myUSCIS Copydeck: Interact	ive Forms
Form Number and Name	I-134A, Online Request to be a Supporter and Declaration of Financial Support
OMB Number	1615-0157
Form Edition Date:	4/25/2022
Form Expiration Date:	7/31/2023
Baseline Copydeck:	I-134A-003 PRA Revision Copydeck v2.0.15

Revision Key		
Description		
All original (old) text is black.All revised (new) text is red.		
Example	Original	Revised
All original text is black.	1. Oranges	1. Oranges
Any text that is removed from original column will	2. Bananas	2. Bananas
be removed in the revision column with the words	3. Apple	3. Pineapple
on either side indicated with red.	4. Pineapple	4. Pear
	I want to eat a watermelon for lunch	I want to go hiking today.
	and go hiking today.	

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.

Link: A reference column to include any URLs that appear as hyperlinks in the body text.

CTA: Copy to include for a button

Heading	Body Text	Alert	Revision	Link	СТА	Note
elect the form you want to file online	Some immigration benefits that involve a temporary stay in the United States				Start form	
	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 submits Form I-134A must establish that they have both					į
	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.	[volley, eleph]	[vollavy alant]	https://www.ussis.com/i 124		i
		[yellow alert]	[yellow alert]	https://www.uscis.gov/i-134		
1		[h] We are only accepting online filing of Form I-134A from individuals agreeing to financially support eligible beneficiaries from the following countries:	[h] We are only accepting online filing of Form I-134A from individuals agreeing to financially support eligible beneficiaries from			
1		beneficiaries from the following countries.	the following countries:			
		[b]	[b]			
1		• Cuba	• Cuba			
		• Colombia	• Colombia			
		• El Salvador	• El Salvador			
		Guatemala	• Ecuador			
		• Haiti	Guatemala			
		• Honduras	• Haiti			
		• Nicaragua	• Honduras			
		• Ukraine	• Nicaragua			
		• Venezuela	• Ukraine			
			• Venezuela			
		You must be located in the United States to file Form I-134A online. Individuals seeking parole through these	V			
		processes may not file Form I-134A on their own behalf. Supporters must include the name of the beneficiary on Form I-134A.	You must be located in the United States to file Form I-134A online. Individuals seeking parole through these processes may not			
		FORM I-134A.	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-134A for each beneficiary they are planning to support, including minor children.	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			
		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.	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 processe	S,		
		If you are agreeing to support a beneficiary who is not seeking consideration for parole under one of these programs				
		or processes, you must file a paper Form I-134 through the appropriate Lockbox location.				

APPLICATION OVERVIEW: I-134A

Heading	Sub-Heading Condition	onal Logic Body Text	Revisions	ort Control of the Co	Revision	equired? Link	CTA Notes
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 beneficial of the request has sufficient financial resources or financial support to pay for expenses during the temporary stay. The individual who submits Form I-134A must establish that they had 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.					
	[yellow a	alert]	[h] cou [b] • Cu • Cu • El • G • H	llow alert] We are only accepting online filing of Form I-134A from individuals agreeing to financially support eligible beneficiaries from the followin untries: uba olombia I Salvador duatemala laiti londuras	 [yellow alert] g [h] We are only accepting online filing of Form I-134A from individuals agreeing to financially support eligible beneficiaries from the following countries: [b] • Cuba • Colombia • Ecuador • El Salvador • Guatemala • Haiti • Honduras 	https://www.uscis.gov/i-134	
			• U • Vo You 134	Ikraine lenezuela u must be located in the United States to file Form I-134A online. Individuals seeking parole through these processes may not file Form I-14A on their own behalf. Supporters must include the name of the beneficiary on Form I-134A.	NicaraguaUkraineVenezuela		
			To legal	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 al guardian and be able to provide documentation to confirm the relationship. ou are agreeing to support a beneficiary who is not seeking consideration for parole under one of these programs or processes, you must a paper Form I-134 through the appropriate Lockbox location.	If you are agreeing to support a beneficiary who is not seeking consideration for parole under one of these programs or processes, you must		
Before You Start Your Declaration	Eligibility Fee Documents you may need	Whether the beneficiary of this Form I-134A 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-134A has financial support for the duration of their 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. There is no fee to file Form I-134A. As the beneficiary's financial supporter, you must show you have sufficient income or financial resources to support the beneficiary.			file a paper Form I-134 through the appropriate Lockbox location.		
		Evidence should consist of any of the applicable documents listed below: 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. 2. Statement(s) from your employer on business letterhead 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). 					
	Biometric services appointment	If you are filing for a beneficiary under the Family Reunification Parole (FRP) process and they are a derivative of the principal beneficiary listed on the approved USCIS Form I-130, Petition for Alien Relative, provide documentation showing the relationship between the USCIS Form I-130 principle beneficiary and the beneficiary listed in this form. Evidence could include: marriage certificate, birth certificate, adoption certificate, divorce decree, and death certificate when applicable. 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 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.	is				
		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.					
fter You Submit Your eclaration ompleting Your Form Onlin	Track your case online Respond to requests for information Receive your decision	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 through your USCIS account. USCIS' determination to confirm or not to confirm your Form I-134A is based on whether you have established you have sufficient resources to support the beneficiary for the duratic of their parole period in the United States. USCIS will notify you of the determination in writing. Submitting your declaration online is the same as mailing in a completed paper form. They both gather the same information.					<u>Next</u>
ompleting four rollin omili	Complete the Getting Started section first Provide as many responses as you can We will automatically save your responses How to continue filling out your form DHS Privacy Notice	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 tod 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. 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.	day,				
		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 adequardinancial 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. 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. 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 Natio File Tracking System, DHS/USCIS-007 Benefits Information System, and DHS/USCIS-018 Immigration Biometric and Background Check, and U.S. Customs and Border Protection (CBP) DHS/CBP/PIA-024 Arrival and Departure Information System and DHS/CBP/PIA-068 CBP One Mobile Application] and the published privacy impact assessments [DHS/USCIS/PIA-003	es nal			https://www.dhs.gov/topics/privacy	
	Paperwork Reduction Act	Integrated Digitization Document Management Program (IDDMP), DHS/USCIS/PIA-051 Case and Activity Management for International Operations, DHS/USCIS/PIA-056 USCIS Electron Immigration System, and DHS/USCIS/PIA-071 myUSCIS Account Experience] 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. 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 2.00 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, including suggestions for reducing this burden, to:	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 2.11 hours per response, including the time for reviewing instructions, gathering the required documentation and information, completing the declaration, preparing statements, attaching necessary documentation, and				
		U.S. Citizenship and Immigration Services Office of Policy and Strategy, Regulatory Coordination Division 5900 Capital Gateway Drive, Mail Stop #2140 Camp Springs, MD 20588-0009 Do not mail your completed Form I-134A to this address. OMB No. 1615-0157 Expires: 07/31/2023	submitting the declaration. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services Office of Policy and Strategy, Regulatory Coordination Division 5900 Capital Gateway Drive, Mail Stop #2140 Camp Springs, MD 20588-0009 Do not mail your completed Form I-134A to this address.				
	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.	OMB No. 1615-0157 Expires: 07/31/2023				Start

GETTING STARTED: I-134A

Column Header Descriptions

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

Secondary Navigation: A single page within a section.

nary Nav	Secondary Nav	Tertiary Nav	Conditional Logic	Paper Form Question	Question	Sub-Question	Revision	Field Type	Instructional Text	Revisions	Help Text	Alert	Required?	Notes
ng Started	Basis for filing			1.1	On whose behalf are you filing this form?	Another individual who is the beneficiary	Another individual who is the beneficiary	Radio					Yes	For online filing, this is the or option available
				1.2	I am filing this form under one of the following:	Parole Process	Parole Process	Radio	Select "Parole Process" for the Uniting for Ukraine and CHNV parole processes. Select "Family Reunification Parole Process" only if you have received personalized invitation letters inviting you to participate in the Family				Yes	option available
						Family Reunification Parole Process		Radio	Reunification Parole Process.					
			[If "Parole Process" selected in 1.2]	1.3	I am filing for an individual under the parole process for the following country:	Haiti Nicaragua Ukraine		Dropdown					Yes	
			[If "Family Reunification Program" selected in 1.2]	n 1.3	I am filing for my relative who is associated with an approved I-130 and a national of:	Venezuela Colombia Cuba El Salvador Guatemala Haiti Honduras	Colombia Cuba Ecuador El Salvador Guatemala Haiti	Dropdown					Yes	
			[If "Family Reunification Program" selected in 1.2]	n 1.4	Invitation Number:		Honduras	Text	The Invitation Number can be found on the I-130 beneficiary's Family Reunification Parole Process Invitation Letter.	Reunification Parole Process Invitation			Yes	
			[If "Family Reunification Program" selected in 1.2]		How many total family members will be included in this family reunification group who all share the same invitation number?			Text	Entering "1" indicates no derivative beneficiaries share the same invitation number.	Letter. e			Yes	
	Preparer and interpreter				Is someone assisting you with completing this declaration?	Yes/No		Radio						
	information		(IF YES)		Is a preparer assisting you with completing this declaration?	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 completing this declaration?	Yes/No		Radio	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	on	(IF YES TO PREPARER)	7.1	What is your preparer's full name?	Given name (first name)		Text						
				7.2	What is your preparer's business or	Family name (last name)		Text Text						
				7.2	organization name?	My preparer is not part of a business or		Checkbox						
				7.3	What is your preparer's mailing	organization. Country		Dropdown						
				7.3	address?	Address line 1		Text			Street number and name			
						Address line 2		Text			Apartment, suite, unit, or floor			
			(If non-USA use Provinc	ce		City or town State/Province		Text Dropdown/ Text						
			and text field) (If non-USA use Postal code and remove help text)			ZIP code/Postal code		Text			Provide a 5 or 9-digit ZIP code.			
			texty	7.4	What is your preparer's contact information?	Daytime telephone number		Text			Provide a 10-digit phone number			
				7.5	mormations	Mobile telephone number		Text			Provide a 10-digit phone number			
						My preparer does not have a mobile telephone number.		Checkbox						
				7.6		Email address My preparer does not have an email addre	ess.	Text Checkbox			Example: user@domain.com			
	Interpreter		(IF YES TO INTERPRETER	R) 6.1	What is your interpreter's full name?	Given name (first name)		Text						
	information					Family name (last name)		Text						
				6.2	What is your interpreter's business or organization name?	My interpreter is not part of a business or		Text Checkbox						
				6.3	What is your interpreter's mailing	organization. Country		Dropdown						
					address?	Address line 1		Text			Street number and name			
						Address line 2 City or town		Text Text			Apartment, suite, unit, or floor			
			(If non-USA use Provinc	ce		State/Province		Dropdown/Text						
			and text field) (If non-USA use Postal code and remove help text)			ZIP code		Text			Provide a 5 or 9-digit ZIP code.			
				6.4	What is your interpreter's contact information?	Daytime telephone number		Text			Provide a 10-digit phone number			
				6.5		Mobile telephone number My interpreter does not have a mobile		Text Checkbox			Provide a 10-digit phone number			
				6.6		telephone number Email address		Text			Example: user@domain.com			
				U.U		My interpreter does not have an email address.		Checkbox			Lxample. user ക്രവാന്ദ്വന.com			
					What language is your interpreter using to interpret this declaration for you?			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: Indicat	es whether the question or subquestion only applies if you meet certain criteria.

Secondary Nav	Tertiary Nav	Conditional Logic	Paper Form Question	Question Revisions	Sub-Question	Revisions	Field Type	Instructional Text	Help Text	Alert	Required? Notes
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 you birth certificate, unless it changed after bir by a legal action such as marriage or court order. Do not provide any nicknames here.	th		
					Middle name Family name (last name)		Text Text				
		[If yes to 3.2]	3.2	Have you used any other names since birth?	Yes/No Given name (first name)		Radio Text	Other names used may include aliases, maiden name, and nicknames. Provide the other names you have used.			Table
		[ii yes to 3.2]			Middle name		Text	riovide the other hames you have used.			Add another name butt
		[If "Parole Process" selected in 1.2]	3.3	Provide the name of the organization, group, or individual that is providing support to the beneficiary with you (if any).	Family name (last name) Organization, Group, Individual Name		Text Text				
		[If "Family Reunification Parole Process" selected in 1.2]	3.3	Provide the name of the individual(s) or co-sponsor(s) that is providing support to the beneficiary with you (if any). Provide the name of the individual co-supporter(s) joining you to provide financial support to the beneficiary (if any).	Individual(s) or Co-sponsor(s) Name	Individual Co-supporter(s) Name(s)	Text				
Contact information for the individual			5.3	How may we contact you?	Daytime telephone number		Text		Provide a 10-digit phone number.		
agreeing to financial support the beneficiary	lly										
			5.4 5.5		Mobile telephone number (if any) This is the same as my daytime telephone number. Email address		Text Checkbox Text		Provide a 10-digit phone number. Example: user@domain.com		
			3.4 3.4	What is your current mailing address?	In care of name (if any) Country		Text Dropdown		Example: aser @ domain.com	[yellow alert]	
										[b] You must be located in the United States in order to file at this time.	
			3.4 3.4		Address line 1 Address line 2		Text Text		Street number and name Apartment, suite, unit, or floor	ting time.	
			3.4 3.4 3.4		City or town State ZIP code		Text Dropdown Text		Provide a 5 or 9-digit ZIP code.		
		[If NO]	3.5 3.6	Is your mailing address the same as the physical address? What is your physical address?	Yes/No In care of name (if any)		Radio Text		Trovide a 5 or 5 digitalii code.		
					Country		Dropdown			[yellow alert] [b] You must be located in the United States in order to file at	
					Address line 1		Text		Street number and name	this time.	
					Address line 2 City or town State		Text Text Dropdown		Apartment, suite, unit, or floor		
When and where the			3.7	What is your date of birth?	ZIP code MM/DD/YYYY		Text Date		Provide a 5 or 9-digit ZIP code.		
individual agreeing to financially support the beneficiary was borr	he										
			3.9 3.9	What is your city or town of birth? What is your state or province of birth?			Text Text				
			3.9 3.8	What is your sex? What is your sex?	Male Female X		Dropdown Radio	Please select the sex that is shown on your passport or other government-issued identity document. For any value other tha "Male" ("M") or "Female" ("F") that appea on your identity document, please choose "X" (Unspecified or another gender identity USCIS requires this information to conduct accurate background checks and security	an rs y).		Yes
Immigration information for the individual agreeing to	to		3.14	What is your current immigration status?	U.S. Citizen U.S. National Lawful Permanent Resident Nonimmigrant		Radio	screening.			
beneficiary		[If Other] [If Nonimmigrant]	3.14 3.14	What is your Form I-94 Arrival-Departure Record Number?	Other Please provide an explanation.		Textbox Text		Provide an 11 character I-94 Number.		
		(if Lawful Permanent Resident, then A Number is required)	A- 3.1	What is your 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 9 digits, for example: A-001234567.		A-Number is required if Lawful Permanent Resident is selected.
			3.12	What is your Social Security Number?	I do not have or know my A-Number. I do not have a U.S. Social Security number.		Checkbox Text Checkbox		Provide a 9-digit Social Security number.		
			3.11	What is your USCIS Online Account Number?	Tuo not nave a 0.3. Social Security number.		Text	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.	e,		
					I do not have or know my USCIS Online Account Numb	er.	Checkbox	(The OAN is not the same as an A-Number.)		
Employment			3.13	What is your relationship to the beneficiary? What is your employment status?	Employed (full-time, part-time, seasonal, self-employe		Dropdown Radio				Yes
information for the individual agreeing to financially support the beneficiary	to		3.15	what is your employment status?		ea)					
					Unemployed or not employed Retired Other		Radio Radio Radio				
		[If Other] [If EMPLOYED to 3.15]	3.15 3.16	Please provide an explanation. What is your type of employment?	I am currently employed as a/an		Textbox Radio				
		[If EMPLOYED to 3.15] [IF EMPLOYER IS NOT SELF] [IF EMPLOYER IS NOT SELF]	3.16 3.16A 3.16A	Employed as Name of employer	I am currently self-employed as a/an		Radio Text Text				
		[IF EMPLOYER IS SELF]	3.16B 3.17	Self-employed as What is your current employer's address?	Country		Text Dropdown				
					Address line 1 Address line 2 City or town		Text Text Text		Street number and name Apartment, suite, unit, or floor		
		(If non-USA use Province and text field)			State/Province		Dropdown/Te	rt .			
		(If non-USA use Postal code and remove help text)			ZIP code/Postal code		Text		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 section of the form that contains several pages.

Secondary Navigation: A single page within a section.

	Secondary Nav Tertiary Nav	Conditional Logic	Paper Form Question	Question	Sub-Question	Field Type	Instructional Text	Help Text	Alert	Required? Notes
dual fo ncially ag eficiary fii	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.			
			3.18 [LARGE TABLE]	Add entry What is the individual's full name?	Given name (first name)	CTA Text				
					Middle name Family name (last name)	Text 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 subeneficiary, type in "Self"" instructions TBD based
			3.18	How much income will this individual contribute to the	I'm entering my own financial information \$	Checkbox Text	If the income contribution is none, type in "0".			feedback from Adi.
				beneficiary annually? Save entry		СТА				
			3.18	Cancel What is the total number of dependents?		CTA Text		Provide the total number of dependents.		
			3.18	What is the total income?	\$	Text		Number must be between 0 and 100.		
in in to su	Additional income information for the individual agreeing to financially support the		3.20		Yes/No	Radio				
De	beneficiary	[If YES to 3.19]	3.21	What amount of income comes from an illegal activity?	\$ V (N	Text				
		<u></u>	3.22	public benefits as defined in 8 CFR 213a.1?		Radio				
-	Specific	[IF YES TO 3.20]	3.23 3.27	What amount of income is from means-tested public benefits? You are responsible for receiving, maintaining, and supporting	Ş	Text Text box				Yes
	contributions to the beneficiary			the beneficiary for the duration of their temporary stay in the United States. Describe the resources you plan to use or provide to ensure the beneficiary has adequate financial support to cover.						
			3.28	their basic living needs. You are responsible for ensuring the beneficiary has safe and		Text box				Yes
				appropriate housing for the duration of their parole in the Unite 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						
			3.29	You are responsible for assisting the beneficiary's access to available services and benefits such as learning English, securing		Text box				Yes
				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.						
in	Assets of the individual agreeing to financially			triese responsibilities.			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			
SU	support the beneficiary						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 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)	СТА				
			3.23 [LARGE TABLE]		Given name (first name) Middle name Family name (last name) Checking - Bank Account Savings - Bank Account	CTA Dropdown				
			3.23 [LARGE TABLE]	What is the asset holder's full name?	Middle name Family name (last name) Checking - Bank Account Savings - Bank Account Annuities Stocks, Bonds, Certificates of Deposit Retirement or Educational Account					
			3.23 [LARGE TABLE]	What is the asset holder's full name?	Middle name Family name (last name) Checking - Bank Account Savings - Bank Account Annuities Stocks, Bonds, Certificates of Deposit	Dropdown				
			3.23 [LARGE TABLE]	What is the asset holder's full name? What is the type of asset?	Middle name Family name (last name) Checking - Bank Account Savings - Bank Account Annuities Stocks, Bonds, Certificates of Deposit Retirement or Educational Account Real Estate Holdings	Dropdown				
			3.23 [LARGE TABLE] 3.23 3.24	What is the asset holder's full name? What is the type of asset? What is the cash value in U.S. dollars? Save entry Cancel What is the total amount (U.S. dollars)? Have you previously submitted a Form I-134 or a Form I-134A or behalf of a person other than the beneficiary listed on this Form	Middle name Family name (last name) Checking - Bank Account Savings - Bank Account Annuities Stocks, Bonds, Certificates of Deposit Retirement or Educational Account Real Estate Holdings Personal Property (net value) \$ \$ Yes/No	Dropdown Text CTA				
re	Financial responsibility for other beneficiaries	[If YES to 3.24, conditional "Financial responsibility for other	3.23 3.24	What is the asset holder's full name? What is the type of asset? What is the cash value in U.S. dollars? Save entry Cancel What is the total amount (U.S. dollars)? Have you previously submitted a Form I-134 or a Form I-134A or	Middle name Family name (last name) Checking - Bank Account Savings - Bank Account Annuities Stocks, Bonds, Certificates of Deposit Retirement or Educational Account Real Estate Holdings Personal Property (net value) \$ \$ Yes/No	Dropdown Text CTA CTA Text				
re	responsibility for	conditional "Financial	3.23 3.24	What is the asset holder's full name? What is the type of asset? What is the cash value in U.S. dollars? Save entry Cancel What is the total amount (U.S. dollars)? Have you previously submitted a Form I-134 or a Form I-134A or behalf of a person other than the beneficiary listed on this Form 134A?	Middle name Family name (last name) Checking - Bank Account Savings - Bank Account Annuities Stocks, Bonds, Certificates of Deposit Retirement or Educational Account Real Estate Holdings Personal Property (net value) \$ \$ Yes/No	Text CTA CTA Text Radio	Provide the information about the people for whom you have previously submitted a Form I-134 or Form I-134A, other than			
re	responsibility for	conditional "Financial responsibility for other beneficiaries" section displays] [red alert] [If no entried are entered and 3.24]	3.23 3.24	What is the asset holder's full name? What is the type of asset? What is the cash value in U.S. dollars? Save entry Cancel What is the total amount (U.S. dollars)? Have you previously submitted a Form I-134 or a Form I-134A or behalf of a person other than the beneficiary listed on this Form	Middle name Family name (last name) Checking - Bank Account Savings - Bank Account Annuities Stocks, Bonds, Certificates of Deposit Retirement or Educational Account Real Estate Holdings Personal Property (net value) \$ \$ Yes/No	Dropdown Text CTA CTA Text	Provide the information about the people for whom you have previously submitted a Form I-134 or Form I-134A, other than		[red alert] You must include at least one person for	
re	responsibility for	conditional "Financial responsibility for othe beneficiaries" section displays] [red alert] [If no entrices]	3.23 3.24	What is the asset holder's full name? What is the type of asset? What is the cash value in U.S. dollars? Save entry Cancel What is the total amount (U.S. dollars)? Have you previously submitted a Form I-134 or a Form I-134A or behalf of a person other than the beneficiary listed on this Form 134A?	Middle name Family name (last name) Checking - Bank Account Savings - Bank Account Annuities Stocks, Bonds, Certificates of Deposit Retirement or Educational Account Real Estate Holdings Personal Property (net value) \$ \$ Yes/No	Text CTA CTA Text Radio	Provide the information about the people for whom you have previously submitted a Form I-134 or Form I-134A, other than		You must include at least one person for whom you have previously submitted a Form I-134A, other than	
re	responsibility for	conditional "Financial responsibility for other beneficiaries" section displays] [red alert] [If no entried are entered and 3.24]	3.23 3.24	What is the asset holder's full name? What is the type of asset? What is the cash value in U.S. dollars? Save entry Cancel What is the total amount (U.S. dollars)? Have you previously submitted a Form I-134 or a Form I-134A or behalf of a person other than the beneficiary listed on this Form 134A?	Middle name Family name (last name) Checking - Bank Account Savings - Bank Account Annuities Stocks, Bonds, Certificates of Deposit Retirement or Educational Account Real Estate Holdings Personal Property (net value) \$ \$ Yes/No n I-	Text CTA CTA Radio CTA	Provide the information about the people for whom you have previously submitted a Form I-134 or Form I-134A, other than		You must include at least one person for whom you have previously submitted a	
re	responsibility for	conditional "Financial responsibility for other beneficiaries" section displays] [red alert] [If no entried are entered and 3.24]	3.23 3.24	What is the type of asset? What is the cash value in U.S. dollars? Save entry Cancel What is the total amount (U.S. dollars)? Have you previously submitted a Form I-134 or a Form I-134A or behalf of a person other than the beneficiary listed on this Form 134A? Add entry What is the person's name?	Middle name Family name (last name) Checking - Bank Account Savings - Bank Account Annuities Stocks, Bonds, Certificates of Deposit Retirement or Educational Account Real Estate Holdings Personal Property (net value) \$ \$ n Yes/No n I-	Text CTA CTA Text Radio CTA Text Text Text Text Text Text	Provide the information about the people for whom you have previously submitted a Form I-134 or Form I-134A, other than		You must include at least one person for whom you have previously submitted a Form I-134A, other than	
re	responsibility for	conditional "Financial responsibility for other beneficiaries" section displays] [red alert] [If no entried are entered and 3.24]	3.23 3.24	What is the asset holder's full name? What is the type of asset? What is the cash value in U.S. dollars? Save entry Cancel What is the total amount (U.S. dollars)? Have you previously submitted a Form I-134 or a Form I-134A or behalf of a person other than the beneficiary listed on this Form 134A? Add entry	Middle name Family name (last name) Checking - Bank Account Savings - Bank Account Annuities Stocks, Bonds, Certificates of Deposit Retirement or Educational Account Real Estate Holdings Personal Property (net value) \$ \$ n Yes/No n I-	Text CTA CTA Radio CTA Text Ratio	Provide the information about the people for whom you have previously submitted a Form I-134 or Form I-134A, other than		You must include at least one person for whom you have previously submitted a Form I-134A, other than	

FINANCIAL INFORMATION ABOUT THE PERSON 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 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	er. Checkbox			
					Date submitted	MM/DD/YYYY	Date			

	Nav Conditional Logic Revision	Paper Form Question	Question	Sub-Question	Field Type	Instructional Text	Help Text	Revision	Alert	Revision	Required? Notes
Beneficiary name		2.1	What is the beneficiary's current legal name?	Given name (first name)	Text	The beneficiary's current legal 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.					
	[If yes to 2.2]	2.12.2	Has the beneficiary used any other names since birth? [LIST]	Middle name Family name (last name) r Yes/No Given name (first name)	Text Text Radio Text	Other names used may include aliases, maiden name, and nicknames. Provide the other names the beneficiary has used					Table
	[If "Family Reunification Program" selected in 1.2]		Is this the individual listed as the principal beneficiary in your Famil Reunification Parole Process		Text Text Radio						Add another name button Yes
Beneficiary contact information	1.2]	2.13	invitation letter? How may we contact the beneficiary?	Daytime telephone number	Text		Provide a 10 to 20-digit number.				
information		2.14	beneficiary:	Mobile telephone number (if any) This is the same as the beneficiary's daytime telephone number.	Text Checkbox		Provide a 10 to 20-digit number.		[blue alert] [b] You must provide a valid email address for the beneficiary. If your Form I-134A is confirmed, we will send important information to the beneficiary at this email address. If you do not provide an email address that the beneficiary can access, they will not be able		
	[If selected "Family Reunification Parole Process" in 1.2," show United States in dropdown]	2.15 2.10	What is the beneficiary's current mailing address?	Email address Confirm the beneficiary's email address In care of name (if any)	Text Text Text		Example: user@domain.com Example: user@domain.com		to complete the parole process. DO NOT enter your email address in this field.		
		2.10 2.10 2.10 2.10 2.10		Country Address line 1 Address line 2 City or town Province	Dropdown Text Text Text Dropdown/Text		Street number and name Apartment, suite, unit, or floor				Yes Yes
	[If United States mailing address,	2.10 2.11	Is the beneficiary's mailing address the same as the physical address?		Text Radio						
	default to 'No'] [If no] [If selected "Family Reunification Parole Process" in 1.2," show instructional text]	2.12	What is the beneficiary's physical address?		Text	The beneficiary's physical address must be outsid of the United States.	de				Instructional text conditional b
	mstructional text)	2.12 2.12 2.12 2.12		Country Address line 1 Address line 2 City or town Province Postal code	Dropdown Text Text Text Dropdown/Text		Street number and name Apartment, suite, unit, or floor				
When and where beneficiary was born		2.12	What is the beneficiary's date of birth?		Text Date						Yes
		2.62.62.6	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 o birth?		Text Text Dropdown/Text						
Other Information about the Benefiiciary			A grant of parole is a discretionary determination granted on a case-b case basis for urgent humanitarian reasons or significant public benefit Please explain why a favorable exercise of discretion is merited for this individual.	oy- n fit.	Text Box						Yes
		2.4	What is the beneficiary's sex?	Male Female X	Radio	Please select the sex that is 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 accurate background checks and security screening.	")				Yes
		2.9	What is the beneficiary's marital status?	Single, Never Married Married Divorced Widowed Legally Separated Marriage Annulled	Radio	checks and security selecting.					
	[If OTHER] [If selected "Parole Process" in 1.2, show yellow alert]	2.9 2.7	What is the beneficiary's country o citizenship or nationality?	Other Provide an explanation	Text box Dropdown				[yellow alert] [h] 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 [b] Immediate family members are: • Their spouse or common-law partner; and • Unmarried children under the age of 21.		
	[If selected "Family Reunification Parole Process" in 1.2 show								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 guardia to be eligible for parole. [yellow alert] [h] We are only accepting online filing of Form I-134A from individuals agreeing to financially support Cuban, Colombian, Haitian, Honduran, Salvadoran, and Guatamalan	n [yellow alert] [h] We are only accepting online filing of Form I-134A from individuals agreeing to financially support Cuban, Colombian, Haitian, Honduran, Ecuadorian, Salvadoran, and	
	yellow alert]								citizens and their immediate family [b] Immediate family members are: • Their spouse or common-law partner; and • Unmarried children under the age of 21.	Guatamalan citizens and their immediate family [b] Immediate family members are: • The spouse or common-law partner of the primary beneficiary who is a citizen of a qualifying country; and	
									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.	 Unmarried children under the age of 21. 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. 	
	[If selected "Parole Process" in 1.2, show yellow alert]	2.8	What country issued the beneficiary's most recently issued passport?		Dropdown				[yellow alert] [h] 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 [b] Immediate family members are:		
									 Their spouse or common-law partner; and Unmarried children under the age of 21. 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 	0	
	[If selected "Family Reunification Parole Process" in 1.2 show yellow alert]								be eligible for parole. [yellow alert] [h] We are only accepting online filing of Form I-134A from individuals agreeing to financially support Cuban, Colombian, Haitian, Honduran, Salvadoran, and Guatamalan citizens and their immediate family	[yellow alert] [h] We are only accepting online filing of Form I-134A from individuals agreeing to financially support Cuban, Colombian, Haitian, Honduran, Ecuadorian, Salvadoran, and Guatamalan citizens and their immediate family	
									 Their spouse or common-law partner; and Unmarried children under the age of 21. 	 [b] Immediate family members are: The spouse or common-law partner of the primary beneficiary who is a citizen of a qualifying country; and Unmarried children under the age of 21. 	
									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.	o 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.	
		2.8	What is the number of the beneficiary's most recently issued		Text		Provide a 7 to 12-character passport numb	er.			

ABOUT 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 if you meet certain criteria. Required? Notes Paper Form Question Question Sub-Question Field Type Instructional Text Help Text Primary Nav Secondary Nav Tertiary Nav Conditional Logic Revision Revision (if Nicaraguan) Provide a 8 to 9-character passport number, beginning with 1 letter followed by 7-8 digits. (if Ukrainian) Provide an 8-character passport number, beginning with 2 letters followed by 6 digits. Provide a 9-digit passport number. (if Venezuelan) (if Colombia) Provide an 8-character passport number, beginning with 2 letters followed by 6 digits. (if Honduras Provide a 7 to 8-character passport number, beginning with 1 letter followed by 6-7 digits. (if Ecuador) Provide a 9-character passport number, beginning with 1 letter followed by 8 digits. (if El Salvador) Provide a 9-character passport number, beginning with 1 letter followed by 8 digits. Provide a 9-digit passport number. (if Guatemala) Provide a 9-digit passport number. (if Russian) Confirm the beneficiary's passport number What is the expiration date of the MM/DD/YYYY Note: The beneficiary must have a valid, Tooltip only shows if Venezuelan is selected for country that issued the beneficiary's most recent (if Venezuelan is most Expiration Date (MM/DD/YYYY) recent passport show beneficiary's most recently issued unexpired passport. CBP will not approve travel if the beneficiary's passport is tooltip) expired. If the beneficiary has received a passport extension, then enter the extension's expiration date. For more information visit the Process for Venezuelans webpage. Link: https://www.uscis.gov/CHNV Text Provide a 7, 8, or 9-digit number. If your A-What is the beneficiary's A-Number? 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- Checkbox What is the beneficiary's anticipated From (MM/DD/YYYY) period of stay in the United States? To (MM/DD/YYYY)

BENEFICIARY'S FINANCIAL INFORMATION: I-134A

Column Header Descriptions

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Secondary Navigation: A single page within a section.

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

Beneficiary income information Beneficiary additional income information Beneficiary additional income information	[If YES to 2.18]	2.17 [LARGE TABLE] 2.17 2.17 2.18 2.19 2.20	What is the individual's full name? What is individual's date of birth? What is the individual's relationship to the beneficiary? How much income will this individual contribute to the beneficiary annually? Save entry Cancel What is the beneficiary's total number of dependents? How much income will the beneficiary's dependents contribute to the beneficiary annually? 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)? What amount of the beneficiary's total income comes from an illegal activity or source.	\$ f \$ y ne Yes/No \$	Text Text Text Date Dropdown Text CTA CTA Text Text Text Text Text Text 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. 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. If the income contribution is none, type in "0".	Provide the total number of dependents. Number must be between 0 and 100.	Opens up large tab
additional income information	[If YES to 2.18]	2.17 2.17 2.18	What is the individual's full name? What is individual's date of birth? What is the individual's relationship to the beneficiary? How much income will this individual contribute to the beneficiary annually? Save entry Cancel What is the beneficiary's total number of dependents? How much income will the beneficiary's dependents contribute to the beneficiary annually? 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)? What amount of the beneficiary's total income comes from an illegal activity or	Middle name Family name (last name) MM/DD/YYYY he \$ f \$ y The Yes/No \$	Text Text Date Dropdown Text CTA CTA Text Text Radio	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.	dependents. Number must be	Opens up large tab
additional income information	[If YES to 2.18]	2.17 2.17 2.18	What is individual's date of birth? What is the individual's relationship to the beneficiary? How much income will this individual contribute to the beneficiary annually? Save entry Cancel What is the beneficiary's total number of dependents? How much income will the beneficiary's dependents contribute to the beneficiary annually? 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)? What amount of the beneficiary's total income comes from an illegal activity or source comes f	Middle name Family name (last name) MM/DD/YYYY he \$ f \$ y The Yes/No \$	Text Text Date Dropdown Text CTA CTA Text Text Radio	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.	dependents. Number must be	
additional income information	[If YES to 2.18]	2.17 2.17 2.18	What is individual's date of birth? What is the individual's relationship to the beneficiary? How much income will this individual contribute to the beneficiary annually? Save entry Cancel What is the beneficiary's total number of dependents? How much income will the beneficiary's dependents contribute to the beneficiary annually? 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)? What amount of the beneficiary's total income comes from an illegal activity or source comes f	Middle name Family name (last name) MM/DD/YYYY he \$ f \$ y The Yes/No \$	Text Text Date Dropdown Text CTA CTA Text Text Radio		dependents. Number must be	
additional income information	[If YES to 2.18]	2.18	What is the individual's relationship to the beneficiary? How much income will this individual contribute to the beneficiary annually? Save entry Cancel What is the beneficiary's total number of dependents? How much income will the beneficiary's dependents contribute to the beneficiary annually? Does any of the beneficiary's total incom (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)? What amount of the beneficiary's total income comes from an illegal activity or	MM/DD/YYYY he \$ f \$ y ne Yes/No to	Date Dropdown Text CTA CTA Text Text Radio	If the income contribution is none, type in "0".	dependents. Number must be	
additional income information	[If YES to 2.18]	2.18	How much income will this individual contribute to the beneficiary annually? Save entry Cancel What is the beneficiary's total number of dependents? How much income will the beneficiary's dependents contribute to the beneficiary annually? Does any of the beneficiary's total incom (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)? What amount of the beneficiary's total income comes from an illegal activity or	\$ y ne Yes/No to	CTA CTA Text Radio	If the income contribution is none, type in "0".	dependents. Number must be	
additional income information	[If YES to 2.18]	2.18	What is the beneficiary's total number of dependents? How much income will the beneficiary's dependents contribute to the beneficiary annually? Does any of the beneficiary's total incom (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)? What amount of the beneficiary's total income comes from an illegal activity or	\$ y ne Yes/No to	Text Text Radio		dependents. Number must be	
additional income information	[If YES to 2.18]	2.18	How much income will the beneficiary's dependents contribute to the beneficiary annually? Does any of the beneficiary's total incom (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)? What amount of the beneficiary's total income comes from an illegal activity or	\$ y ne Yes/No to	Text Radio		dependents. Number must be	
additional income information	[If YES to 2.18]	2.18	dependents contribute to the beneficiary annually? Does any of the beneficiary's total incom (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)? What amount of the beneficiary's total income comes from an illegal activity or	ne Yes/No to	Radio			
additional income information	[If YES to 2.18]	2.19	(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 t Financially Support the Beneficiary" section) come from an illegal activity or source (such as proceeds from illegal gambling or illegal drug sales)? What amount of the beneficiary's total income comes from an illegal activity or	to \$				
Beneficiary assets	[If YES to 2.18]		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)? What amount of the beneficiary's total income comes from an illegal activity or	\$	Text			
Beneficiary assets	[If YES to 2.18]		source (such as proceeds from illegal gambling or illegal drug sales)? What amount of the beneficiary's total income comes from an illegal activity or		Text			
Beneficiary assets	[If YES to 2.18]		income comes from an illegal activity or		Text			
Beneficiary assets		2 20	source?					
Beneficiary assets		£.£V	Does any of the beneficiary's total incom come from means-tested public benefits defined in 8 CFR 213a.1?		Radio			
Beneficiary assets	[If YES to 2.20]	2.21	What amount of the beneficiary's total income comes from means-tested public benefits?		Text			
						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 Unite States. Do not include assets from any individuals named in the "Financial Information About the Individual Agreeing to Financially Support the Beneficiary" section.	S.	
						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, minuthe 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, the 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.	ne	
			Add entry		СТА	Attach evidence in the "Evidence" section under "Proof of beneficiary's assets" and "Bonds" showing that the beneficiary has these assets.		
		2.22 [LARGE TABLE]	What is the asset holder's full name?	Given name (first name) Middle name Family name (last name)	Text Text Text			
			What is the type of asset?	Checking - Bank Account Savings - Bank Account Annuities	Dropdown			
				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 dollars? Save entry	S. \$	Text CTA			
			Cancel What is the total amount (U.S. dollars)?		CTA Text			

134A					
<u>scriptions</u> section of the form that contains	s several pages.				
Secondary Nav Tertiary I Bank officer	·	Evidence Title Field Type structions (pg 5) Bank Officer Statement Upload	Instructional Text Provide a statement from an officer of the bank or other financial institutions with deposits, identifying the following details:	Document type Bank officer	• Clear and readable Alerts Requirements
statement			 Date account opened Total amount deposited for the past year; and Present balance. 	statement Other documents	 Accepted file formats: JPG, JPEG, PDF, TIF or TIFF
			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.	s	document. • Upload no more than five documents at a time • Accepted file name characters: English letters, numbers, spaces, periods, hyphens, underscores, and parentheses
Employer	Form I-134 ins	structions (pg 5) Employer Statement Upload	Provide statement(s) from your employer on business stationery showing:	Employer	Maximum size: 12MB per fileClear and readable
statement			 Date and nature of employment Salary paid; and Whether the position is temporary or permanent. 	statement Other documents	 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
			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.	s	 document. Upload no more than five documents at a time Accepted file name characters: English letters, numbers, spaces, periods, hyphens, underscores, and parentheses
Income tax return	Form I-134 ins	structions (pg 6) Income Tax Return Upload	Provide a copy of the last U.S. federal income tax return filed (tax transcript).	Income tax return	Maximum size: 12MB per file Clear and readable
			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.	Other documents s	 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
Bonds	Form I-134 ins	structions (pg 6) Bonds Upload	Provide a list containing serial numbers and denominations of bonds and name of record owner(s).	Bonds	Maximum size: 12MB per file Clear and readable
			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.	S	 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: 12MB per file
Proof of immigration status		structions (pg 5 Proof Of Immigration Upload nigration Status) 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.		 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
			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 passpor or DHS Form I-94 Arrival Departure Record.	rt	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
Proof of assets of individual agreeing to financially	Form I-134 ins Item #19: Ass	structions (pg 5 Proof Of Assets Of Upload lets Individual Agreeing To Financially Support The Beneficiary	Proof of lawful nonimmigrant status may include a copy of an unexpired visa in a foreign passport. 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 State or outside of the United States. Do not include assets from any individuals in the "Beneficiary's Financial Information" section.	Other documents	 Maximum size: 12MB 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
support the beneficiary		,	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.		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
			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.	,	Maximum size: 12MB per file
			Submit evidence of the value of your or your household members' assets. Evidence must include the name of the asset holder, 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.		
Proof of beneficiary's assets		structions (pg 4 Proof Of Beneficiary's Upload neficiary's Assets Assets	Provide information about any assets available to 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 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 Support the Beneficiary" section.	ed Other documents	 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
			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 appraisa by a licensed appraiser, and evidence of the amount of all loans secured by a mortgage, trust deed, or other lien on the home.	ıl	 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: 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 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 of the owner's claim of its net cash 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 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.	s	
Proof of the beneficiary's marital	[If "Family Reunification Parole Process" selected in 1.2 AND if user	Proof Of Beneficiary's Marital Upload Status	Provide evidence of the beneficiary's marital status.	Marriage certificate Divorce decree	 Clear and readable Accepted file formats: JPG, JPEG, PDF, TIF or TIFF
status	did NOT select "Single, Never Married" in 2.9]		If the beneficiary is married or has had a change in marital status since submission of the USCIS Form I-130, submit a copy of the beneficiary's current marriage certificate and any divorce decree, annulment decree, or death certificate showing that their prior marriage were terminated (if applicable).	Annulment decree	 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
Proof of the	[If "Family Reunification Parole Process"	Proof Of Beneficiary's Family Upload	Provide evidence of the beneficiary's age and family relationship with the principal beneficiary of an approved Form I-130.	Birth certificate	Maximum size: 12MB per file Clear and readable Associated file for each a IRC AREC ARE THE secTIFE.
beneficiary's family relationship	selected in 1.2]	Relationship	If the beneficiary is the principal beneficiary of an approved Form I-130, only evidence of the beneficiary's age is required.	Adoption decree	 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.

Accepted file name characters: English letters, numbers, spaces, periods,

Upload no more than five documents at a time

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.

Beaution Theory Indiana, Theory Indiana, Indiana												
Primary Nav	Secondary Nav	Tertiary Nav	Conditional Logic	Paper Form Question Ques	tion Sub-Question	Field Type	Instructional Text Help Text Alert	Required?	Notes			
Additional Information	Additional Information					Large table	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.	No	Large Table Pattern Ghost Sub			
							If you do not need to provide any additional information, you may leave this section blank.		Nav			

REVIEW AND SUBMIT: I-134A

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

Secondary Nav Tertiary Nav							
	Conditional Logic Paper form question	Question	Sub-Question Field	Type Instructional Text Help Tex	kt Alert	Required? CTA	Notes
Review your declaration		Check your declaration before you submit		Please review your declaration and check it for accuracy and completeness before you submit it.			
				We encourage you to provide as many responses as you can throughout the declaration. Missing			
				or incomplete information may 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.			
	[blue alert]				[blue alert header for active drafts]		Alert appears only for drafts started
	[Alert appears only for drafts				[h] The name of this form has changed		toggle on of I-134A ~12/21
	started before toggle on of I- 134A ~12/21]				[b] The name of this form has changed to Form I-134A, Online Request to be a Supporter and		https://www.uscis.gov/i-134a
					Declaration of Financial Support.		
		Your fee	Your form filing fee is: \$[xxx]		No other changes have been made to your draft. Learn more about Form I-134A.		
			Refund policy: USCIS does not refund fees, regardless of any action we take on your application, petition or request, or how long USCIS takes to reach a decision. By continuing this				
			transaction, you acknowledge that you must submit fees in the exact amount and that you are paying the fees for a government service.				
		Alerts and warnings		You have one or more alerts and warnings based on the information you provided in your declaration.		Next	
				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-134A form information		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.			
				We also prepared a draft case snapshot with your responses, which you can download below.			
Preparer statement	(IF 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 with that Radi individual's consent.	Your preparer must read the statements below and select the statement that applies to him or			
			maividual's consent.	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			
			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 beyond the Radi	of Entry of Appearance as Attorney or Accredited Representative (G-28) with your declaration.			
			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 Radi	0			
		Preparer's certification and signature	this declaration. 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	Your preparer must read and agree to the certification below.			
			beneficiary if on behalf of him or herself). The individual agreeing to financially support the beneficiary then reviewed this completed declaration and informed me that he or she understands all of the information contained in, and submitted with, his or her declaration, including the Certification of the Individual Agreeing to Financially Support the				
			Beneficiary, and that all of this information is complete, true, and correct. I completed this declaration based only on filing information that the individual agreeing to financially support the beneficiary provided to me or authorized me 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:			Next	
			1. Download the Preparer Signature page				
			2. Print the Preparer Signature page3. Read and sign the Preparer Signature page				
			4. Give the signed Preparer Signature page to the declarant				
	((5.0050.4050)		The declarant will need to scan and upload your completed signature page on the next screen.				
Preparer signature Interpreter certification	(IF PREPARER) 7.8 (IF INTERPRETER) 6.7	Preparer's Signature Upload Interpreter's certification and signature	Uplo 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	ad Scan and upload your preparer's completed signature page below. Your interpreter must read and agree to the certification below.		Next	
			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 they understand 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:			Next	
			1. <u>Download the Interpreter Signature page</u>				
			2. Print the Interpreter Signature page				
			3. Read and sign the Interpreter Signature page 4. Give the signed Interpreter Signature page to the declarant				
			4. Give the signed interpreter signature page to the deciarant				
			The declarant will need to scan and upload your completed signature page on the next screen.				
Interpreter signature	(IF INTERPRETER)	Interpreter's Signature Upload	The declarant will need to scan and upload your completed signature page on the next screen.	ad Scan and upload your interpreter's completed signature page below. I, as the individual agreeing to financially support the beneficiary, certify the following:		Next	
Statement of the individual	(IF INTERPRETER) (IF NO INTERPRETER) 5.1.A	Individual agreeing to financially support the	The declarant will need to scan and upload your completed signature page on the next screen. Uplo			Next	MVP
	(IF NO INTERPRETER) 5.1.A	Individual agreeing to financially support the beneficiary's statement	The declarant will need to scan and upload your completed signature page on the next screen. Upload I can read and understand English, and have read and understand every question and instruction on this declaration and my answer to every question. Checken	I, as the individual agreeing to financially support the beneficiary, certify the following: kbox You must read and agree to the statement below.		Next	
Statement of the individual agreeing to financially	(IF NO INTERPRETER) 5.1.A (IF PREPARER) 5.2	Individual agreeing to financially support the beneficiary's statement Individual agreeing to financially support the beneficiary's statement regarding the preparer	The declarant will need to scan and upload your completed signature page on the next screen. Uplo I can read and understand English, and have read and understand every question and instruction on this declaration and my answer to every question. Check the preparer named in the Getting Started section of this declaration prepared this declaration for me based only upon the information I provided or authorized. Check the preparer named in the Getting Started section of this declaration prepared this declaration for me based only upon the information I provided or authorized.	I, as the individual agreeing to financially support the beneficiary, certify the following: kbox You must read and agree to the statement below. kbox You must read and agree to the statement below.		Next	MVP
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WARNINGS, ALERTS, NOTICES, AND ERRORS: I-134A

Column Header Descriptions

Section: The primary nav where the alert can be found.

Page: The secondary pay where the alert can be found.

gation S	ub-navigation	Туре	Conditional Logic	Message	Revision	Link
orm		Yellow alert	Always show	[h] We are only accepting online filing of Form I-134A from individuals agreeing to financially support eligible beneficiaries from the following countries:	[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/i-134
			•			
				[b]		
				CubaColombia	CubaColombia	
				• El Salvador	• Ecuador	
				• Guatemala	• El Salvador	
				• Haiti	• Guatemala	
				• Honduras	• Haiti	
				 Nicaragua Ukraine 	HondurasNicaragua	
				• Venezuela	• Ukraine	
					• Venezuela	
				You must be located in the United States to file Form I-134A online. Individuals seeking parole through these processes may not file Form I-134A on their own behalf. Supporters must		
				include the name of the beneficiary on Form I-134A.	You must be located in the United States to file Form I-134A online. Individuals seeking parole through these processes may not file Form I-134A on their own behalf. Supporters must	
				Comparison moved file a compared Forms I 1240 for each beneficion they are planning to compare including unique shildren	include the name of the beneficiary on Form I-134A.	
				Supporters must file a separate Form I-134A for each beneficiary they are planning to support, including minor children.	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	Supporters must me a separate rorm research call beneficiary they are planning to support, melauning minor children.	
				documentation to confirm the relationship.	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, you must file a paper Form I-134 through the		
				appropriate Lockbox location.	If you are agreeing to support a beneficiary who is not seeking consideration for parole under one of these programs or processes, you must file a paper Form I-134 through the appropriate Lockbox location.	
he IATFSTB (ontact information for the individual agreein of financially support the beneficiary		Always show under "What is your current mailing address?" question and "What is your physical	[b] You must be located in the United States in order to file at this time.		
	When and where the individual agreeing to	Red alert	address?" question	h5. This account has already been verified with a different date of birth		https://myaccount.uscis.gov/
	nancially support the beneficiary was born		applicant's profile, the following red alert is shown.	The date of birth in this account's profile is [MM/DD/YYYY].		
				If you need to apply for a benefit for someone else using the date of birth you entered, you should sign out of this account and create a new account for them at https://myaccount.uscis.gov/		
	mmigration information for the individual greeing to financially support the beneficiary	Red alert	If A-Number is different than the A-Number of the applicant's profile, the following red alert is shown.	h5. This account has already been verified with a different A-Number		https://myaccount.uscis.gov/
				The A-Number in this account's profile is [xxxxxxxxxx].		
				If you need to apply for a benefit for someone else using the A-Number you entered, you must sign out of this account and create a new account for them at https://myaccount.uscis.gov/		
БТР	inancial responsibility for other beneficiaries		·	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 on this Form I-134A.		
•	eneficiary contact information Other information about the beneficiary	Blue alert Yellow alert	Always show if user selected "Parole Process" in question 1.2,	[b] You must provide a valid email address for the beneficiary. We will send them important information at this email address if Form I-134A is confirmed. 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 this field. [h] 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		
e beneficiary C	the information about the beneficiary	Tellow diere	·	immediate family		
			issued the beneficiary's most recently issued passport?" question	[b] Immediate family members are:		
				 Their spouse or common-law partner; and Unmarried children under the age of 21. 		
				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.		
he Beneficiary (Other information about the beneficiary	Yellow alert	If user selected "Family Reunification Parole Process'	·	[yellow alert]	
·	·			[h] We are only accepting online filing of Form I-134A from individuals agreeing to financially support Cuban, Colombian, Haitian, Honduran, Salvadoran, and Guatamalan citizens	[h] We are only accepting online filing of Form I-134A from individuals agreeing to financially support Cuban, Colombian, Haitian, Honduran, Ecuadorian, Salvadoran, and Guatamalan citizens and their immediate family	
			"What country issued the beneficiary's most recently issued passport?" question	[b] Immediate family members are:	[b] Immediate family members are:	
				 Their spouse or common-law partner; and Unmarried children under the age of 21. 	 Their spouse or common-law partner of the primary beneficiary who is a citizen of a qualifying country; and Unmarried children under the age of 21. 	
				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	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	
& Submit F	eview your declaration	Blue alert	Alert appears only for active drafts started before toggle	to be eligible for parole. [h] The name of this form has changed	eligible for parole.	https://www.uscis.gov/i-134a
			on of I-134A ~12/21	[b] The name of this form has changed to Form I-134A, Online Request to be a Supporter and Declaration of Financial Support.		