for **Item Number 2.**

1. I, as the beneficiary, certify the following:

A. I can read and understand English, and I have read and understand every question and instruction on this declaration and my answer to every question.

B. The interpreter named in **Part 6.** read to me every question and instruction on this declaration and my answer to every question in [Fillable Field], a language in which I am fluent and I understood everything.

2. At my request, the preparer named in **Part 7.,** [Fillable Field], prepared this declaration for me based only upon information I provided or authorized.

Beneficiary's Contact Information

- 3. Beneficiary's Daytime Telephone Number
- 4. Beneficiary's Mobile Telephone Number (if any)
- 5. Beneficiary's Email Address (if any)

Beneficiary's Certification

[no change]

	<p>oath reaffirming that:</p> <p>1) I reviewed and provided or authorized all of the information in my declaration; 2) I understood all of the information contained in, and submitted with, my declaration; and 3) All of this information was complete, true, and correct at the time of filing.</p> <p>I certify, under penalty of perjury, that I provided or authorized all of the information in my declaration, I understand all of the information contained in, and submitted with, my declaration, and that all of this information is complete, true, and correct.</p> <p>That this declaration is made by me to assure the U.S. Government that I will be able to financially support myself while in the United States.</p> <p>That I am willing and able to pay for necessary expenses for the duration of my temporary stay in the United States.</p> <p>Beneficiary's Signature 3. Beneficiary's Signature Date of Signature (mm/dd/yyyy)</p>	
<p>Pages 9-10, Part 5. Statement, Contact Information, Certification, and Signature of the Individual Agreeing to Financially Support the Beneficiary</p>	<p>[Page 9]</p> <p>Part 5. Statement, Contact Information, Certification, and Signature of the Individual Agreeing to Financially Support the Beneficiary</p> <p>If you are filing Form I-134 on behalf of someone else (the beneficiary listed in Part 2.), complete and sign Part 5.</p> <p>NOTE: Read the Penalties section of the Form I-134 Instructions before completing this section.</p> <p>Statement of Individual Agreeing to Financially Support the Beneficiary</p> <p>NOTE: Select the box for either Item A. or B. in Item Number 1. If applicable, select the box for Item Number 2.</p> <p>1. I, as the individual agreeing to financially support the beneficiary, certify the following:</p> <p>A. I can read and understand English, and I have read and understand every question and instruction on this declaration and my answer to every question.</p> <p>B. The interpreter named in Part 6. read to me</p>	<p>[Page 9]</p> <p>Part 5. Statement, Contact Information, Certification, and Signature of the Individual Agreeing to Financially Support the Beneficiary</p> <p>[no change]</p>

every question and instruction on this declaration and my answer to every question in [Fillable Field], a language in which I am fluent and I understood everything.

2. At my request, the preparer named in **Part 7.**, [Fillable Field], prepared this declaration for me based only upon information I provided or authorized.

Contact Information for Individual Agreeing to Financially Support the Beneficiary

- 3. Daytime Telephone Number
- 4. Mobile Telephone Number (if any)
- 5. Email Address (if any)

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Certification of Individual Agreeing to Financially Support the Beneficiary

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS or the Department of State may require that I submit original documents to USCIS or the Department of State at a later date. Furthermore, I authorize the release of any information from any and all of my records that USCIS or the Department of State may need to determine my eligibility for the immigration benefit I seek.

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

I understand that USCIS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, if I am required to provide biometrics, I will be required to sign an oath reaffirming that:

- 1) I reviewed and provided or authorized all of the information in my declaration;
- 2) I understood all of the information contained in, and submitted with, my declaration; and
- 3) All of this information was complete, true, and correct at the time of filing.

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

	<p>That this declaration is made by me to assure the U.S. Government that the person named in Part 2. will be financially supported while in the United States.</p> <p>That I am willing and able to receive, maintain, and support the person named in Part 2. to better ensure that such persons will have sufficient financial resources or financial support to pay for necessary expenses for the period of his or her temporary stay in the United States.</p> <p>I acknowledge that I have read this section, and I am aware of my responsibilities as an individual agreeing to financially support the beneficiary.</p> <p>Signature of Individual Agreeing to Financially Support the Beneficiary 6. Signature Date of Signature (mm/dd/yyyy)</p> <p>NOTE TO ALL INDIVIDUALS AGREEING TO FINANCIALLY SUPPORT THE BENEFICIARY: If you do not completely fill out this declaration or if you fail to submit required documents listed in the Instructions, USCIS or the Department of State may deny or not consider your declaration.</p>	
<p>Pages 10-11, Part 6. Interpreter's Contact Information, Certification, and Signature</p>	<p>[Page 10]</p> <p>Part 6. Interpreter's Contact Information, Certification, and Signature</p> <p>Provide the following information about the interpreter.</p> <p>Interpreter's Full Name 1. Interpreter's Family Name (Last Name) Interpreter's Given Name (First Name)</p> <p>2. Interpreter's Business or Organization Name (if any)</p> <p>Interpreter's Mailing Address</p> <p>3. Street Number and Name Apt./Ste./Flr. Number City or Town State ZIP Code Province Postal Code Country</p> <p>Interpreter's Contact Information 4. Interpreter's Daytime Telephone Number 5. Interpreter's Mobile Telephone Number (if</p>	<p>[Page 10]</p> <p>Part 6. Interpreter's Contact Information, Certification, and Signature</p> <p>[no change]</p>

	<p>any) 6. Interpreter's Email Address (if any)</p> <p><i>Interpreter's Certification</i></p> <p>I certify, under penalty of perjury, that:</p> <p>I am fluent in English and [Fillable Field], which is the same language specified in Part 4. or in Part 5., Item B. in Item Number 1., and I have read to this individual agreeing to financially support the beneficiary in the identified language every question and instruction on this declaration and his or her answer to every question. The individual agreeing to financially support the beneficiary informed me that he or she understands every instruction, question, and answer on the declaration, including the Certification of the Individual Agreeing to Financially Support the Beneficiary, and has verified the accuracy of every answer.</p> <p><i>Interpreter's Signature</i> 7. Interpreter's Signature Date of Signature (mm/dd/yyyy)</p>	
<p>Pages 11-12, Part 7. Contact Information, Declaration, and Signature of the Person Preparing this Declaration, if Other Than the Individual Agreeing to Financially Support the Beneficiary</p>	<p>[Page 11]</p> <p>Part 7. Contact Information, Declaration, and Signature of the Person Preparing this Declaration, if Other Than the Individual Agreeing to Financially Support the Beneficiary</p> <p>Provide the following information about the preparer.</p> <p><i>Preparer's Full Name</i> 1. Preparer's Family Name (Last Name) Preparer's Given Name (First Name)</p> <p>2. Preparer's Business or Organization Name (if any)</p> <p><i>Preparer's Mailing Address</i> 3. Street Number and Name Apt./Ste./Flr. Number City or Town State ZIP Code Province Postal Code Country</p> <p><i>Preparer's Contact Information</i> 4. Preparer's Daytime Telephone Number 5. Preparer's Mobile Telephone Number 6. Preparer's Email Address (if any)</p> <p>[Page 12]</p>	<p>[Page 11]</p> <p>[no change]</p>

	<p>Preparer's Statement</p> <p>7.A. I am not an attorney or accredited representative but have prepared this declaration on behalf of the individual agreeing to financially support the beneficiary (which is the beneficiary if filing on behalf of him or herself) and with that individual's consent.</p> <p>B. I am an attorney or accredited representative and my representation of the individual agreeing to financially support the beneficiary (which is the beneficiary if filing on behalf of him or herself) in this case extends/does not extend beyond the preparation of this declaration.</p> <p>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, with this application.</p> <p>Preparer's Certification</p> <p>By my signature, I certify, under penalty of perjury, that I prepared this declaration at the request of the individual agreeing to financially support the beneficiary (which is the beneficiary if filing on behalf of him or herself). The individual agreeing to financially support the beneficiary (which is the beneficiary if filing on behalf of him or herself) then reviewed this completed declaration and informed me that he or she understands all of the information contained in, and submitted with, his or her declaration, including the Certification of the Individual Agreeing to Financially Support the Beneficiary, and that all of this information is complete, true, and correct. I completed this declaration based only on information that the individual agreeing to financially support the beneficiary provided to me or authorized me to obtain or use.</p> <p>Preparer's Signature 8. Preparer's Signature Date of Signature (mm/dd/yyyy)</p>	
<p>Page 13, Additional Information</p>	<p>[Page 13]</p> <p>Part 8. Additional Information</p> <p>If you need extra space to provide any additional information within this declaration, 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 declaration or attach a separate sheet of paper. Type or print your name and A-Number at the</p>	<p>[Page 13]</p> <p>Part 8. Additional Information</p> <p>If you need extra space to provide any additional information within this declaration, 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 declaration or attach a separate sheet of paper. Type or print your name and A-Number (if any)</p>

	<p>top of each sheet; indicate the Page Number, Part Number, and Item Number to which your answer refers; and sign and date each sheet.</p> <p><i>Your Full Name</i></p> <p>1. Family Name (Last Name) Given Name (First Name) Middle Name</p> <p>2. A-Number (if any)</p> <p>3.A. Page Number B. Part Number C. Item Number D.</p> <p>4.A. Page Number B. Part Number C. Item Number D.</p> <p>5.A. Page Number B. Part Number C. Item Number D.</p> <p>6.A. Page Number B. Part Number C. Item Number D.</p>	<p>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.</p>
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