myUSCIS Copy Deck	myUSCIS Copy Deck	
I-134 Declaration of Finanical Support	I-134A Online Request for Consideration to be a Suppor	ter and Declaration of Financial Suppc
OMB Control Number: 1615-0014	OMB Control Number: 1615-0014	
Edition Date: 04/25/2022	Edition Date: 04/25/2022	
Expires: 10/31/2022	Expires: 10/31/2022	
I-134_Expansion_Copydeck_(PRA-012)_v1.1.1	I-134_Expansion_Copydeck_(PRA-012)_v1.1.1	

Revision Key		
Description		
All original (old) text will be in black.		
Example	Original	Revised
All original text will be shown in black.	1. Oranges	1. Oranges
Any text that is removed from original column will be shown with a strikethrough and in red.	2. Bananas	2. Bananas
	3. Apple	3. Apple
	4. Pineapple	4. Pineapple

I-134: File a Form

. 20				
File A Form Copy	Alerts	Revisions	Link	Notes
I-134, Request to be Financial Supporter		I-134A, Online Request to be a Supporter and Declaration of Financial Support		
Some immigration benefits that involve a temporary stay in the United States require U.S. Citizenship and Immigration Services (USCIS) to determine whether the applicant or beneficiary of the request has sufficient financial resources or financial support to pay for expenses during the temporary stay. The individual who signs and submits Form I-134 must establish that he or she has both sufficient financial resources and access to those funds to support the beneficiary listed on Form I-134 for the duration of the beneficiary's stay in the United States.	We are only accepting online filing of Form I-134 by individuals agreeing to financially support beneficiaries eligible for the following programs: • Cuba • Haiti • Nicaragua • Ukraine • Venezuela	We are only accepting online filing of Form I-134A by individuals agreeing to financially support beneficiaries eligible for the following programs:	Paper Form I-134: https://www.uscis.gov/i- 134	Ξ
	You must be located in the United States to file Form I-134 online. Indviduals seeking parole may not file Form I-134 on their own behalf. Supporters must include the name of the beneficiary on Form I-134.	You must be located in the United States to file Form I-134A online. Indviduals seeking parole may not file Form I-134A on their own behalf. Supporters must include the name of the beneficiary on Form I-134A.		
	Supporters must file a separate Form I-134 for each beneficiary they are planning to support, including minor children. To be eligible for this process, children under the age of 18 must be traveling to the United States in the care and custody of their parent or legal guardian and be able to provide documentation to confirm the relationship.	Supporters must file a separate Form I-134A for each beneficiary they are planning to support, including minor children. To be eligible for this process, children under the age of 18 must be traveling to the United States in the care and custody of their parent or legal guardian and be able to provide documentation to confirm the relationship.		
	If you are agreeing to support a beneficiary seeking parole who is not applying under Venezuela or Uniting for Ukraine, or a beneficiary seeking any other immigration benefit, you must file a paper Form I-134 through the appropriate Lockbox location.	If you are agreeing to support a beneficiary seeking parole who is not applying under Venezuela or Uniting for Ukraine, or a beneficiary seeking any other immigration benefit, you must file a paper Form I-134 through the appropriate Lockbox location.		

:Overview	Sub-Hooding	Rody Text	Revisions	Link	Alerts	Revisions	Link	Daner Form
claration of I-134A, Online Request be a Supporter and Declaration of Financial Support		Some immigration benefits that involve a temporary stay in the United States require U.S. Citizenship and Immigration Services (USCIS) to determine whether the applicant or beneficiary of the request has sufficient financial resources or financial support to pay for expenses during the temporary stay. The individual who signs and submits Form I-134 must establish that he or she has both sufficient financial resources and access to those funds to support the beneficiary listed on Form I-134 for the duration of the beneficiary's stay in the United States. Form I-134, Declaration of Financial Support, was previously titled "Form I-134, Affidavit of Support."	Some immigration benefits that involve a temporary stay in the United States require U.S. Citizenship and Immigration Services (USCIS) to determine whether the applicant or beneficiary of the request has sufficient financial resources or financial support to pay for expenses during the temporary stay. The individual who signs and submits Form I-134A must establish that he or she has both sufficient financial resources and access to those funds to support the beneficiary listed on Form I-134A for the duration of the beneficiary's stay in the United States. Form I-134, Declaration of Financial Support, was previously titled "Form I-134, Affidavit of Support." (delete)	Link	Alerts	Revisions	Link CTA	Paper Form Form I-134 instructions, page 1
ou Start Your ion	Eligibility	Certain individuals applying for parole based on urgent humanitarian reasons or significant public benefit filed on Form I-131, Application for Travel Document, must submit this form with Form I-131. Form I-134 is filed either by the applicant for parole on his or her own behalf, or by another individual on the parole applicant's behalf.	Certain individuals applying for parole based on urgent humanitarian reasons or significant public benefit filed on Form I-131, Application for Travel Document, must submit this form with Form I-131. Form I-134A is filed either by the applicant for parole on his or her own behalf, or by another individual on the parole applicant's behalf.	https://www.uscis.gov/i-134	We are only accepting online filing of Form I-134 by individuals agreeing to financially support beneficiaries eligible for the following programs: • Cuba	We are only accepting online filing of Form I-134A by individuals agreeing to financially support beneficiaries eligible for the following programs: • Cuba	134 <u>:</u>	Form I-134 instructions, page 1
		Certain individuals applying for parole into the United States for urgent humanitarian reasons or significant public benefit who are not filing Form I-131 may also be required to submit this form. In such cases, Form I-134 is completed by an individual other than the beneficiary who is agreeing to financially support the beneficiary for the period of his or her temporary stay in the United States.	Certain individuals applying for parole into the United States for urgent humanitarian reasons or significant public benefit who are not filing Form I-131 may also be		 Haiti Nicaragua Ukraine Venezuela 	 Haiti Nicaragua Ukraine Venezuela 	<u>https://www.usc</u> <u>is.gov/i-134</u>	
		Note: Whether or not the beneficiary of this Form I-134 will have sufficient means of support while in the United States is an important factor in determining whether to exercise discretion to authorize parole. We require evidence that the beneficiary of this Form I-134 has financial support for the duration of his or her stay in the United States. Lack of evidence of financial support while in the United States is a strong negative factor that may lead to a denial of parole.	Note: Whether or not the beneficiary of this Form I-134A will have sufficient means of support while in the United States is an important factor in determining wheth to exercise discretion to authorize parole. We require evidence that the beneficiary of this Form I-134A has financial support for the duration of his or her stay in the United States. Lack of evidence of financial support while in the United States is a strong negative factor that may lead to a denial of parole.		You must be located in the United States to file Form I-134 online. Indviduals seeking parole may not file Form I-134 on their own behalf. Supporters must include the name of the beneficiary on Form I-134.	You must be located in the United States to file Form I-134A online. Indviduals seeking parole may not file Form I-134A on their own behalf. Supporters must include the name of the beneficiary on Form I-134A.		
		Form I-134 may also be requested by Department of State in certain instances. Do not use Form I-134 if the beneficiary you are agreeing to financially support must have Form I-864, Affidavit of Support Under Section 213A of the INA, filed on his	Form I-134A may also be requested by Department of State in certain instances. Do not use Form I-134A if the beneficiary you are agreeing to financially support must have Form I-864. Affidavit of Support Under Section 213A of the INIA filed on h	c	Supporters must file a separate Form I-134 for each beneficiary they are	Supporters must file a separate Form I-134A for each beneficiary they	are	
		or her behalf instead.	or her behalf instead.	5		planning to support, including minor children. To be eligible for this process, children under the age of 18 must be traveling be the United States in the care and custody of their parent or legal guardian and able to provide documentation to confirm the relationship.		
					If you are agreeing to support a beneficiary seeking parole who is not applying under Venezuela or Uniting for Ukraine, or a beneficiary seeking any other immigration benefit, you must file a <u>paper Form I-134</u> through the appropriate Lockbox location.	If you are agreeing to support a beneficiary seeking parole who is not applying under Venezuela or Uniting for Ukraine, or a beneficiary seeking any other immigration benefit, you must file a <u>paper Form I-134</u> through the appropriate Lockbox location.		
	Fee	There is no filing fee to file Form I-134.	There is no filing fee to file Form I-134A.					Form I-134 instructions,
		Please refer to the instructions for the form(s) you are filing for additional information or you may call the USCIS Contact Center at 800-375-5283. For TTY (deaf or hard of hearing) 800-767-1833.	Please refer to the instructions for the form(s) you are filing for additional information or you may call the USCIS Contact Center at 800-375-5283. For TTY (deaf or hard of hearing) 800-767-1833.					
	Documents you may need	You must be located in the United States in order to file Form I-134 on behalf of beneficiaries and their immediate family	You must be located in the United States in order to file Form I-134A on behalf of beneficiaries and their immediate family members. Beneficiaries and their immediate family					Need to clarify what to say
	you may neeu	, ,	members requesting parole may not file Form I-134A on their own behalf. As the person who agrees to financially support the beneficiary, you must show you have sufficient income or financial resources to support the beneficiary.					in this section.
		Evidence should consist of copies of any of the documents listed below that apply.	Evidence should consist of copies of any of the documents listed below that apply.					
		Failure to provide evidence of sufficient income or financial resources may result in the denial of the foreign national's application for a visa or his or her removal from the United States.	Failure to provide evidence of sufficient income or financial resources may result in the denial of the foreign national's application for a visa or his or her removal from the United States.					
		Submit in duplicate evidence of income and resources, appropriate:	Submit in duplicate evidence of income and resources, appropriate:					Form I-134 instructions
		 1. Statement from an officer of the bank or other financial institutions with deposits, identifying the following details regarding the account: Date account opened Total amount deposited for the past year; and Present balance. 	 Statement from an officer of the bank or other financial institutions with deposits, identifying the following details regarding the account: Date account opened Total amount deposited for the past year; and Present balance. 					
		2. Statement(s) form your employer on business stationery showing:Date and nature of employment;	2. Statement(s) form your employer on business stationery showing:Date and nature of employment;					
		 Salary paid; and Whether the position is temporary or permanent 	 Salary paid; and Whether the position is temporary or permanent 					
		3. Copy of last U.S. federal income tax return filed (tax transcript); or	3. Copy of last U.S. federal income tax return filed (tax transcript); or					
		4. List containing serial numbers and denominations of bonds and name of record owner(s).	4. List containing serial numbers and denominations of bonds and name of record owner(s).					
	Biometric services appointment	USCIS may require that you appear for an interview or provide biometrics (fingerprints, photograph, and/or signature) at any time to verify your identity, obtain additional information, and conduct background and security checks, including a check of criminal history records maintained by the Federal Bureau of Investigation (FBI), before making a decision on your application or petition. After USCIS receives your declaration and ensures it is complete, we will inform you if you need to attend a biometric services appointment. If an appointment is necessary, the notice will provide you the location of you local or designated USCIS Application Support Center (ASC) and the date and time of your appointment or, if you are currently overseas, instruct you to contact a U.S. Embassy, U.S. Consulate, or USCIS office outside the United States to set up an appointment.						
		If you are required to provide biometrics, at your appointment you must sign an oath reaffirming that: 1. You provided or authorized all information in the declaration; 2. You reviewed and understood all of the information contained in, and submitted with your declaration; and; 3. All of this information was complete, true, and correct at the time of filing.						
it Your	Track your case online	After you submit your form, you can track its status through your USCIS account. Sign in to your account often to check your case status and read any important messages from USCIS.						
	Respond to requests for information	If we need more information from you, we will send you a Request for Evidence (RFE) or Request for Information (RFI). You can respond to our request and upload your documents through your USCIS account.						
	Receive your decision	The decision on the Form I-134 involves a determination of whether you have established a basis of support for the beneficiary seeking an immigration benefit. USCIS will notify you of the decision in writing.						
ır Form	Filing online	Submitting your declaration online is the same as mailing in a completed paper form. They both gather the same information.						
	Provide as many responses as you can	You should answer all questions in the Getting Started section first so we can best customize the rest of your online form experience. You should provide as many responses as you can. Incomplete fields or sections and missing information can slow down the process after you submit your form.						
	How to continue filling out your form	We will automatically save your information when you select next to go to a new page or navigate to another section of the form. We will save your information for 30 days from today, or from the last time you worked on the form. After you start your form, you can sign in to your account to continue your form.						
	DHS Privacy Notice	AUTHORITIES: The information requested on this declaration, and the associated evidence, is collected under the Immigration and Nationality Act sections 212(d)(5), 214 and 248.						Form I-134 instructions pg 7- 8
			PURPOSE: The primary purpose for providing the requested information on this declaration of financial support is to determine whether the beneficiary of this declaration has adequate financial means to support themselves and that, if this individual is admitted or paroled into the United States, this individual has sufficient financial resources available to them for the duration of their temporary stay in the United States. DHS uses the information you provide to grant or deny the immigration benefit the beneficiary of Form I-134A is seeking.					Form I-134 instructions pg 7-8
		DISCLOSURE: The information you provide is voluntary. However, failure to provide the requested information, including your Social Security number (if applicable), and any requested evidence, may delay a final decision or result in denial of the beneficiary's benefit request.						Form I-134 instructions pg 7-8
		ROUTINE USES: DHS may share the information you provide on this declaration and any additional requested evidence with other Federal, state, local, and foreign government agencies and authorized organizations. DHS follows approved routine uses described in the associated published system of records notices [DHS/USCIS/ICE/CBP-001 Alien File, Index, and National File Tracking System, DHS/USCIS-007 Benefits Information System, and DHS/USCIS-018 Immigration Biometric and Background Check] and the published privacy impact assessments [DHS/USCIS/PIA-003 Integrated Digitization Document Management Program (IDDMP), DHS/USCIS/PIA-056 USCIS Electronic Immigration System, DHS/USCIS/PIA-071 myUSCIS Account Experience, and DHS/USCIS/PIA-051 Case and Activity Management for International Operations] which you can find at www.dhs.gov/privacy . DHS may also share this information, as appropriate, for law enforcement purposes or in the interest of national security.		https://www.dhs.gov/topics/privacy			https://www.dhs .gov/topics/priva cy	Form I-134 instructions pg 7- 8
	Paperwork Reduction Act	An agency may not conduct or sponsor an information collection, and a person is not required to respond to a collection of information, unless it displays a currently valid Office of Management and Budget (OMB) control number. The public reporting burden for this collection of information is estimated at 1.83 hours per response, including the time for reviewing instructions, gathering the required documentation and information, completing the declaration, preparing statements, attaching necessary documentation, and submitting the declaration. Send comments regarding this burden estimate or any other aspect of this collection of information,						Form I-134 instructions pg 7-
		including suggestions for reducing this burden, to:U.S. Citizenship and Immigration ServicesOffice of Policy and Strategy, Regulatory Coordination Division	U.S. Citizenship and Immigration ServicesOffice of Policy and Strategy, Regulatory Coordination Division					
		5900 Capital Gateway Drive, Mail Stop #2140 Camp Springs, MD 20588-0009	5900 Capital Gateway Drive, Mail Stop #2140 Camp Springs, MD 20588-0009					
		Do not mail your completed Form I-134 to this address. OMB No. 1615-0014	Do not mail your completed Form I-134 to this address. OMB No.					
		OMB No. 1615-0014 Expires: 10/31/2022	OMB No. Expires:					

I-134: GETTING STARTED

I-134: GETTIN	NG STARTED									
Primary Nav	Secondary Nav	Tertiary Nav	Paper Form Question	Question	Sub-Question	Revisions	Field Type	Instructional Text	Help Text	Notes
Getting Started	Basis for filing		1.1	On whose behalf are you filing this form?	Another individual who is the beneficial	ТУ	Radio			For online filing, this is the only option available
			1.2	I am filing this form under one of the following:	Cuba / Haiti / Nicaragua / Ukraine / Venezuela		Dropdown			
							Dropdown			REQUIRED QUESTION
							Dropdown			
							Dropdown			
	Preparer and interpreter information			Is someone assisting you with completing this declaration?	Yes/No		Radio			
				(IF YES) Is a preparer assisting you with completing this declaration?	ng Yes/No		Radio	A preparer is anyone who completes or helps you complete all or part of your declaration using information and answers that you provide.		
				(IF YES) Is an interpreter assisting you with completin this declaration?	Yes/No ng		Radio	An interpreter is anyone who translates or helps you translate all or part of your declaration using information and answers that you provide.		
	(IF YES TO PREPARER QUESTION) Preparer		7.1	What is your preparer's full name?	Given name (first name)		Text			
	information				5 11 (1)		- .			
			7.2	What is your preparer's business or organization name?	Family name (last name)		Text Text			
					My preparer is not part of a business or organization.		Checkbox			
			7.3	What is your preparer's mailing address?	Country		Dropdown			
					Address line 1 Address line 2		Text Text		Street number and name Apartment, suite, unit, or floor	
					City or town State/Province		Text Dropdown/ Text			
					ZIP code/Postal code		Text		Provide a 5 or 9-digit ZIP code.	
			7.4	What is your preparer's contact information?	Daytime telephone number		Text		Provide a 10-digit phone number.	
			7.5		Mobile telephone number My preparer does not have a mobile		Text Checkbox			
			7.6		telephone number. Email address		Text		Example: user@domain.com	

I-134: GETTING STARTED

Primary Nav	Secondary Nav	Tertiary Nav	Paper Form Question	Question	Sub-Question	Revisions	Field Type	Instructional Text	Help Text	Notes
					My preparer does not have an email address.		Checkbox			
	(IF YES TO INTERPRETER)		6.1	What is your interpreter's fundame?	ll Given name (first name)		Text			
	Interpreter information									
					Family name (last name)		Text			
			6.2	What is your interpreter's business or organization			Text			
				name?						
					My interpreter is not part of a business or organization.		Checkbox			
			6.3	What is your interpreter's mailing address?	Country		Dropdown			
					Address line 1		Text		Street number and name	
					Address line 2		Text		Apartment, suite, unit, or floor	
					City or town		Text			
					State/Province		Dropdown/Te			
							xt			
					ZIP code		Text		Provide a 5 or 9-digit ZIP	
									code.	
			6.4	What is your interpreter's	Daytime telephone number		Text		Provide a 10-digit phone	
			6.5	contact information?			- .		number.	
			6.5		Mobile telephone number		Text			
					My interpreter does not have a mobile		Checkbox			
			<i>c.c</i>		telephone number		Tout		Evampla	
			6.6		Email address		Text		Example: user@domain.com	
					My interpreter does not have an email		Checkbox		user@domain.com	
				What language is view	address.		Tout			
				What language is your			Text			
				interpreter using to interpre	ι					
				this declaration for you?						

I-134: About the Individual Agreeing to Financially Support the Beneficiary

av		Tertiary Nav	Paper Form Question	port the Beneficiary Question	Sub-Question	Field Type	Alert	Instructional Text	Help Text	Notes
Individual o Financially	Name of the individual agreeing to financially support the beneficiary		3.1.	What is your current legal name?	Given name (first name)	Text		Your current legal name is the name on your birth certificate, unless it changed after birth by a legal action such as marriage or court order. Do not provide any nicknames here.	a a constant of the constant o	. Total
					Middle name	Text				
			• •		Family name (last name)	Text				
			3.2	Have you used any other names since birth?	Yes/No	Radio		Other names used may include aliases, maiden name, and nicknames.		
				[If yes to 3.2] [LIST]	Given name (first name)	Text		Provide the other names you have used.		Include the "Add anothe name" option
			3.3	Provide the name of the organization, group, or entity that is providing support to the beneficiary with you (if any).	Middle name Family name (last name) Organization, Group, Entity Name	Text Text Text				
	Contact		5.3	How may we contact you?	Daytime telephone number	Text			Provide a 10-digit phone	
	information for the individual agreeing to financially support the beneficiary								number.	
			5.4		Mobile telephone number (if any) This is the same as my daytime	Text Checkbox			Provide a 10-digit phone number.	
					telephone number.				5 la O la la	
			5.5 3.4	What is your current mailing address?	Email address In care of name (if any)	Text Text			Example: user@domain.com	
			3.4		Country	Dropdown	You must be located in the United States in order to file at this time.			
			3.4		Address line 1 Address line 2	Text Text			Street number and name Apartment, suite, unit, or floor	
			3.4							
			3.4		City or town	Text				
			3.4 3.4 3.4		State ZIP code	Dropdown Text			Provide a 5 or 9-digit ZIP code	
			3.4 3.4	Is your mailing address the same as the physical address? [If NO] What is your physical address?	State	Dropdown	You must be located in the United States in order to file at this time.		Provide a 5 or 9-digit ZIP code	
			3.4 3.4 3.5		State ZIP code Yes/No In care of name (if any)	Dropdown Text Radio Text	in the United States in order to file at		Provide a 5 or 9-digit ZIP code Street number and name Apartment, suite, unit, or floor	
			3.4 3.4 3.5		State ZIP code Yes/No In care of name (if any) Country Address line 1	Dropdown Text Radio Text Dropdown	in the United States in order to file at		Street number and name	
			3.4 3.4 3.5		State ZIP code Yes/No In care of name (if any) Country Address line 1 Address line 2	Dropdown Text Radio Text Dropdown Text Text Text	in the United States in order to file at		Street number and name	-

Nav	Secondary Nav	Tertiary Nav	Paper Form Question	Question	Sub-Question	Field Type	Alert	Instructional Text	Help Text	Notes		
	When and where the individual agreeing to financially support the beneficiary was born		3.7	What is your date of birth?	(mm/dd/yyyy)	Date						
	Join		3.9	What is your city or town of birth?		Text						
			3.9 3.9	What is your state or province of birth? What is your country of birth?		Text Dropdown						
				3.9 What is your country of birth? 3.8 What is your sex?			Male	Radio		Please select the sex that is shown on your passport or oth government-issued identity document. For any value other than "Male" ("M") or "Female" ("F") that appears on your identity document, please choose "X" (Unspecified or another gender identity). USCIS requires this information to conduct accurate background checks and security screening.		REQUIRED QUESTION
					Female	Radio		, ,				
					X	Radio						
	Immigration information for the individual agreeing to financially support the beneficiary		3.14	What is your current immigration status?	U.S. Citizen	Radio						
	beneficially		3.14		U.S. National	Radio						
			3.14		Lawful Permanent Resident	Radio						
			3.14		Nonimmigrant	Radio						
			3.14		Other	Radio						
			[If Other] 3.14		Please provide an explanation.	Textbox						
			[If Nonimmigrant] 3.14	What is your Form I-94 Arrival-Departure Record Number?		Text			Provide an 11-character I-94			
			3.10	What is your A-number?	A -	Text			number. Provide a 7, 8, or 9-digit number. If your A-Number is fewer than 9 digits, the system will automatically add zero(s) after the "A" and before the	n		
			3.12	I do not have or know my A-Number.		Checkbox			first digit so there is a total of 9 digits, for example: A-001234567.	A-Number is required Lawful Permanent Re is selected.		
				What is your U.S. Social Security number?		Text			Provide a 9-digit Social Security Number.			

I-134: About the Individual Agreeing to Financially Support the Beneficiary

Nav	Secondary Nav	Tertiary Nav	Paper Form Question	Question	Sub-Question	Field Type	Alert	Instructional Text	Help Text	Notes
lav	Secondary Nav	Tertiary Nav	Paper Form Question 3.11	Question What is your USCIS Online Account Number?		Text	Alert	You will only have an OAN if you previously filed a form that has a receipt number that begins with IOE. If you filed the form online, you can find your OAN in your account profile. If you mailed us the form, you can find your OAN at the top of the Account Access Notice we sent you. If you do not have receipt number that begins with IOE, you do not have an OAN.	Provide a 12-digit Online Account Number.	Notes
								(The OAN is not the same as an A Number.)		
			3.13	I do not have or know my USCIS Online Account Number. What is your relationship to the beneficiary?		Checkbox Text				Required question
	Employment information for the individual agreeing to financially support the beneficiary		3.15	What is your employment status?	Employed (full-time, part-time, seasonal, self-employed)	, Radio				
					Unemployed or not employed Retired	Radio Radio				
				Diagon provide an evaluation	Other	Radio				
				Please provide an explanation. What is your type of employment?	I am currently amployed as alan	Textbox Radio				
			[If EMPLOYED to 3.15] 3.16		I am currently employed as a/an I am currently self-employed as a/an	Radio				
			[IF EMPLOYER IS NOT SELF] 3.16A			Text				
			[IF EMPLOYER IS NOT SELF] 3.16A			Text				
			[IF EMPLOYER IS SELF]	Self-employed as		Text				
			3.16B		_					
				What is your current employer's address?		Dropdown				
			3.16B			Dropdown Text Text			Street number and name Apartment, suite, unit, or flo	or

I-134: Financial Information About the Person Agreeing to Financially Support the Beneficiary

	Number	Question					
ion Income Ial information for to Cially individual agreeiticiary to financially	:he				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 listed in the "Beneficiary's Financial Information" section.		
support the beneficiary							
					Information about assets that are not based on employment should be added in the "Assets of the individual agreeing to financially support the beneficiary" section below.	Provide the information about the people for whom you have previously submitted Form I-134, other than the beneficiary list	a
		Add onto		CTA		on this Form I-134.	
	3.18 [LARGE TABLE]	Add entry What is the individual's full-name?	Given name (first name)	CTA Text			
			Middle name	Text			
			Family name (last name)	Text			
	3.18 3.18	What is the individual's date of birth? What is the individual's relationship to the individual agree	(mm/dd/yyyy)	Date Text			"If you are the individu
	3.10	to financially support the beneficiary?	6	TEXT			agreeing to financially the beneficiary, type in instructions TBD based feedback from Adi.
			I'm entering my own financial information	Checkbox			
	3.18	How much income will this individual contribute to the	\$	Text	If the income contribution is none, type in "0".		
		beneficiary annually? Save entry		СТА			
		Cancel		СТА			
	3.18	What is the total number of dependents?		Text		Provide the total number of dependents. Number must be between 0 and 100.	
	3.18	What is the total income?	\$	Text			
Additional incominformation for the individual agreed to financially support the	he	Does any of the income listed come from an illegal activity source (such as proceeds from illegal gambling or illegal dr sales)?		Radio			
beneficiary	[If YES to 3.19] 3.20	What amount of income comes from an illegal activity?	\$	Text			
	3.21	Does any of the income listed above come from means- tested public benefits as defined in 8 CFR 213a.1?	Yes/No	Radio			
	[IF YES TO 3.20] 3.22		\$	Text			
Specific		benefits?					
contributions to the beneficiary		You are responsible for receiving, maintaining, and supporting the beneficiary for the duration of their temporary stay in the United States. Describe the resource you plan to use or provide to ensure the beneficiary has adequate financial support to cover their basic living need		Text box			
	3.28	You are responsible for ensuring the beneficiary has safe a appropriate housing for the duration of their parole in the United States. Describe how you will ensure that the beneficiary's housing needs are met, including where the beneficiary will reside during their temporary stay in the United States, if known.		Text box			REQUIRED QUESTION REQUIRED QUESTION
	3.29	You are responsible for assisting the beneficiary's access to available services and benefits such as learning English, securing employment opportunities once authorized to work, enrolling children in school, and helping to enroll for benefits for which they are eligible. Describe what steps you plan to take as part of these responsibilities.	r	Text box			REQUIRED QUESTION

I-134: Financial Information About the Person Agreeing to Financially Support the Beneficiary

		to rinancially Support the Beneficial							
Secondary Nav Tertiary Nav	Paper Form Question Number	Question	Sub-Question	Field Type		Instructional Text	Instrucctional Text Revisions	Help Text	Notes
Assets of the individual agreeing						Provide information about any assets you will use to support the beneficiary for the anticipated period of his			
to financially						or her stay. List only assets that can be converted into			
support the						cash within 12 months and that will be used to support			
beneficiary						the beneficiary while the beneficiary is in the United			
						States. Provide the value of all assets listed in U.S. dollars,			
						regardless of whether they are held in the United States			
						or outside of the United States. Do not include assets			
						from any individuals in the "Beneficiary's Financial Information" section.			
						information section.			
						You may also include your household members' assets			
						below. Attach evidence in the "Evidence" section under			
						"Proof of Assets" and "Bonds" showing that you, or your			
						dependents, have these assets.			
	2 22 [[ADCE TADLE]	Add entry	Circa name (first name)	СТА					
	3.23 [LARGE TABLE]	What is the asset holder's full name?	Given name (first name) Middle name						
			Family name (last name)						
		What is the type of asset?	Checking - Bank Account	Dropdown					
			Savings - Bank Account						
			Annuities						
			Stocks, Bonds, Certificates of Deposit						
			Retirement or Educational Account Real Estate Holdings						
			Personal Property (net value)						
		What is the cash value in U.S. dollars?	\$	Text					
		Save entry	7	CTA					
		Cancel		СТА					
	3.23	What is the total amount (U.S. dollars)?	\$	Text					
	3.24	Have you previously submitted a Form I-134 on behalf of a		Radio					
	[If VEC to 2.24 conditional	person other than the beneficiary listed on this Form I-134?							
	[If YES to 3.24, conditional "Financial responsibility fo								
	other beneficiaries" section								
	displays]								
Financial	[If YES to 3.24, conditional								
responsibility for	"Financial responsibility fo						Provide the information about the people for whom you		
other beneficiaries	other beneficiaries" sectio	on					have previously submitted a Form I-134A, other than the		[1[\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
	displays]	Add entry		СТА		beneficiary listed on this Form I-134.	beneficiary listed on this Form I-134A.		[If YES to 3.18]
	[If no entries are entered	·		CIA	You must include at least one person for You must include at least one person for				
	and 3.24 is true]				whom you have previously submitted a whom you have previously submitted a				
					Form I-134, other than the beneficiary Form I-134A, other than the beneficiary	,			
					listed on this Form I-134. listed on this Form I-134A.				
	3.25, 3.26 [LARGE TABLE]	What is the person's name?	Given name (first name)	Text					
	•		•						
			Middle name	Text					
			Family name (last name)	Text					
		What is the person's A-number?	A-	Text				Provide a 7, 8, or 9-digit number. If your A-	
								Number is fewer than 9 digits, the system will automatically add zero(s) after the "A"	
								and before the first digit so there is a total of	
								9 digits, for example: A-001234567.	
		I do not have or know the person's A-Number		Checkbox				-	
		Date submitted	(mm/dd/yyyy)	Date					

	Paper Form Question		Sub-Question	Field Type Alerts	Revisions	Instructional Text	-	visions	No
ary Beneficiary name	2.1	What is the beneficiary's current	Given name (first name)	Text		The beneficiary's current legal			
		legal name?				name is the name on their			
						birth certificate, unless it			
						changed after birth by a legal action such as marriage or			
						court order. Do not provide			
						any nicknames here.			
	2.1		Middle name	Text					
	2.1		Family name (last name)	Text					
	2.2	Has the beneficiary used any	Yes/No	Radio		Other names used may include	e		
		other names since birth?				aliases, maiden name, and nicknames.			
						medianes.			
		[If yes to 2.2] [LIST]	Given name (first name)	Text		Provide the other names the			Include
			·			beneficiary has used.			"Add
									another
									name"
									option
			Middle name	Text					
			Family name (last name)	Text					
			ranny name (last name)	TCAC					
Beneficiary contact	2.13	How may we contact the	Daytime telephone number	Text (10 digits)			Provide a 10 to 20-digit number.		
information		beneficiary?					<u> </u>		
	2.14		Mobile telephone number (if any)	Text (10 digits)					
			This is the same as the beneficiary's	Checkbox					
	2.15		daytime telephone number. Email address	Text			Note: Please ensure that you provide a No	ite: Please ensure that you provide a	a
	2.15		Eman address	rext			valid email address for the beneficiary.		
							We will use this email address to notify W		
							the beneficiary about the status of this the		
							· · · · · · · · · · · · · · · · · · ·	o <mark>rm l-134A</mark> . Failure to provide a valid	d
							•	nail address for the beneficiary will	
							· · · · · · · · · · · · · · · · · · ·	event them from completing the	
								role process, if this Form I-134A is nfirmed. Do not use your email	
								dress as the beneficiary's email	
								dress.	
	2.10	What is the beneficiary's current	In care of name (if any)	Text					
		mailing address?							
	2.10		Country	Dropdown					REQUIRE
	2.10		Address line 1	Text			Street number and name		FIELD
	2.10		Address line 2	Text			Apartment, suite, unit, or floor		
	2.10		City or town	Text			, , , , , , , , , , , , , , , , , , , ,		REQUIRE
									FIELD
	2.10		State/Province (FOR FOREIGN ADDRESS						
	2.10		•	Text					
	2.11	Is the beneficiary's mailing	ADDRESS) Yes/No	Radio					
	2.11	address the same as the physical	1 C3/140	Nadio					
		address?							
	2.12	[If no] What is the beneficiary's	In care of name (if any)	Text					
		physical address?							
	• • •		Country	Dropdown					
	2.12 2.12		Address line 1 Address line 2	Text			Street number and name Apartment suite unit or floor		
	2.12		City or town	Text Text			Apartment, suite, unit, or floor		
	2.12		State/Province (FOR FOREIGN ADDRESS						
	2.12		ZIP code/Postal code (FOR FOREIGN				Provide a 5 or 9-digit ZIP code.		
			ADDRESS)						
			•						<u> </u>
									Required
When and where	2.3	What is the beneficiary's date of		Date					field
beneficiary was		What is the beneficiary's date of birth?		Date					
		birth?							
beneficiary was	2.3			Date Text					
beneficiary was	2.3	birth? What is the beneficiary's city or town of birth? What is the beneficiary's state or	(mm/dd/yyyy)						
beneficiary was	2.3 2.6 2.6	birth? What is the beneficiary's city or town of birth? What is the beneficiary's state or province of birth?	(mm/dd/yyyy)	Text Text					
beneficiary was	2.3	birth? What is the beneficiary's city or town of birth? What is the beneficiary's state or province of birth? What is the beneficiary's country	(mm/dd/yyyy)	Text					
beneficiary was	2.3 2.6 2.6	birth? What is the beneficiary's city or town of birth? What is the beneficiary's state or province of birth?	(mm/dd/yyyy)	Text Text					
beneficiary was born	2.3 2.6 2.6	birth? What is the beneficiary's city or town of birth? What is the beneficiary's state or province of birth? What is the beneficiary's country of birth?	(mm/dd/yyyy)	Text Text Dropdown		Please select the sex that is			
beneficiary was	2.3 2.6 2.6 2.6	birth? What is the beneficiary's city or town of birth? What is the beneficiary's state or province of birth? What is the beneficiary's country	(mm/dd/yyyy)	Text Text		Please select the sex that is shown on your passport or			
beneficiary was born Other information	2.3 2.6 2.6 2.6	birth? What is the beneficiary's city or town of birth? What is the beneficiary's state or province of birth? What is the beneficiary's country of birth?	(mm/dd/yyyy)	Text Text Dropdown		shown on your passport or other government-issued			
beneficiary was born Other information about the	2.3 2.6 2.6 2.6	birth? What is the beneficiary's city or town of birth? What is the beneficiary's state or province of birth? What is the beneficiary's country of birth?	(mm/dd/yyyy)	Text Text Dropdown		shown on your passport or other government-issued identity document. For any			
Other information about the	2.3 2.6 2.6 2.6	birth? What is the beneficiary's city or town of birth? What is the beneficiary's state or province of birth? What is the beneficiary's country of birth?	(mm/dd/yyyy)	Text Text Dropdown		shown on your passport or other government-issued identity document. For any value other than "Male" ("M")			
Deneficiary was born Other information about the	2.3 2.6 2.6 2.6	birth? What is the beneficiary's city or town of birth? What is the beneficiary's state or province of birth? What is the beneficiary's country of birth?	(mm/dd/yyyy)	Text Text Dropdown		shown on your passport or other government-issued identity document. For any value other than "Male" ("M") or "Female" ("F") that appears			
beneficiary was born Other information about the	2.3 2.6 2.6 2.6	birth? What is the beneficiary's city or town of birth? What is the beneficiary's state or province of birth? What is the beneficiary's country of birth?	(mm/dd/yyyy)	Text Text Dropdown		shown on your passport or other government-issued identity document. For any value other than "Male" ("M") or "Female" ("F") that appears on your identity document,	S		
beneficiary was born Other information about the	2.3 2.6 2.6 2.6	birth? What is the beneficiary's city or town of birth? What is the beneficiary's state or province of birth? What is the beneficiary's country of birth?	(mm/dd/yyyy)	Text Text Dropdown		shown on your passport or other government-issued identity document. For any value other than "Male" ("M") or "Female" ("F") that appears on your identity document, please choose "X" (Unspecified	S		
beneficiary was born Other information about the	2.3 2.6 2.6 2.6	birth? What is the beneficiary's city or town of birth? What is the beneficiary's state or province of birth? What is the beneficiary's country of birth?	(mm/dd/yyyy)	Text Text Dropdown		shown on your passport or other government-issued identity document. For any value other than "Male" ("M") or "Female" ("F") that appears on your identity document,	S		
beneficiary was born Other information about the	2.3 2.6 2.6 2.6	birth? What is the beneficiary's city or town of birth? What is the beneficiary's state or province of birth? What is the beneficiary's country of birth?	(mm/dd/yyyy)	Text Text Dropdown		shown on your passport or other government-issued identity document. For any value other than "Male" ("M") or "Female" ("F") that appears on your identity document, please choose "X" (Unspecified or another gender identity). USCIS requires this information to conduct	S		
beneficiary was born Other information about the	2.3 2.6 2.6 2.6	birth? What is the beneficiary's city or town of birth? What is the beneficiary's state or province of birth? What is the beneficiary's country of birth?	(mm/dd/yyyy)	Text Text Dropdown		shown on your passport or other government-issued identity document. For any value other than "Male" ("M") or "Female" ("F") that appears on your identity document, please choose "X" (Unspecified or another gender identity). USCIS requires this	S		required field

Secondary Nav Tertiary Nav	Paper Form Question	Question	Sub-Question Female	Field Type Radio	Alerts	Revisions	Instructional Text	Help Text	Revisions	Note
			X	Radio						
	2.9	What is the beneficiary's marital status?	Single, Never Married	Radio						
	2.9		Married	Radio						
	2.9		Divorced	Radio						
	2.9 2.9		Widowed Legally Separated	Radio Radio						
	2.9		Marriage Annulled	Radio						
	2.9 2.9	[If OTHER]	Other Provide an explanation	Radio						
	2.7	What is the beneficiary's country of citizenship or nationality?	•	Text box Dropdown	Form I-134 from individuals agreeing	We are only accepting online filing of Form I-134A from individuals agreeing to financially support Cuban, Haitian, Nicaraguan, Ukrainian, and				
					Venezuelan -citizens and their immediate family	Venezuelan -citizens and their immediate family				
					Immediate family members are:	Immediate family members are:				
					Their spouse or common-law partner; andUnmarried children under the age of 21.	 Their spouse or common-law partner; and Unmarried children under the age of 21. 				
					their beneficiary spouse, common law partner, parent, or legal guardian to be	Note: Individuals only eligible as immediate family members and children under age 18 must travel with their beneficiary spouse, common law partner, parent, or legal guardian to be				
					eligible for parole.	eligible for parole.				Lin
	2.8	What country issued the		Dropdown	We are only accepting online filing of	We are only accepting online filing of				htt w. /ul
		beneficiary's most recently issued passport?	d	27 0p 00	Form I-134 from individuals agreeing	Form I-134A from individuals agreeing to financially support Cuban, Haitian, Nicaraguan, Ukrainian, and Venezuelan citizens and their				
					immediate family Immediate family members are:	immediate family Immediate family members are:				
					Their spouse or common-law partner; andUnmarried children under the age of 21.	 Their spouse or common-law partner; and Unmarried children under the age of 21. 				
					immediate family members and children under age 18 must travel with their beneficiary spouse, common law	Note: Individuals only eligible as immediate family members and children under age 18 must travel with their beneficiary spouse, common law partner, parent, or legal guardian to be eligible for parole.				
										Lir
	2.8	What is the number of the		Text				Provide a 7 to 12-character passport		ht w. /u
		beneficiary's most recently issued passport?	3					number.		
(if Cuban)		passport				Immediate family members are:		Provide a 7-character passport number beginning with 1 letter followed by 6 digits.	6	
(If Haitian) (if Nicaraquan)						 Their spouse or common-law partner; 		Provide a 9-character passport number beginning with 2-3 letters followed by 7 digits. Provide a 9-character passport number passport number by the passport nu	oy 6-	
(if Ukrainian)						Unmarried children under the age of		beginning with 1 letter followed by 8 digits. Provide an 8-character passport		
(if Venezuelan)						21.		number, beginning with 2 letters followed by 6 digits. Provide a 9-digit passport number.		
(if Russian) (if Venezuelan is most recent passpo show tooltip)	2.8 ort	What is the expiration date of the beneficiary's most recently issued passport?		Date	Note: Individuals only eligible as immediate family members and children under age 18 must travel with their beneficiary spouse, common law partner, parent, or legal guardian to be eligible for parole.			Provide a 9-digit passport number. Note: The beneficiary must have a valuexpired passport. CBP will not approve travel if the beneficiary's passport is expired.	alid,	To she Ve is s for tha
										th be s r re pa

I-134: About the Beneficiary

Primary Nav	Secondary Nav	Tertiary Nav	Paper Form Question	Question	Sub-Question	Field Type	Alerts	Revisions	Instructional Text	Help Text	Revisions	Notes
			2.5	What is the beneficiary's A- Number?	A-	Text				Provide a 7, 8, or 9-digit number. If you A-Number is fewer than 9 digits, the system will automatically add zero(s) after the "A" and before the first digit so there is a total of 9 digits, for		
										example: A-001234567.		
				I do not have or know the beneficiary's A-Number.		Checkbox						
			2.16	What is the beneficiary's anticipated period of stay in the United States?	From (mm/dd/yyyy)	Date						
					To (mm/dd/yyyy)	Date						
					No End Date	Checkbox						

I-134: Beneficiary's Financial Information

Beneficiary's Finan	cial Information					
Secondary Nav Financial Beneficiary incom information	Paper Form Question ne	Question	Sub-Question	Field Type	Instructional Text Provide information about the income of the beneficiary, all of the beneficiary's dependents, and any other individuals the beneficiary financially supports. Do not include any individuals named in the "Financial Information About the Individual Agreeing to Financially Support the Beneficiary" section.	Notes
		Add entry		СТА		Opens up large table once clicked
	2.17 [LARGE TABLE]	What is the individual's full name?	Given name (first name) Middle name	Text Text	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 information about the individual agreeing to financially support the beneficiary) Information about assets that are not based on employment should not be included here but may be added under "Beneficiary Assets" below.	Clicked
			Family name (last name)	Text		
		What is individual's date of birth? What is the individual's relationship to the beneficiary? How much income will this individual		Date Dropdown Text	If the income contribution is none, type in "0".	
		contribute to the beneficiary annually Save entry Cancel		CTA CTA		
	2.17	What is the beneficiary's total numbe of dependents?	r	Text	Provide the total number dependents. Number must between 0 and 100.	
	2.17	How much income will the beneficiary's dependents contribute t the beneficiary annually?	\$ o	Text	between and 100.	
Beneficiary additional income information	2.18 e	Does any of the beneficiary's total income (including income from dependents and other individuals who contribute to the beneficiary's income excluding any individuals named in the "Financial Information About the Person Agreeing to Financially Support the Beneficiary" section) come from an illegal activity or source (such as proceeds from illegal gambling or illegal drug sales)?	e rt	Radio		
	[If YES to 2.18] 2.19	What amount of the beneficiary's total income comes from an illegal activity		Text		
	2.20	or source? Does any of the beneficiary's total income come from means-tested public benefits as defined in 8 CFR	Yes/No	Radio		
	[If YES to 2.20] 2.21	213a.1? What amount of the beneficiary's total income comes from means-tested public benefits?	al\$	Text		
Beneficiary assets	s				Provide the current cash value of any assets available to the beneficiary for the expected period of his or her stay. List only assets that can be converted to cash within 12 months and that will be used to support the beneficiary while the beneficiary is in the United States. Provide the value of all assets listed in U.S. dollars, regardless of whether the assets are held in the United States or outside of the United States. Do not include (excluding assets from any individuals named in the "Financial Information About the Individual Agreeing to Financially Support the Beneficiary" section).	
					You may include the net value of the beneficiary's home as an asset. The net value of the home is the appraised value of the home, minus the sum of all loans secured by a mortgage, trust deed, or other lien on the home. If you list the net value of the beneficiary's home, then you must include documentation demonstrating that the beneficiary owns the home, a recent appraisal by a licensed appraiser, and evidence of the amount of all loans secured by a mortgage, trust deed, or other lien on the home.	
					You may not include the net value of the beneficiary's automobile unless the beneficiary has more than one automobile, and at least one automobile is not included as an asset. Submit evidence of the value of the assets listed. Evidence must include the name of the asset holder, a description of the asset, proof of ownership, and the basis for the owner's claim of its net cash value.	
					Attach evidence in the "Evidence" section under "Proof of beneficiary's assets" and "Bonds" showing that the beneficiary has these assets.	
		Add entry		СТА		

I-134: Beneficiary's Financial Information

Primary Nav	Secondary Nav	Paper Form Question	Question	Sub-Question	Field Type	Instructional Text	Help Text	Notes
-		2.22 [LARGE TABLE]	What is the asset holder's full name?	Given name (first name)	Text			
				Middle name	Text			
				Family name (last name)	Text			
			What is the type of asset?	Checking - Bank Account	Dropdown			
				Savings - Bank Account				
				Annuities				
				Stocks, Bonds, Certificates of Deposit				
				Retirement or Educational Account				
				Real Estate Holdings				
				Personal Property (net value)				
			What is the cash value of the asset in	\$	Text			
			U.S dollars?					
			Save entry		CTA			
			Cancel		CTA			
			What is the total amount (U.S.	\$				
			dollars)?		Text			

I-134: Evidence

Evidence

Secondary Nav Tertiary Nav	Paper Form Question	Instructional Text	Field Type	File Requirements	Document types dropdown	Logic	Help Text	Notes
Bank officer statement	5)	Provide a statement from an officer of the bank or other financial institutions with deposits, identifying the following details: • Date account opened • Total amount deposited for the past year; and • Present balance. As the person who agrees to financially support the beneficiary, you must show you have sufficient income or financial resources to support the beneficiary. Failure to provide evidence of sufficient income or financial resources may result in the denial of the foreign national's application for a visa or his or her removal from the United States.	Upload	 Clear and readable Accepted file formats: JPG, JPEG, PDF, TIF or TIFF No encrypted or password-protected files If your documents are in a foreign language, upload a full English translation and the translator's certification with each original document Upload no more than five documents at a time Accepted file name characters: English letters, numbers, spaces, periods, hyphens, underscores, and parentheses Maximum size: 6MB per file 	Bank officer statement			
Employer statement	5)	Provide statement(s) from your employer on business stationery showing: • Date and nature of employment • Salary paid; and • Whether the position is temporary or permanent. As the person who agrees to financially support the beneficiary, you must show you have sufficient income or financial resources to support the beneficiary. Failure to provide evidence of sufficient income or financial resources may result in the denial of the foreign national's application for a visa or his or her removal from the United States.	Upload	 Clear and readable Accepted file formats: JPG, JPEG, PDF, TIF or TIFF No encrypted or password-protected files If your documents are in a foreign language, upload a full English translation and the translator's certification with each original document Upload no more than five documents at a time Accepted file name characters: English letters, numbers, spaces, periods, hyphens, underscores, and parentheses 	Employer statement Other documents			
Income tax return	6)	Provide a copy of the last U.S. federal income tax return filed (tax transcript). As the person who agrees to financially support the beneficiary, you must show you have sufficient income or financial resources to support the beneficiary. Failure to provide evidence of sufficient income or financial resources may result in the denial of the foreign national's application for a visa or his or her removal from the United States.	Upload	 Maximum size: 6MB per file Clear and readable Accepted file formats: JPG, JPEG, PDF, TIF or TIFF No encrypted or password-protected files If your documents are in a foreign language, upload a full English translation and the translator's certification with each original document Upload no more than five documents at a time Accepted file name characters: English letters, numbers, spaces, periods, hyphens, underscores, and parentheses Maximum size: 6MB per file 	Income tax return Other documents			
Bonds	6)	Provide a list containing serial numbers and denominations of bonds and name of record owner(s). As the person who agrees to financially support the beneficiary, you must show you have sufficient income or financial resources to support the beneficiary. Failure to provide evidence of sufficient income or financial resources may result in the denial of the foreign national's application for a visa or his or her removal from the United States.	Upload	 Clear and readable Accepted file formats: JPG, JPEG, PDF, TIF or TIFF No encrypted or password-protected files If your documents are in a foreign language, upload a full English translation and the translator's certification with each original document Upload no more than five documents at a time Accepted file name characters: English letters, numbers, spaces, periods, hyphens, underscores, and parentheses Maximum size: 6MB per file 	Bonds Other documents			
Proof of mmigration status	5 Item #10: Immigration Status)	Provide evidence of your status. A U.S. citizen or U.S. national may submit a copy of a birth certificate, certificate of naturalization, certificate of citizenship, consular report of birth abroad to U.S. parents, or a copy of the biographic data page on your U.S. passport. Proof of lawful permanent resident status includes a photocopy of both sides of the Permanent Resident Card or Alien Registration Receipt Card (Form I-551), or a photocopy of an unexpired temporary Form I-551 stamp in either a foreign passport or DHS From I-94 Arrival Departure Record. Proof of lawful nonimmigrant status may include a copy of an unexpired visa in a foreign passport.	Upload	 Clear and readable Accepted file formats: JPG, JPEG, PDF, TIF or TIFF No encrypted or password-protected files If your documents are in a foreign language, upload a full English translation and the translator's certification with each original document Upload no more than five documents at a time Accepted file name characters: English letters, numbers, spaces, periods, hyphens, underscores, and parentheses Maximum size: 6MB per file 	Immigration status Other documents	3		
Proof of assets of individual agreeing to financially support the beneficiary	5 Item #19: Assets	Provide information about any assets you will use to support the beneficiary for the anticipated period of his or her stay. List only assets that can be converted into cash within 12 months and that will be used to support the beneficiary while the beneficiary is in the United States. Provide the value of all assets listed in U.S. dollars, regardless of whether they are held in the United States or outside of the United States. Do not include assets from any individuals in the "Beneficiary's Financial Information" section. You may include the net value of a home as an asset. The net value of the home is the appraised value of the home, minus the sum of all loans secured by a mortgage, trust deed, or other lien on the home. If you include the net value of your home, then you must include documentation demonstrating that you own the home, a recent appraisal by a licensed appraiser, and evidence of the amount of all loans secured by a mortgage, trust deed, or other lien on the home. You may not include the net value of an automobile unless you show that you have more than one automobile, and at least one automobile is not included as an asset. Submit evidence of the value of your or your household members' assets. Evidence must include the name of the asset holder, a description of the asset, proof of ownership, and the basis for the owner's claim of its net cash value. As the person who agrees to financially support the beneficiary, you must show you have sufficient income or financial resources to support the beneficiary. Failure to provide evidence of sufficient income or financial resources may result in the denial of the foreign national's application for a visa or his or her removal from the United States.	u	 Clear and readable Accepted file formats: JPG, JPEG, PDF, TIF or TIFF No encrypted or password-protected files If your documents are in a foreign language, upload a full English translation and the translator's certification with each original document Upload no more than five documents at a time Accepted file name characters: English letters, numbers, spaces, periods, hyphens, underscores, and parentheses Maximum size: 6MB per file 	Assets Other documents			

I-134: Evidence

Primary Nav	Secondary Nav	Tertiary Nav	Paper Form Question	Instructional Text	Field Type	File Requirements	Document types dropdown	Logic	Help Text	Notes
	Proof of		Form I-134 instructions (pg Provide information about any assets available to the beneficiary for the anticipated period of his or her stay. List only assets the	at Upload	Clear and readable	Beneficiary asset			
	beneficiary's asse	ets	4 Item #22: Beneficiary's	can be converted into cash within 12 months and that will be used to support he beneficiary while the beneficiary is in the Unite	ed	 Accepted file formats: JPG, JPEG, PDF, TIF or TIFF 				
			Assets	States. Provide the value of all assets listed in the U.S. dollars, regardless of whether the assets are held in the United States or		 No encrypted or password-protected files 	Other documents			
				outside the United States. Do not include assets from any individuals in the "Financial Information About the Person Agreeing to	0	 If your documents are in a foreign language, upload a 	1			
				Financially Support the Beneficiary" section.		full English translation and the translator's certification	1			
						with each original document				
				You may include the net value of the beneficiary's home as an asset. The net value of the home is the appraised value of the		 Upload no more than five documents at a time 				
				home, minus the sum of all loans secured by a mortgage, trust deed, or other lien on the home. If you list the net value of the		 Accepted file name characters: English letters, 				
				beneficiary's home, then you must include documentation demonstration that the beneficiary owns the home, a recent apprais	sal	numbers, spaces, periods, hyphens, underscores, and				
				by a licensed appraiser, and evidence of the amount of all loans secured by a mortgage, trust deed, or other lien on the home.		parentheses				
						 Maximum size: 6MB per file 				
				You may not include the net value of the beneficiary's automobile unless the beneficiary has more than one automobile, and at						
				least one automobile is not include as an asset. Submit evidence of the value of the assets listed. Evidence must include the nar	ne					
				of the asset holder, a description of the asset, proof of ownership, and the basis of the owner's claim of its net cash a value.						
				You may submit evidence of the value of the beneficiary's household members' assets. Evidence must include the name of the						
				asset holder, a description of the asset, proof of ownership, and the basis for the owner's claim of its net cash value.						
				As the person who agrees to financially support the beneficiary, you must show you have sufficient income or financial resource	es					
				to support the beneficiary. Failure to provide evidence of sufficient income or financial resources may result in the denial of the						
				foreign national's application for a visa or his or her removal from the United States.						

I-134: Additional Information

Primary Nav	Secondary Nav	Tertiary Nav	Paper Form Question	Question	Sub-Question	Field Type	Instructional Text	Help Text	Notes
Additional Information	Additional information		Part 8	You may provide additional information for your declaration.	Additional information	No	If you need to provide any additional information for any of your answers to the questions in this form, enter it into the space below. You should include the questions that you are referencing.		
							If you do not need to provide any additional information, you may leave this section blank.		
				Add a response		CTA			
				Section	[List of sections in the online filing flow	Dropdown			
					displays for selection]				
				Page	[Pages corresponding to the Section	Dropdown			
					selected will display]				
				Question	[Questions listed on the selected Page	Dropdown			
					will display]				
				Additional information		Text field			
				Save response		СТА			
				Cancel		СТА			

I-134:	Review	and	Su	bm	it

view and Submit Secondary Nav Te	Tertiary Nav Paper Form	m Question Quesetion Revision	Sub-Question Sub Question Rev	Revision Field Type Instructional Text Help Te	lelp Text CTA Notes
Review your declaration	Tertiary ivav	Check your declaration before you submit	Sub-Question	We will review your declaration to check for accuracy and completeness before you submit it.	ext CIA
				We encourage you to provide as many responses as you can throughout the declaration, to the best of your knowledge. Missing information can slow down the review process	
				after you submit your declaration.	
				You can return to this page to review your declaration as many times as you want before you submit it.	
		Your fee Alerts and warnings	Your form filing fee is \$0	You have one or more alerts and warnings based on the information you provided in your declaration.	
				A red alert means you have incomplete responses or inconsistent data. You cannot	
				submit your declaration with any alerts. Green alert: We found no alerts or warnings in your declaration.	
Your declaration summary		Review the I-134 form information Review the I-134A form information		Green alert: We found no alerts or warnings in your declaration. Here is a summary of all the information you provided in your declaration.	Next
				Make sure you have provided responses for everything that applies to you before you submit your declaration. You can edit your responses by going to each declaration	
				section using the site navigation.	
(IF PREPARER) Preparer	7.7	Preparer's statement	I am not an attorney or accredited representative but have prepared this declaration on behalf of the individual agreeing to financially support the beneficiary and	We also prepared a draft case snapshot with your responses, which you can download below. Radio Your preparer must read the statements below and select the statement that applies to	
statement statement		Preparer s statement	with that individual's consent	him or her.	
				If your preparer is an attorney or accredited representative whose representation extends beyond preparation of this declaration, he or she may be obliged to submit a completed Notice of Entry of Appearance as Attorney or Accredited Representative (G-	
				completed Notice of Entry of Appearance as Attorney or Accredited Representative (G- 28) with your declaration.	
			I am an attorney or accredited representative and my representation of the individual agreeing to financially support the beneficiary in this case does not extend	Radio	
			beyond the preparation of this declaration. I am an attorney or accredited representative and my representation of the individual agreeing to financially support the beneficiary in this case extends beyond the preparation of this declaration.	Radio	
		Preparer's certification and signature	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 on behalf of him or herself). The individual agreeing to financially support the beneficiary-then reviewed this completed declaration and	Your preparer must read and agree to the certification below.	
			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 filing information that the individual agreeing to financially support the beneficiary provided to me or authorized me to obtain or use.		
			information that the individual agreeing to financially support the beneficiary provided to the or authorized the to obtain or use.		
			As the declarant's preparer, you must sign on paper and provide your signature page to the declarant. Follow these steps:		
			1. <u>Download the Preparer Signature page</u> 2. Print the Preparer Signature page		
			3. Read and sign the Preparer Signature page 4. Give the signed Preparer Signature page to the declarant		
(IF PREPARER) Preparer	7.8	Preparer's signature upload	The declarant will need to scan and upload your completed signature page on the next screen.	Upload Scan and upload your preparer's completed signature page below.	
signature (IF INTERPRETER)	6.7	Interpreter's certification and signature	I certify, under penalty of perjury, that: I am fluent in English and the language provided in the Getting Started section of this declaration, 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	Your interpreter must read and agree to the certification below.	
Interpreter certification			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.		
			As the declarant's interpreter, you must sign on paper and provide your signature page to the declarant. Follow these steps: 1. Download the Interpreter Signature page		
			2. Print the Interpreter Signature page 3. Read and sign the Interpreter Signature page		
			4. Give the signed Interpreter Signature page to the declarant The declarant will need to scan and upload your completed signature page on the next screen.		
			THE decidrant will need to seen and aprove your completed to the complete of t	The state of the s	
(IF INTERPRETER) Interpreter signature		Interpreter's signature upload	I, as the individual agreeing to financially support the beneficiary, certify the following:	Upload Scan and upload your interpreter's completed signature page below.	
Statement of the individual agreeing to financially supaport the	5.1.A	(IF NO PREPARER AND INTERPRETER Individual agreeing to financially support the beneficiary's statement	I can read and understand English, and have read and understand every question and instruction on this declaration and my answer to every question.	Checkbox You must read and agree to the statement below.	MVP
financially supaport the beneficiary	5.2	statement Individual agreeing to financially support the	At my request, the preparer named in the Getting Started section of this declaration prepared this declaration for me based only upon the information I provided or	Checkbox You must read and agree to the statement below.	MVP
	5.1.B	beneficiary's statement regarding the preparer Individual agreeing to financially support the	authorized. The interpreter named in the Getting Started section of this declaration read to me every question and instruction on this declaration and my answer to every	Checkbox You must read and agree to the statement below.	MVP
		beneficiary's statement regarding the interpreter	question in the language I specified in the Getting Started section, a language in which I am fluent, and I understood everything.		
(If "Statement of the	5.6	Individual agreeing to financially support the	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	You must read and agree to the certification below. If you knowingly and willfully falsify	
Individual agreeing to financially support the	-	beneficiary's Certification	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.	or conceal a material fact or submit a false document with your declaration, we can deny your declaration and may deny any other immigration benefit. You may also face	
beneficiary" is complete) Signature of			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	criminal prosecution and penalties provided by the law.	
the individual agreeing to financially support the beneficiary			entities and persons where necessary for the administration and enforcement of U.S. immigration laws. I understand that USCIS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or		
Deficically			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;		
			 I reviewed and provided or authorized all of the information in my declaration; I understood all of the information contained in, and submitted with, my declaration; and 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. That this declaration is made by me to assure the U.S. Government that the beneficiary named under the About Beneficiary section will be financially supported		
			while in the United States.		
			That I am willing and able to receive, maintain, and support the person named under the About Beneficiary section 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.		
			I acknowledge that I have read this section, and I am aware of my responsibilities as an individual agreeing to financially support the beneficiary		
		The state of the state of the Company +ha	I have read and agree to the statement and certification of the individual agreeing to financially support the beneficiary.	Checkbox You must provide your digital signature below by typing your full legal name. If you do	Poquired field
		Individual Agreeing to Financially Support the Beneficiary's Signature		You must provide your digital signature below by typing your full legal name. If you do not submit the required documents not completely fill out this declaration, or if you do not submit the required documents listed in the Instructions, we may deny your declaration. We will record the date of your	Required field
· College			[Date of signature] Submit the I-134	signature with your declaration.	- 1 24 Also 1
(If "Statement of the Individual agreeing to financially support the			Submit the I-134 Submit the I-134A	Once you submit this declaration, you will receive a confirmation with details on any next steps. We will record the date of your submission with the declaration. Your case status will be updated on your home page.	Submit the I- 134A
beneficiary" and "Signature of Individual					
Agreeing to Financially Support the Beneficiary's Signature" are complete")					
Submit					
(Successful submission) (No nav)		You have successfully submitted your Online You have successfully submitted Declaration of Request to be a Supporter and Declaration Financial Support (I-134A) Financial Support (I-134A)		We will contact you if we have any questions or need additional information. You can track the status of your declaration through your USCIS online account.	Go to my cases
(Unsuccessful card		Fillaticial Support (1-10-1)		Your payment failed because your credit or debit card was declined.	Sign and Note that there is
declined) (No nav)				You can try again now to sign and submit your declaration or save and exit. Your payment failed or was canceled before it could be processed on Pay.gov.	submit form, consider re
(Unsuccessful submission) (No nav)				You can try again now to sign and submit your declaration or save your declaration and exit. We will save your declaration for 30 days from when you started it.	Sign and Note that there is submit form, consider re