myUSCIS Copydeck: Interactive Forms										
Form Number and Name	I-134A Online Request to be a Supporter and Declaration of Financial Sup									
OMB Number	1615-0157									
Form Edition Date:	4/25/2022									
Form Expiration Date:	7/31/2023									
Baseline Copydeck:	I-134A Production Copydeck v2.0.3									

Revision Key			
Description			
<ul><li>All original (old) text is black.</li><li>All revised (new) text is red.</li></ul>			
Example	Original	Revised	
All original text is black.	1. Oranges	1. Oranges	
<ul> <li>Any text that is removed from original</li> </ul>	2. Bananas	2. Bananas	
column is shown with a strikethrough and in	3. Apple	3. Apple	
red.	4. Pineapple	4. Pineapple	

FILE A FORM: I-134A
Column Header Descriptions
Header: If needed, a header is located directly under the dropdown menu and above the body text.
Body Text Based on the purpose of the form found in the paper form instructions.

He	ad	ler:	lf i	100	ded,	а	header	is	loca

g	Body Text	Revisions	Alert	Revisions	Link		No
e form you want to file online	States require U.S. Citizenship and immigration Services (USCS) 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 her or lat has both sufficient financial resources.	Some immigration benefits that involve a temporary stay in the United States require U.S. Citizenship and Immigration Services (USCS) to determine whether the applicant to beneficiary of the request has sufficient financial resources or intendis support to pay for expenses variety to the resources or intendis support to pay for expenses during the temporary stay. The dividual who subject the pay for expenses the support of the support to the support to during the temporary stay. The dividual was the support to the financial resources and scores to those funds to support the beneficiary is state on Form 1-34 for the duristion of the beneficiary's stay in the state of Form 1-34 for the duristion of the beneficiary's stay in the state of Form 1-34 for the duristion of the beneficiary's stay in the state of Form 1-34 for the duristion of the beneficiary's stay in the state of Form 1-34 for the duristion of the beneficiary's stay in the state of Form 1-34 for the duristion of the beneficiary's stay in the state of Form 1-34 for the duristion of the support stay.				Start form	
	not the duration of the defendanty's stay in the critical states.	United States.	[yellow alert] [h] We are only accepting online filing of Form I-134A from individuals agreeing to financially support eligible beneficiaries from the following countries:	[yellow alert] [h] We are only accepting online filing of Form I-134A from individuals agreeing to financially support eligible beneficiaries from the following countries:	https://www.uscis.gov/s-134		
			(b) - Cuba - Cub	(b) Cobbis Cobbi			
			You must be located in the United States to file Form 1334A online. Individuals seeking parole may not file Form 1334A on their own behalf. Supporters must include the name of the beneficiary on Form 134A.  Supporters must file a separate Form 1334A for each beneficiary they are planning to	Honduras			
			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 highliguardian and be able to provide documentation to confirm the relationation.	through these processes may not file form 1-134A on their care dump to the control of the control of the beneficiary or form 1-134A.  Supporters must file a separate form 1-134A for each beneficiary they are planning to support, including minor children.	•		
			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.	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 who is not seeking consideration for parole			
				under one of these programs or processes, seeking parols who is not applying under. Venaucels or Uniting for Ultraine, or a beneficiary seeking any other immigration. benefit, you must file a paper Form 1-134 through the appropriate Lockbox location.			

# APPLICATION OVERVIEW: I-134A Column Header Descriptions Heading: The primary heading on a page, typically the first part of a section of the page. Sub-Manifera: The promotion header their old fine the independent header. Do not use Form 134A if the beneficiary you are agreeing to financially support must have Form 136A. Affidavit of Support Under Sention 213A of the IND, filed on his or her behalf instead. There is no filling fee to file Form I-134A. There is no the fee to file Form I-134A. Please refer to the instructions for the formis) you are filling for additional information or you may call the USOS Contact Center at 800-375-5283. For TTY ideaf or hard of hearing 800-Please make to the instructions for the formis) you are filling for additional information or you may call the USOS Contact Center at 800-375-5283. For TTY ideaf or hard of hearing 800-Please make to the instructions for the formis) you are filling for additional information or you may call the USOS Contact Center at 800-375-5283. For TTY ideaf or hard of hearing 800-Please make to the instructions for the formis) you are filling for additional information or you may call the USOS Contact Center at 800-375-5283. For TTY ideaf or hard of hearing 800-Please make to the instruction of the instruction o 732-1233. 732-1233. 732-1234. 732-12 As the present who agrees to financially support the beneficiary's financial supporter, you must show you have sufficient income or financial resources to support the beneficiary. As the person who agrees to financially support the beneficiary, you must show you have sufficient income or financial resources to support the beneficiary. 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 nemoval from the United States. 1. Statement from an officer of the bank or other financial institutions with deposits, identifying the following details regarding the account: - Total arcount deposited for the past year; and - Preset balance. Statement(s) from your employer on business stationery showing: - Date and nature of employment; - Salary paid; and - Whether the position is temporary or permanent. 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). 255 may require that you appear for an interview or provide biometrics (fliggerprints, photograph, end)or signature) at any time to verify your identity, obtain additional in circumstant adaptional and security checks, including a check of criminal inhistory recent manifoliated by the federal durates of reveloption PRE), before making a decision of contract and Confederate and Confederate and Federate and Confederate and Federate If you are required to provide biometrics, at your appointment you must sign an oath reaffirming that: 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. 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 Facing continuous to the product of the facing continuous to the facing cont Next 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. 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 feen the last tree you undered on the form. After you sater your feen, you can give in sey section of the ordinary your form.

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Column Header I Heading: The prin	ary heading on a page, typica	A ily the first part of a section of	the page.						
Heading	Sub-Heading	Conditional Logic	Revisions	Body Text	Revisions	Alert	Revisions	Required? Link	CTA Notes
	Paperwork Reduction Act			An expense on your controller or symme or information collection, and a primary in the collection of an artifaction of information, when it is depicted in a solution of information, when it is depicted in the collection of information of information, and information of information, collection of information, and information of information, and	displays a currently valid Office of Management and Budget (OMB) control number. The public reporting burden for this collection of information is				
	Security Reminder			If you do not work on your declaration for more than 30 days, we will delete your data in order to prevent storing personal information indefinitely.					Start

GETTING STARTED: I-134A

Column Header Descriptions

Primary Navigation: A section of the form

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onde	or Newigetion	A einale a	rame within :	eaction		

y Navigatio	on: A single page w	vithin a section.	unation anhu annlina if u	un annat anatain aritari													
	Secondary Nav		Conditional Logic	Revisions	Paper Form Question	evisions Question	Revisions	Sub-Question	Revisions	Field Type	Revisions	Instructional Text	Revisions	Help Text	Alert Requ	red? Revisions	Notes
ted	Basis for filing				1.1	On whose behalf are you t	ling this	Another individual who is the beneficiary		Radio						Yes	For online fling, this
					12	torm? I am filing this form under following:	one of the	Cuba Haiti Nicaragua Ukraine Venezuela	Parole Process Cubo Habi Micaragua Ukraina	Dropdown	Dropdown Radio		Select "Parole Process" for the Uniting for Ulvraine and CHNV parole processes. Select "Family Reunification Parole Process" only if you have received personalized invitation letters inviting you to participate in the Fami Reunification Parole Process.		Yes		option available
								Vernezuera	Venezuela Family Reunification Parole Process		Radio		Neutrinication Parone Process.				
				(If "Parole Process"		3	I am filing for an individual under t	ne	Family Reunification Parole Process Cuba Haiti		Radio Dropdown					Yes	
				selected in 1.2]			parole process for the following country:		Nicaragua Ukraine								
				(If "Family Reunification		3	I am filing for my relative who is		Venezuela Colombia		Dropdown					Yes	
				Program" selected in 1.2]			associated with an approved I-130 and a national of:		Cuba El Salvador Guatemala Halti								
				(if "Family Reunification Program" selected in 1.2)		4	Invitation Number:		Henduras		Text		The Invitation Number can be found on the I-130 beneficiary's Family Reunification Parole Process Invitation Letter.			Yes	
				If "Family Reunification		5	How many total family members w				Text		Entering "1" indicates no derivative beneficiaries share			Yes	
				Program" selected in 1.2]			be included in this family reunification group who all share to same invitation number?	ne			100		the same invitation number.				
	Preparer and interpreter information					Is someone assisting you v completing this declaratio	ith ?	Yes/No		Radio							
	information		(IF YES)			Is a preparer assisting you completing this declaratio	with i?	Yes/No		Radio		A preparer is anyone who completes or helps you complete all or part of your declaration using informatio	n				
			(IF YES)			Is an interpreter assisting completing this declaration	ou with i?	Yes/No		Radio		and answers that you provide.  An interpreter is anyone who translates or helps you translate all or part of your declaration using information and answers that you provide.					
	Preparer information	1	(IF YES TO PREPARER)		7.1	What is your preparer's fu	name?	Given name (first name)		Text		and answers that you provide.					
					7.2	What is your preparer's be organization name?	siness or	Family name (last name)		Text Text							
					7.3	What is your preparer's m	iling	My preparer is not part of a business or organization. Country		Checkbox Dropdown							
						address?		Address line 1 Address line 2		Text Text				Street number and name Apartment, suite, unit, or floor			
			(If non-USA use					City or town State/Province		Text Dropdown/ Text							
			Province and text field) (If non-USA use Postal code and remove help					ZIP code/Postal code		Text				Provide a 5 or 9-digit ZIP code.			
			text)		7.4	What is your preparer's co information?	ntact	Daytime telephone number		Text				Provide a 10-digit phone number			
					7.5			Mobile telephone number  My preparer does not have a mobile		Text				Provide a 10-digit phone number			
					7.6			telephone number. Email address My preparer does not have an email		Text Checkbox				Example: user@domain.com			
	Interpreter		(IF YES TO INTERPRETER)		6.1	What is your interpreter's	ull name?	address. Given name (first name)		Text							
	internation		INTERPRETERY		6.2	What is your interpreter's	ausiness or	Family name (last name)		Text Text							
						organization name?		My interpreter is not part of a business or		Checkbox							
					6.3	What is your interpreter's address?	mailing	organization. Country		Dropdown							
						addressr		Address line 1 Address line 2		Text Text				Street number and name Apartment, suite, unit, or floor			
								City or town		Text				Apartment, suite, unit, or floor			
			(If non-USA use Province and text field) (If non-USA use Postal code and remove help					State/Province ZIP code		Dropdown/Text Text				Provide a 5 or 9-digit ZIP code.			
			test)		6.4	What is your interpreter's	contact	Daytime telephone number		Text				Provide a 10-digit phone number			
					6.5	information?		Mobile telephone number		Text				Provide a 10-digit phone number			
								My interpreter does not have a mobile telephone number		Checkbox							
					6.6			Email address My interpreter does not have an email address.		Text Checkbox				Example: user@domain.com			
						What language is your into				Text							

## ABOUT THE INDIVIDUAL AGREEING TO FINANCIALLY SUPPORT THE BENEFICIARY: I-134A Column Header Descriptions Primary Navigation: A section of the form that contains several pages. Secondary Navigation: A single page within a section. Conditional Logic: Indicates whether the question or subquestion only applies Other names used may include aliases, maiden name, and nicknames. Provide the other names you have used. [If yes to 3.2] Text Table Add another name button Intity that Provide the name of the organization, group, or entity-individual that is providing support to the beneficiary wild you (if any). Provide the name of the individual(s) or co-sponsor(s) that is providing support to the beneficiary with you (if any). Mobile telephone number (if any) This is the same as my daytime telephone number. Email address In care of name (if any) Country 5.4 Provide a 10-digit phone number. 5.5 3.4 3.4 Example: user@domain.com What is your current mailing address? [yellow alert] [b] You must be located in the United States in order to file at this time. 3.4 3.4 3.4 3.4 3.4 3.5 Provide a 5 or 9-digit ZIP code. Is your mailing address the same as the physical address What is your physical address? When and where the individual agreeing to financially support the beneficiary was born What is your city or town of birth? What is your state or province of birth? What is your country of birth? What is your sex? 3.9 3.9 3.9 3.8 Please select the sex that is shown on your passport or other government-issued identify document. For any value other than "Malfer [\*M"] for "Female" (\*F") that appears on your identify document, please choose "X" [Unspecified or another gender identity]. USGS requires this information to conduct security background checks and security Immigration information for the individual agreeing to financially support the beneficiary U.S. Citizen U.S. National Lawful Permanent Resident Nonimmigrant Other Please provide an explanation [if Other] [if Nonimmigrant] What is your Form I-94 Arrival-Departure Record 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 first digit so there is a total of 9 digits, for example: A-001234567. (if Lawful Permanent Resident, then A-Number is required) What is your A-Number? 3.12 What is your Social Security Number? Provide a 9-digit Social Security number. Life not have a LLS. Social Security number You will only have an OAN if you previously Provide a 22-digit Oiline Account Number. Britis a from that has a receipt number that begins with OEE flays filed that from online, you can find your OAN's your account you can find your OAN's your account filed that the online of the Account Access Notice we sent you. 3.11 What is your USCIS Online Account Number? (The OAN is not the same as an A-Number.) Employment information for the individual agreeing to financially support the beneficiary Radio Radio Radio Textbox Radio Text Text Text Dropdowr Text Text Dropdowr Text Dropdowr Dropdow Dropd [If Other] [If EMPLOYED to 3.15] [If EMPLOYED to 3.15] [IF EMPLOYER IS NOT SELF] [IF EMPLOYER IS NOT SELF] [IF EMPLOYER IS NOT SELF] 3.15 3.16 3.16 3.16A Please provide an explanation. What is your type of employment? 3.16A Name of employer Street number and name Apartment, suite, unit, or floor Provide a 5 or 9-digit ZIP code.

### FINANCIAL INFORMATION ABOUT THE PERSON AGREEING TO FINANCIALLY SUPPORT THE BENEFICIARY: I-134A

Column Header Descriptions
Primary Navigation: A serice has described as several pages.
Secondary Navigation: A single page within a section.
Conditional Logic: Indicates whether the question or subquestion only applies if you meet certain criteria.

ary Nav	Secondary Nav	Tertiary Nav	Conditional Logic	Paper Form Question	Question	Sub-Question	Field Type	Instructional Text	Help Text	Alert	Required? Notes
t the Individual ing to Financially ort the Beneficiary	Income information for the individual agreeing to financially support the beneficiary							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.			
								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.			
					Add entry		CTA				
				3.18 [LARGE TABLE]	What is the individual's full name?	Given name (first name) Middle name	Text 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 agreeing to financially support the beneficiary?	MM/DD/YYYY	Date Dropdown				"If you are the individual agreeing to financially support the beneficiary, type in "Self" instructions TBD based on feedback
				3.18	How much income will this individual contribute to the beneficiar	I'm entering my own financial information	Checkbox Text	If the income contribution is none, type in "0".			from Adi.
					annually? Save entry Cancel		CTA CTA				
			-	3.18	What is the total number of dependents?		Text		Provide the total number of dependents. Number must be between 0 and 100.		
	Additional income			3.18 3.19	What is the total income?  Does any of the income listed come from an illegal activity or	\$ Yes/No	Text Radio				
	information for the individual agreeing to financially suppo			3.19	source (such as proceeds from illegal gambling or illegal drug sales)?	TES/NO	Kaulo				
	the beneficiary		[If YES to 3.19]	3.2	What amount of income comes from an illegal activity?	s	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	What amount of income is from means-tested public benefits?	\$	Text				
	Specific contributions to the			3.27	You are responsible for receiving, maintaining, and supporting the	e	Text box				Yes
	beneficiary	•			beneficiary for the duration of their temporary stay in the United States. Describe the resources you plan to use or provide to ensu the beneficiary has adequate financial support to cover their basi living needs.	re					
				3.28	You are responsible for ensuring the beneficiary has safe and appropriate housing for the duration of their parole in the United States. Describe how you will ensure that the beneficiary's housing		Text box				Yes
					needs are met, including where the beneficiary will reside during their temporary stay in the United States, if known.	g					
				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 the	ny.	Text box				Yes
	Assets of the				are eligible. Describe what steps you plan to take as part of these responsibilities.	,		Provide information about any assets you will use to support			
	individual agreeing to financially suppo the beneficiary	rt						the beneficiary for the anticipated period of his or her stay. Lis 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 hel			
								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 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.			
				3.23 [LARGE TABLE]	Add entry What is the asset holder's full name?	Given name (first name)	CTA				
				3.23 [DANGE TABLE]		Middle name Family name (last name)					
					What is the type of asset?	Checking - Bank Account Savings - Bank Account Annuities Stocks. Bonds. Certificates of Deposit	Dropdown				
						Retirement or Educational Account Real Estate Holdings Personal Property (net value)					
					What is the cash value in U.S. dollars?	\$	Text				
					Save entry Cancel		CTA CTA				
				3.23 3.24	What is the total amount (U.S. dollars)?  Have you previously submitted a Form I-134 or a Form I-134A on behalf of a person other than the beneficiary listed on this Form I	S Yes/No	Text Radio				
	Was a safet		DENECT - 2.24		134A?			A. M.			
	Financial responsibility for other beneficiaries		[If YES to 3.24, conditional "Financial responsibility for other beneficiaries" section	r				Provide the information about the people for whom you have previously submitted a Form I-134 or Form I-134A, other than the beneficiary listed on this Form I-134A.			
			displays]								
			[red alert] [If no entrie	w	Add entry		CTA			[red alert]	
			are entered and 3.24 i yes]	5						You must include at least one person for whom you have previously submitted a Form I-134 or Form I-134A, other than the	e
				2.25.2.25.24.20.57	Mark the country of t	C	T			beneficiary listed on this Form I-134A.	
				3.25, 3.26 [LARGE TABLE]	What is the person's name?	Given name (first name) Middle name	Text Text				
						Family name (last name)	Text Text				
					What is the person's A-number?	Α-	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 digit for example: A-001234567.	ts,	

# FINANCIAL INFORMATION ABOUT THE PERSON AGREEING TO FINANCIALLY SUPPORT THE BENEFICIARY: I-134A Column Header Descriptions Firmany Navigation - A section of the form that contains several pages. Secondary Navigation - A single page within a section. Genditional Tools (includes whether the question or subquestion only applies if you meet certain criteria.

Primary Nav	Secondary Nav	Tertiary Nav	Conditional Logic	Paper Form Question	Question	Sub-Question	Field Type Instructional Text	Help Text	Alert	Required? Notes
						I do not have or know the person's A-Number	Checkbox			
					Date submitted	MM/DD/YYYY	Date			

form  in of the form that contains several pages, gle page within a section, whether the question only applies	if you meet certain criteria.									
ondary Nav Tertiary Nav Conditional Logi	c Revisions Paper Form Question Revisions 2.1	Question Revisions  What is the beneficiary's current legal name?	Sub-Question Given rums (first name)	Revisions Field Type Revisions	Hadractional Test  The Sheeffcarty Correct bydinane is the some on the Sheeffcarty Correct bydinane is the some on the Hegh addition such as marriage or count order. Do not provide any rickname time.	Help Text	Revisions	Alert	Revisions Require	red? Revisions Notes
	21 21 22		Middle name Family name (last name) Yes/No	Text Text						
[if yes to 2.2]	22	Has the beneficiary used any other names since birth? [UST]	Yes/No Given name (first name)	Text Text Radio Text	Other names used may include allases, maiden name, and nicknames.  Provide the other names the beneficiary has used.					Table Add another name but
	If 'Family Reunification	is this the ind	Middle name Family name (last name) idual listed as the	Text Text Yes/No Radi						Add another name but
	(ff "Family Reunification Program" selected in 1.2)	principal benel Reunification I Invitation letter	Iclary in your Family Parole Process 7							
eficiary contact musion	2.13	How may we contact the beneficiary?	Daytime telephone number	Text		Provide a 10 to 20-digit number.				
	234		Middle telephone number (if any) This is the same as the beneficiary's days telephone number.	Text Checkbox		Provide a 10 to 20-digit number.		[blue alen]  [b] Please ensure that you provide a valid email address to the beneficiary. We will use this email address to notify the beneficiary about the straus of this Form 1-14A. Failure to provide a email address for the beneficiary all prevent the	[detain previous copy]  If [blue aims]  If [bl	
								from completing the parale process, if this Form 1-136A is confirmed. Do not use your email address as the beneficiary's email address.	address. If you do not provide an email address that the beneficiary can access, they will not be able to complete the parole process DO NOT enter your email address in the facility.	
	2.15 Of selected "Samily 2.20	What is the beneficiary's current	Email address in care of name (if any)	Text Confirm the beneficiary's email address Text		Example: user@domain.com	Example: user@domain.com		See Sec.	
	(If selected "Samily 2.10 Reunification Fands Process" in 1.2", those United States in drapdower) 2.10	What is the beneficiary's current mailing address?								
	arapaown] 2.50 2.50 2.90		Country Address line 1	Cropdown Test		Street number and name Apartment, suits, unit, or floor			Yes	
	2.10 2.10 2.10 2.10 2.10 2.10 0f Circled States mailing 2.11		Country Address line 1 Address line 2 City or town Province Postal code Next(No	Dropdown Teat Teat Teat Dropdown/Teat Teat Radio		repair semple, Ballie, Whit, Of HOOF			Yes	
	address, default to 'No']	is the beneficiary's mailing address the same as the physical address?		Radio						
[if no]	(Fina) 2.12 (If selected "Family Resulting Family Process" in 1.21, those	What is the beneficiary's physical address?	in care of name (if any)	Text	The beneficiary's physical add of the United States.	ddress must be outside				instructional text con in 1.2
	and accounting		Country	Dropdown						
	232 232 232 232		Country Address line 1 Address line 2 City or town Province Postal code MM IFOLOPOY	Dropdown Text Text Text Cropdown/Text		Street number and name Apartment, suite, unit, or floor				
n and where ficiary was born	212	What is the beneficiary's date of birth?	Postal code MM/DQ/YYYY	Test Date					Yes	
	26 26	What is the beneficiary's date of birth? What is the beneficiary's only or nown of birth? What is the beneficiary's only or nown of birth? What is the beneficiary's state or province of birth? I have beneficiary's country of birth??		Test Test						
information the liciary	26	whet is the beneficiary's country of birth?  A exact of case	e is a discretionary	Dropdown/Text Text	Box					ves
	24	What is the beneficiary's sex?	Male Femule X	Radio	Press which the an half-house, so your property of the government has all dentity document. For any value of the the "Mail" ("Mail" "Smith" ("T) that uppers on your Disposal for another press of the "Mail" ("Disposal for another press in shortly 0.000 repent that controlled your controlled press of the				yes	
					t m Jan resume t r j uma appears on your identity document, please choose "X" (Unspecified or another gender identity), USCIS requires this information to conduct accurate					
			Single, Never Married	Radio	background checks and security screening.					
	29	What is the beneficiary's markal status?	Married							
		What is the beneficiary's markal status?	Married Diversed Wildowed Legally Separated Marriage Annualed Other							
рготная		What is the beneficiary's markal status?  What is the beneficiary's country of Classeship or nationality?	Single, Never Martind Marined Marined Michael Wickness Wickness Legally Fearand Marings Annuald Other Proude an explanation	Tent hos Dropdown				fyellow shart]  N  We are only accepting online filing of Form 1-13AA from individual agreemen to financially support Online		
is other	28 promoted Young 23 promoted Young 27 promoted College 22 promoted 2, later		Manied Divisional Divisional Legally Fearmed Legally Fearmed Maniega Annuald Other Presides an englination	Tend box Oropodown				Ipelion size!] [I) We are only accepting online titing of from 1-1344 from includation agreeing to franceilly support Cuban Hallian, Norangang, Utarinian, and Venezuellen citize and from immediate family.	5. 5. 5. 5. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6.	
konest			Manied Diversel Diversel Legily keparned Manage Annaled Warehold on equination	Fool bin Drogotoum				[b] Immediate family members are:  Their spouse or common-law partner; and Ummarried children under the age of 21.	s. Se	
ls curest			Maried Devente Devente Legally legamed Maries formed Maries formed Maries formed Preside on registration	Test lips Graphism				[b] Immediate family members are:  Their spouse or common-law partner; and Ummarried children under the age of 21.	in in the second	
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pronest	Frames Trace 27 to		Maried Microsoft Annual Control of Microsoft Annual Control of Microsoft Annual Control of Microsoft Annual	Tool law Graphism				[b] Immediate family members are:  Their spouse or common-law partner; and Ummarried children under the age of 21.	In or special process of the second process	
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pronent	Springer Treats 22 Search 1 Lines 22 Search 1 Li	which is the hondrively issuming of classically or restancing?	Marietal  Women and Committee of the Com					[6] Immediate laws of members are:  - "Their appears or more the general and - "Their appears or more than the general and - "Their appears or more than the general and - "Their appears or more than the general and their appears of their laws of their appears or their laws of general and their laws of general and their appears of their laws of general and their appears of their	John shel]  John shel]  If the are not prompting order thing of Fars 1.126. If the set of prompting order things of Fars 1.126. If the set of prompting order to the prompting of the control of the control order of the control order order order order order order order order or the control or prompting order or the control order o	
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promon	Springer Trains 23 Search 1 Line 27 Sear	which is the hondrively issuming of classically or restancing?	Maried  Woods of the Committee of the Co					[6] Immediate laws of members are:  - "Their appears or more the general and - "Their appears or more than the general and - "Their appears or more than the general and - "Their appears or more than the general and their appears of their laws of their appears or their laws of general and their laws of general and their appears of their laws of general and their appears of their	John shel] [Select shel] [If the set of primarity or the Bright of Fars 1.126, If the set of primarity or the Bright of Fars 1.126, If the set of primarity or the Bright of Colonia, Constitute, 186, Indiana, Colonia, Colonia, Indiana, and Colonia, Indiana,	

ABOUT THE BENEFICIARY: I-134A <u>Column Header Descriptions</u> Pelmany Navigation: A section of the form that cortains several p Secondary Navigation: A single page within a section.  Conditional togic: Indicates whether the question or subquestion															
Primary Nav Secondary Nav Tertiary Nav Co	anditional Logic Revisions	Paper Form Question Revisions	Question Revisions	Sub-Question	Revisions		Revisions	Instructional Text	Revisions	Help Text	Revisions	Alert	Revisions	Required? Revisions	Notes
		2.8	What is the number of the beneficiary's most recently issued assupport?		T	est				Provide a 7 to 12-character passport number.					
(2)	Cuba rij									Provide a 7-character passport number, beginning with 1 letter followed by 6 digits.					
(r)	(Haltian)									Provide a 9-character passport number, beginning with 1-3 letters followed by 6-8 diats.					
(r	Nicaraguan									ages. Provide a 8 to 9-character passport number, beginning with 1 letter followed by 7-8 digits.	,				
(r	(Ukrainian)									Provide an 8-character passport number, beginning with 2 letters followed by 6 digits.					
(8)	(if Colombia)									Provide a 9-digit passport number.	Provide an 8-character passport number,				
	(if Honduras										beginning with 2 letters followed by 6 digits. Provide a 7 to 8-character passport				
	(If El Salvador)										number, beginning with 1 letter followed 6-7 digits. Provide a 9-character passport number,				
	(if Gusternala)										beginning with 1 letter followed by 8 digit Provide a 9-digit passport number.	ı.			
(r)	(Russian)	2.8			Confirm the beneficiary's passport number					Provide a 9-digit passport number.					
	Venezuelan is most	28	What is the expiration date of the	мм/солум		tate		Expiration Date (MM/DD/YYYY)		Note: The beneficiary must have a valid					Tooltip only shows if Venezuelan is selected for o
rec	cent passport show oitig)	**	beneficiary's most recently issued passport?	majoojiiii				Experience of the Control of the Con		unexpired passport. CBP will not approx travel if the beneficiary's passport is					that issued the beneficiary's most recent passpor
										expired.					If the beneficiary has received a passport extensis then enter the extension's expiration date. For m information wisk the <u>Process for Venezuelans</u> webpage.
															Link: https://www.uscis.gov/OHW
		25	What is the beneficiary's A-Number?	A-	т	feet				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-00224657.					
				i do not have or know the beneficiary's A- Number.	0	Theckbox									
		2.16	What is the beneficiary's anticipated period of stay in the United States?	From (MM,/DQ/YYYY)		Date									
				To (MM/DD/YYYY) No End Date	0.00	Date Theckbox									

### BENEFICIARY'S FINANCIAL INFORMATION: I-134A

Column Header Descriptions

Primary Navigation: A section of the form that contains several pages.

Secondary Navigation: A sign page within a section.

Conditional Logic indicates whether the question or subquestion only applies if you meet certain criteria.

rimary Nav	Secondary Nav	Tertiary Nav	Conditional Logic	Paper Form Question	Question	Sub-Question	Field Type	Instructional Text	Help Text	Alert	Required?	Notes
eneficiary's Financial Iformation	Beneficiary income information							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."				
					Add entry		CTA	Provide all of the information requested in the table below about the beneficiary, all of the beneficiary's dependents, and any other				Opens up large table once clicke
								Frontile also to the midmator requested in the case below about the deministry, and on the beneficiary financially supports (on thickled information about the individual signering 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). Sests" below.				
				2.17 [LARGE TABLE]	What is the individual's full name?	Given name (first name)	Text					
						Middle name	Text					
						Family name (last name)	Text					
					What is individual's date of birth?  What is the individual's relationship to the	MM/DD/YYYY	Date Dropdown					
					beneficiary?		Diopuowii					
						\$	Text	If the income contribution is none, type in "0".				
					contribute to the beneficiary annually? Save entry		CTA					
					Save entry Cancel		CTA					
					Carreer		CIA					
				2.17	What is the beneficiary's total number of		Text		Provide the total number of			
					dependents?				dependents. Number must be			
				2.17	How much income will the beneficiary's	•	Text		between 0 and 100.			
				2.17	dependents contribute to the beneficiary	*	TEAL					
					annually?							
	Beneficiary			2.18	Does any of the beneficiary's total income	Yes/No	Radio					
	additional income information				(including income from dependents and other individuals who contribute to the							
	momuton				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)?							
			[If YES to 2.18]	2.19	What amount of the beneficiary's total	•	Text					
			[IT TES to 2.18]	2.19	income comes from an illegal activity or	>	lext					
					source?							
				2.20	Does any of the beneficiary's total income	Yes/No	Radio					
					come from means-tested public benefits as defined in 8 CFR 213a.1?							
			[If YES to 2.20]	2.21	What amount of the beneficiary's total	s	Text					
					income comes from means-tested public							
	D				benefits?							
	Beneficiary assets							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 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		CTA					
				2.22 [LARGE TABLE]		Given name (first name) Middle name	Text					
						Family name (last name)	Text Text					
						Checking - Bank Account	Dropdown					
						Savings - Bank Account						
						Annuities Stocks, Bonds, Certificates of Deposit						
						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 U.S.	\$	Text					
					dollars? Save entry		CTA					
					dollars? Save entry Cancel What is the total amount (U.S. dollars)?		CTA CTA					

Peacriptions  A section of the form that contains several pages.  Secondary Nav. Pervision Territory Nav. Conditional Logic	Revisions Paper Form Evidence Title Revisions	Field Type Bevisions	Instructional Test	Revisions .	Document type Revisions	File Requirements	Revisions Aircts
Bank officer	Form I-134 Instructions (pg 5) Blank Officer Statement	Upload	Provide a statement from an officer of the bank or other financial institutions with deposits, identifying the following details:		Bank officer statement	Clear and readable     Accepted file formats: JPG, JPEG, PDF, TIF or TIFF	
ESSERVICE			Date account opened		Other documents	No encrypted or password-protected files	
			Total amount deposited for the past year, and Present helence.			No encrypted or password-protected files     If your documents are in a foreign language, upload a full English translation and the translation's certification with each original documents.	_
			As the person who agrees to financially support the beneficiary, you must show you have sufficient income or financial resources support the beneficiary. Failure to provide evidence of sufficient income or financial resources may result in the denial of the foreign of the for			<ul> <li>Accepted file name characters: English letters, numbers, spaces, periods, highers, underscores, and carentheses</li> </ul>	
			national's application for a visa or his or her removal from the United States.			Maximum size: 12MB per file	
Employer statement	Form i-134 instructions (pg 5) Employer Statement	Upload	Provide statement(s) from your employer on business stationery showing:		Employer statement Other documents	Clear and readable     Accepted file formats: JPG, JPEG, PDF, TIF or TIFF	
			Date and nature of employment.				
			Salary paid; and     Whether the position is temporary or permanent.			<ul> <li>If your documents are in a foreign language, upload a full English translation and the translator's certification with each original docume</li> </ul>	nt.
			As the person who agrees to financially support the beneficiary, you must show you have sufficient income or financial resources			<ul> <li>Upload no more than five documents at a time</li> <li>Accepted file name characters: English letters, numbers, spaces,</li> </ul>	
			As the person who agrees to traincasy support the beneficiary, you must show you have sumicises income or traincas resources support the beneficiary. Failure to provide evidence of sufficient income or financial resources may result in the denial of the forei rational's application for a visu or his or he removal from the United States.			<ul> <li>Accepted the frame characters: ungues setters, numbers, spaces, periods, hyphens, underscores, and parentheses</li> <li>Maximum size: 12MB per file</li> </ul>	
Income tax return	Form I-134 instructions (pg 6) Income Tax Return	Upload	Provide a copy of the last U.S. federal income tax return filed (tax transcript).		Income tax return Other documents	Clear and readable Accepted file formats: JPG, JPEG, PDF, TIF or TIFF  TIFF	
			As the person who agrees to financially support the beneficiary, you must show you have sufficient income or financial resources		Other documents	No encrypted or password-protected files	
			support the beneficiary. Failure to provide evidence of sufficient income or financial resources may result in the denial of the foreing application for a visa or his or her removal from the United States.	1		If your documents are in a foreign language, upload a full English translation and the translator's certification with each original docume	
			nationals application for a visa or file or her removal from the United States.			<ul> <li>Upload no more than five documents at a time</li> <li>Accepted file name characters: English letters, numbers, spaces.</li> </ul>	n.
						<ul> <li>Accepted file name characters: English letters, numbers, spaces,</li> </ul>	
						periods, hyphens, underscores, and parentheses • Maximum size: 12MB per file	
Bonds	Form I-134 instructions (pg 6) Bonds	Upload	Provide a list containing serial numbers and denominations of bonds and name of record owner(s).		Bonds Other documents	Clear and readable     Accepted file formatic: JPG, JPDG, PDF, TIF or TIFF	
			As the person who agrees to financially support the beneficiary, you must show you have sufficient income or financial resources		WASHING		
			support the beneficiary. Failure to provide evidence of sufficient income or financial resources may result in the denial of the foreing application for a visa or his or her removal from the United States.	1		<ul> <li>If your documents are in a foreign language, upload a full English translation and the translator's certification with each original docume</li> </ul>	_
			The state of the s			<ul> <li>Upload no more than five documents at a time</li> </ul>	
						<ul> <li>Accepted file name characters: English letters, numbers, spaces, periods, highers, underscores, and parentheses</li> </ul>	
						Maximum size: 12MB per file	
Proof of immigration status	Form I-134 instructions (pg 5 Proof Of Immigration Status Item #10: Immigration Status)	Upload	Provide evidence of your status.		Immigration status Other documents	Clear and readable     Accepted file formats: JPG, JPEG, PDF, TIF or TIFF	
			A U.S. citizen or U.S. national may submit a copy of a birth certificate, certificate of naturalization, certificate of citizenship, consu	·			
			report of birth abroad to U.S. parents, or a copy of the biographic data page on your U.S. passport.			<ul> <li>If your documents are in a foreign language, upload a full English translation and the translator's certification with each original docume</li> </ul>	at a second
			Proof of lawful permanent resident status includes a photocopy of both sides of the Permanent Resident Card or Alien Registration				
			Receipt Card (Form I-SS1), or a photocopy of an unexpired temporary Form I-SS1 stamp in either a foreign passport or DHS Form Antival Departure Record.	104		<ul> <li>Accepted file name characters: English letters, numbers, spaces, periods, highers, underscores, and correctness</li> </ul>	
						Maximum size: 12MB per file	
Proof of assets of	Form I-134 instructions (pg 5 Proof Of Assets Of	Upload	Proof of tranful nonimmigrant status may include a copy of an unexpired visa in a foreign passport.  Provide information about any assest you will use to support the brankfullry 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		Assets	Clear and readable	
Individual	Item #19: Assets Individual Agreeing To Financially Support The		assets that can be converted into cash within 12 months and that will be used to support the beneficiary while the beneficiary is in	he .	Other documents	<ul> <li>Accepted file formats: JPG, JPEG, PDF, TIF or TIFF</li> </ul>	
agreeing to financially support	Prinancially support the Beneficiary		United States. Provide the value of all assets listed in U.S. dollars, regardless of whether they are held in the United States or out of the United States. Do not include assets from any individuals in the "Beneficiary's Financial Information" section.	ON CONTRACTOR OF THE CONTRACTO		No encrypted or password-protected files     If your documents are in a foreign language, upload a full English	
the beneficiary						translation and the translator's certification with each original docume	nt.
			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 s 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 i			· Accepted file name characters: English letters, numbers, spaces,	
			documentation demonstrating that you own the home, a recent appraisal by a licensed appraiser, and evidence of the amount of loans secured by a mortgage, trust deed, or other lien on the home.			periods, hyphens, underscores, and parentheses • Maximum size: 12MS per file	
			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 support the beneficiary. Failure to provide evidence of sufficient income or financial resources may result in the denial of the foreign of the for				
Secretary .	Form I-134 instructions (pg 4 Proof Of Seneticiary's	The same of the sa	radional's application for a visa or his or her removal from the United States.  Provide information about any assets available to the beneficiary for the anticipated period of his or her stay. Let only assets that		Beneficiary asset	Clear and readable	
beneficiary's	tem #22: Seneficiary's Assets Assets	Lightine	be converted into cash within 12 months and that will be used to support the beneficiary while the beneficiary is in the United Sta	an L	Other documents	<ul> <li>Accepted file formats: JPG, JPEG, PDF, TIF or TIFF</li> </ul>	
assets			Provide the value of all assets listed in U.S. dollars, regardless of whether the assets are held in the United States or outside the United States. Do not include assets from any individuals in the "Financial Information About the Person Agreeing to Financially.			<ul> <li>No encrypted or password-protected files</li> <li>If your documents are in a foreign language, upload a full English</li> </ul>	
			United scales, to hot include assets from any individuals in the 4-mancas information Adold the Perion Agreeing to Financiary Support the Beneficiary' section.				nt.
			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 hor			Upload no more than five documents at a time     Accepted file name characters: English letters, numbers, spaces,	
			You may include the net value of the beneficiary is forme as an asset. The net value of the forme is the appraised value of the norm initial 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 home, then you must include documentation demonstrating that the beneficiary owns the home, a recent appraisal by a fourned			<ul> <li>Accepted the frame characters singlest setters, numbers, spaces, periods, hyphens, underscores, and parentheses</li> <li>Maximum size: 12MB per file</li> </ul>	
			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.			Maximum size: 12MB per file	
			You may not include the net value of the beneficiary's automobile unless the beneficiary has more than one automobile, and at let	at .			
			one automobile is not included as an asset. Submit evidence of the value of the assets listed. Evidence must include the name of asset holder, a description of the asset, proof of ownership, and the basis of the owner's claim of its net cash value.	he			
			You may submit evidence of the value of the beneficiary's household members' assets. Evidence must include the name of the a holder, a description of the asset, proof of ownership, and the basis for the owner's claim of its rest cash value.	ad .			
			As the person who agrees to financially support the beneficiary, you must show you have sufficient income or financial resources				
			support the beneficiary. Failure to provide evidence of sufficient income or financial resources may result in the denial of the foreinational's application for a visa or his or her removal from the United States.	1			
Proof of the benefician's market	If "Family Reunification Proof Of Seneticial Parole Process" selected in Status	ny's Markel Upload		Provide evidence of the beneficiary's market status.	Marriage der Divorce decr	rificate	Clear and readable     Accepted file formatic IHG, IHEG, PDF, TIF or TIFF
	1.2 AND if user did NOT			If the beneficiary is married or hashad a charge in marital status since submission of the USOS Form 1430, submit a copy of the beneficiary	's Annalment o	decree	No encrypted or password-protected files
	select "Single, Never Married" in 2.98			current marriage certificate and any divorce decree, annulment decree, or death certificate showing that their prior marriages were terminated (if applicable).	Death certifi	kate	If your documents are in a foreign language, upload a full English translation and the translator's certification with each original document.
	•						
							<ul> <li>Accepted file name characters: English letters, numbers, spaces, periods, hyphens, underscores, and parentheses</li> </ul>
							Maximum size: 12MR per file
Proof of the baselines's feetle	If "Family Reunification Proof Of Beneficial Parole Proper' unlected in Relationship	ry's Family Upload		Provide evidence of the beneficiary's age and family relationship with the principal beneficiary of an approved Form I-150.	Birth certific Adoption de	229	Clear and readable     Accepted file formats: IPG, IPEG, PDF, TIF or TIFF
beneficiary's family relationship	reservous sesses or Relationship 13			If the beneficiary is the principal beneficiary of an approved Form I-130, only evidence of the beneficiary's age is required.	Adoption de	uee .	No encrypted or password-protected files
							<ul> <li>If your documents are in a foreign language, upload a full English translation and the translator's certification with each original document.</li> </ul>
							Upload no more than five documents at a time.
							<ul> <li>Accepted file name characters: English letters, numbers, spaces, periods, husbens, underscores, and carentheses</li> </ul>
							hyphens, underscores, and parentheses • Maximum size: 12MB per file

### **ADDITIONAL INFORMATION: I-134A**

Column Header Descriptions
Primary Navigation: A section of the form that contains several pages.
Secondary Navigation: A single page within a section.

	el												
Primary Nav	Secondary Nav	Tertiary Nav	Conditional Logic	Paper Form	Question (	Question	Sub-Question	Field Type	Instructional Text	Help Text	Alert	Required?	Notes
Additional Information	Additional							Large table	If you need to provide any additional information for any of your answers to the question			No	Large Table
	Information								in this form, enter it into the space below. You should include the questions that you are				Pattern
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About the IATFSTB	Contact information for individual agreeing to financially support the beneficiary	the	Yellow alert		Always show under "What is your current mailing address?" question and "What is your physical address?" question		(b) You must be located in the United States in order to file at this time.	these programs or processes, <u>unaking passits who is not applying under Vanescush or Holling for</u>		
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Financial Info	Financial responsibility	for	Red alert		If no entries are entered and 3.24 is yes		You must include at least one person for whom you have previously submitted a Form I-134 or Form I-134A, other than the beneficiary listed			
ATIATESTP	other beneficiaries						on this Form I-134A.			
About the Beneficiary	Beneficiary contact Information		Blue alert		Always show		(b) Fasse ensure that you provide a valid ernal address for the beneficiary. We will use the ernal address to notify the beneficiary about the state of this form 1514.6 failure to provide a read address for the beneficiary will prove them from completing the parels process, if this Form 5134 is conferred. Do not use your ernal address as the beneficiary's ernal address.			
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No other changes have been made to your draft. Learn more about Form I-134A.