myUSCIS Copydeck: Interactive 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:	11/16/2023								
Form Expiration Date:	5/31/2024								
PRA Project:	I-134A-004								

Revision Key Description • All original (old) text is black. • All revised (new) text is red. Original **Revised** Example • 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 on 3. Apple 3. Pineapple 4. Pear 4. Pineapple either side indicated with red. I want to go hiking today. I want to eat a watermelon for lunch and go hiking today.

FILE A FORM: I-134A

Heading	Body Text	Alert	Link	СТА	Notes
Select the form you want to file online	Some immigration benefits that involve a temporary stay in the United States require U.S. Citizenship and Immigration Services (USCIS) to determine whether the applicant or beneficiary of the request has sufficient financial resources or financial support to pay for expenses during the temporary stay. The individual who submits Form I-134A must establish that they have 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.			Start form	
		[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/i-134		
		[b] • Cuba • Colombia • El Salvador • Ecuador • Guatemala • Haiti • Honduras • Nicaragua • 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.	n		
		Supporters must file a separate Form I-134A for each beneficiary they are planning to support, including minor children.			
		To be eligible for this process, children under the age of 18 must be traveling to the United States in the care and custody of their parent or legal guardian and be able to provide documentation to confirm the relationship.			
		If you are agreeing to support a beneficiary 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.			

Joading	Sub Hooding	icad	Logic Body Text	Peviced	Alort	quired?	
-134A, Online Request To	Sub-Heading Revis	ised Conditional L	Logic Body Text 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	Revised	Alert	quired? Link	СТА
A Supporter And Declaration Of Financial Support			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 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 support the beneficiary listed on Form I-134A for the duration of the beneficiary's stay in the support the beneficiary listed on Form I-134A for the duration of the beneficiary's stay in the support the beneficiary listed on Form I-134A for the duration of the beneficiary's stay in the support the beneficiary listed on Form I-134A for the duration of the beneficiary's stay in the support the beneficiary listed on Form I-134A for the duration of the beneficiary's stay in the support the beneficiary listed on Form I-134A for the duration of the beneficiary's stay in the support the beneficiary listed on Form I-134A for the duration of the beneficiary's stay in the support the beneficiary listed on Form I-134A for the duration of the beneficiary's stay in the support the beneficiary listed on Form I-134A for the duration of the beneficiary's stay in the support the support the beneficiary listed on Form I-134A for the support the	in			
		[yellow alert]	the United States.]		[yellow alert]	https://	/www.uscis.gov/i-134
					[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 		
					Nicaragua 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.		
					Supporters must file a separate Form I-134A for each beneficiary they are planning to support, including minor children.		
					To be eligible for this process, children under the age of 18 must be traveling to the United States in the care and custody of their parent or legal guardian and be able to provide documentation to confirm the relationship.		
					If you are agreeing to support a beneficiary who is not seeking consideration for parole under one of these programs or processes, you must file a <u>paper</u> Form I-134 through the appropriate Lockbox location.		
Before You Start Your Declaration	Eligibility		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	n			
	Fee		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.				
	Documents you may need		As the beneficiary's financial supporter, you must show you have sufficient income or financial resources to support the beneficiary.				
			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). 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.				
	Biometric services appointment		USCIS may require that you appear for an interview or provide biometrics (fingerprints, photograph, and/or signature) at any time to verify your identity, obtain additional information, and conduct background and security checks, including a check of criminal history records maintained by the Federal Bureau of Investigation (FBI), before making a decision on your application or petition. After USCIS receives your declaration and ensures it is complete, we will inform you if you need to attend a biometric services appointment. If an appointment is necessary, the notice will provide you the location of you local or designated USCIS application Support Center (ASC) and the date and time	of			
			your appointment or, if you are currently overseas, instruct you to contact a U.S. Embassy, U.S. Consulate, or USCIS office outside the United States to set up an appointment. If you are required to provide biometrics, at your appointment you must sign an oath reaffirming that:				
			1. You provided or authorized all information in the declaration;				
			 You reviewed and understood all of the information contained in, and submitted with your declaration; and; All of this information was complete, true, and correct at the time of filing. 				
After You Submit Your	Track your case online		After you submit your form, you can track its status through your USCIS account. Sign in to your account often to check your case status and read any important messages from				
Declaration	Respond to requests for		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				
	information Receive your decision		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 duration of their parole period in the United States. USCIS will notify you of the determination in writing.				<u>Next</u>
ompleting Your Form Onl	line Filing online		Submitting your declaration online is the same as mailing in a completed paper form. They both gather the same information.				
	Complete the Getting Started section first		You should answer all questions in the Getting Started section first so we can best customize the rest of your online form experience.				
	Provide as many responses as you can		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 responses		We will automatically save your information when you select next to go to a new page or navigate to another section of the form. We will save your information for 30 days from today, or from the last time you worked on the form.				
	How to continue filling out your form	NG Consultance Particular d	After you start your form, you can sign in to your account to continue your form.				
		CIS Compliance Review and nitoring		By signing this form, you have stated under penalty of perjury (28 U.S.C. section 1746) that all information and documentation submitted with this form is true and correct You have also authorized the release of any information from your records that USCIS may need to determine your ability to provide financial support for a beneficiary who may be parolled into the United States and consented to USCIS' verification of such information.			
				The Department of Homeland Security has the legal authority to verify any information you submit to support your declaration of financial support for a beneficiary who			
				may be paroled into the United States. USCIS's legal authority to verify this information is in 8 U.S.C. Sections 1103, 1182, and 1357, and 8 CFR Parts 103, 223, and 287. To ensure compliance with applicable laws and authorities, USCIS may verify information before or after your case has been decided. Agency verification methods may include, but are not limited to: review of public records and information; contact via written correspondence, the Internet, facsimile, or other electronic transmission, or telephone; unannounced physical site inspections of residences and places of employment; and interviews. Information obtained through verification will be used to assess your compliance with the laws and to determine your ability to provide financial support for a beneficiary who may be paroled into the United States.			
	DHS Privacy Notice		AUTHORITIES: The information requested on this declaration, and the associated evidence, is collected under the Immigration and Nationality Act sections 212(d)(5), 214 and				
			PURPOSE: The primary purpose for providing the requested information on this declaration of financial support is to determine whether the beneficiary of this declaration has adequate financial means to support themselves and that, if this individual is admitted or paroled into the United States, this individual has sufficient financial resources				
			adequate financial means to support themselves and that, if this individual is admitted or paroled into the United States, this individual has sufficient financial resources available to them for the duration of their temporary stay in the United States. DHS uses the information you provide to grant or deny the immigration benefit the beneficiary of Form I-134A is seeking.	of			
			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,			https://w ivacy	/www.dhs.gov/topics/pr
			Index, and National 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 Integrated Digitization Document Management Program (IDDMP), DHS/USCIS/PIA-051 Case and Activity Management for International Operations, DHS/USCIS/PIA-056 USCIS Electronic Immigration System, and DHS/USCIS/PIA-071 myUSCIS Account Experience] which you can find at www.dhs.gov/privacy. DHS ma also share this information, as appropriate, for law enforcement purposes or in the interest of national security.	y			
	Paperwork Reduction Act		An agency may not conduct or sponsor an information collection, and a person is not required to respond to a collection of information, unless it displays a currently valid Office of Management and Budget (OMB) control number. The public reporting burden for this collection of information is estimated at 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 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.				
			OMB No. 1615-0157 Expires: 05/31/2024				

GETTING STARTED: I-134A

Primary Nav	Secondary Nav	Tertiary Nav	Conditional Logic	Paper Form Question	Question	Sub-Question	Field Type	Instructional Text	Help Text Ale	lert Requ	uired?	Notes
Getting Started	Basis for filing			1.1		Another individual who is the beneficiary	Radio			Yes		For online filing, this is the only
				1.2	form? I am filing this form under one of the following:	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 Reunification Parole Process.		Yes		option available
			[If "Parole Process" selected in 1.2]	1.3	parole process for the following	Haiti Nicaragua Ukraine	Radio Dropdown			Yes		
			[If "Family Reunification Program" selected in 1.2]	1.3	associated with an approved I-130 and a national of:	Ecuador El Salvador Guatemala Haiti	Dropdown			Yes		
			[If "Family Reunification Program" selected in 1.2]	1.4	Invitation Number:	Honduras	Text	The Invitation Number can be found on the Form I-130 beneficiary's Family Reunification Parole Process Invitation Letter.		Yes		
			[If "Family Reunification Program" selected in 1.2]	1.5	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.		Yes		
	Preparer and interpreter information				completing this declaration?	Yes/No	Radio					
			(IF YES)		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	n	(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 organization name?	Family name (last name)	Text Text					
				7.3	What is your preparer's mailing address?	My preparer is not part of a business or organization. Country	Checkbox Dropdown					
						Address line 1 Address line 2	Text Text		Street number and name Apartment, suite, unit, or floor			
			(If non-USA use Province and text field)			City or town State/Province	Text Dropdown/ Text					
			(If non-USA use Postal code and remove help text)			ZIP code/Postal code	Text		Provide a 5 or 9-digit ZIP code.			
				7.4	What is your preparer's contact information?	Daytime telephone number	Text		Provide a 10-digit phone number.			
				7.5		Mobile telephone number My preparer does not have a mobile	Text Checkbox		Provide a 10-digit phone number.			
				7.6		telephone number. Email address My preparer does not have an email address	Text		Example: user@domain.com			
	Interpreter			6.1	What is your interpreter's full name?		Text					
	information		INTERPRETER)	6.2	What is your interpreter's business or organization name?		Text Text					
				6.3	What is your interpreter's mailing	My interpreter 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 Province and text field)			City or town State/Province	Text Dropdown/Text					

GETTING STARTED: I-134A

rimary Nav	Secondary Nav	Tertiary Nav	Conditional Logic	Paper Form Question	Question	Sub-Question	Field Type	Instructional Text	Help Text	Alert Required? Notes
			(If non-USA use Postal code and remove help text)			ZIP code	Text		Provide a 5 or 9-digit ZIP code.	
			text)	6.4	What is your interpreter's contact information?	Daytime telephone number	Text		Provide a 10-digit phone numb	per.
				6.5		Mobile telephone number	Text		Provide a 10-digit phone numb	per.
						My interpreter does not have a mobile telephone number	Checkbox			
				6.6		Email address	Text		Example: user@domain.com	
						My interpreter does not have an email address.	Checkbox			
					What language is your interpreter using to interpret this declaration for you?		Text			

1	Secondary Nav	Tertiary Nav Conditional Logic	Paper Form Question	Question	Sub-Question	Field Type	Instructional Text	Help Text	Alert	Required? Notes
dividual	Name of the		3.1	What is your current legal name?	Given name (first name)	Text	Your current legal name is the name on your			
inancially Beneficiary	individual agreeing to financially support the beneficiary		5.1	what is your current legal name:	divermante (machanie)	TCAL	birth certificate, unless it changed after birth by a legal action such as marriage or court order. Do not provide any nicknames here.			
					Middle name	Text				
			3.2	Have you used any other names since birth?	Family name (last name) Yes/No	Text Radio	Other names used may include aliases,			
		[If yes to 3.2]			Given name (first name)	Text	maiden name, and nicknames. Provide the other names you have used.			Table
					Middle name	Text	·			Add another name bu
					Family name (last name)	Text				
		[If "Parole Process" selected in 1.2]		Provide the name of the organization, group, or individual that is providing support to the beneficiary with you (if any).	t Organization, Group, Individual Name	Text				
		[If "Family Reunification Parole Process" selected in 1.2]	3.3	Provide the name of the individual co-supporter(s) joining you to provide financial support to the beneficiary (if any).	Individual Co-supporter(s) Name(s)	Text				
	Contact information for the individual agreeing to financially support the beneficiary		5.3	How may we contact you?	Daytime telephone number	Text		Provide a 10-digit phone number.		
	beneticiary		5.4		Mobile telephone number (if any)	Text		Provide a 10-digit phone number.		
			5.5		This is the same as my daytime telephone number. Email address	Checkbox Text		Example: user@domain.com		
			3.4	What is your current mailing address?	In care of name (if any)	Text		, 2 22.0 20	[vollow slore]	
			3.4		Country	Dropdown			[yellow alert] [b] You must be located in the United	
			3.4		Address line 1	Text		Street number and name	States in order to file at this time.	
			3.4 3.4		Address line 2	Text		Apartment, suite, unit, or floor		
			3.4		City or town State	Text Dropdown				
			3.4 3.5	Is your mailing address the same as the physical address?	ZIP code Yes/No	Text Radio		Provide a 5 or 9-digit ZIP code.		
		[If NO]	3.6	What is your physical address?	In care of name (if any)	Text Dropdown			[yellow alert]	
					Country	Бгораоwii			[b] You must be located in the United States in order to file at this time.	
					Address line 1	Text		Street number and name	states in order to me at this time.	
					Address line 2 City or town	Text Text		Apartment, suite, unit, or floor		
					State ZIP code	Dropdown Text		Provide a 5 or 9-digit ZIP code.		
	When and where the individual agreeing to financially support the beneficiary was born		3.7	What is your date of birth?	MM/DD/YYYY	Date		Trovide a 5 or 5 digit Zir code.		
			3.9	What is your city or town of birth?		Text				
			3.9 3.9	What is your state or province of birth? What is your country of birth?		Text Dropdown				
			3.8	What is your sex?	Male Female	Radio	Please select the sex that is shown on your passport or other government-issued identity			Yes
					X		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.			
	Immigration		3.14	What is your current immigration status?	U.S. Citizen	Radio				
	information for the individual agreeing to financially support the				U.S. National Lawful Permanent Resident Nonimmigrant					
					Other Please provide an explanation.	Textbox				
	beneficiary	[If Other]	3.14					Provide an 11 character I-94 Number.		
		[If Nonimmigrant]	3.14	What is your Form I-94 Arrival-Departure Record Number? What is your A-Number?	A-	Text Text				A-Number is
			3.14	What is your Form I-94 Arrival-Departure Record Number? 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 wil 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	A-Number is required if Lawful Permanent Resident is selected.
		[If Nonimmigrant] (if Lawful Permanent Resident, then A	3.14 A- 3.1	What is your A-Number?	A- I do not have or know my A-Number.	Text		Provide a 7, 8, or 9-digit number. If your A-Number is fewer than 9 digits, the system wil 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	required if Lawful Permanent Resident is
		[If Nonimmigrant] (if Lawful Permanent Resident, then A	3.14 A- 3.1 3.12	What is your A-Number? What is your Social Security Number?	A- I do not have or know my A-Number. I do not have a U.S. Social Security number.	Text Checkbox Text Checkbox		Provide a 7, 8, or 9-digit number. If your A-Number is fewer than 9 digits, the system wil automatically add zero(s) after the "A" and before the first digit so there is a total of 9 digits, for example: A-001234567. Provide a 9-digit Social Security number.	I	required if Lawful Permanent Resident is
		[If Nonimmigrant] (if Lawful Permanent Resident, then A	3.14 A- 3.1	What is your A-Number?		Text Checkbox Text		Provide a 7, 8, or 9-digit number. If your A-Number is fewer than 9 digits, the system wil automatically add zero(s) after the "A" and before the first digit so there is a total of 9 digits, for example: A-001234567. Provide a 9-digit Social Security number.		required if Lawful Permanent Resident is
		[If Nonimmigrant] (if Lawful Permanent Resident, then A	3.14 A- 3.1 3.12	What is your A-Number? What is your Social Security Number?		Text Checkbox Text Checkbox	You will only have an OAN if you previously filed a form that has a receipt number that begins with IOE. If you filed the form online, you can find your OAN in your account profile. If you mailed us the form, you can find your OAN at the top of the Account Access Notice we sent you. If you do not have receipt number that begins with IOE, you do not have an OAN.	Provide a 7, 8, or 9-digit number. If your A-Number is fewer than 9 digits, the system wil automatically add zero(s) after the "A" and before the first digit so there is a total of 9 digits, for example: A-001234567. Provide a 9-digit Social Security number. Provide a 12-digit Online Account Number.		required if Lawful Permanent Resident is
		[If Nonimmigrant] (if Lawful Permanent Resident, then A	3.14 A- 3.1 3.12	What is your A-Number? What is your Social Security Number?		Checkbox Text Checkbox Text	You will only have an OAN if you previously filed a form that has a receipt number that begins with IOE. If you filed the form online, you can find your OAN in your account profile. If you mailed us the form, you can find your OAN at the top of the Account Access Notice we sent you. If you do not have receipt number that begins	Provide a 7, 8, or 9-digit number. If your A-Number is fewer than 9 digits, the system wil automatically add zero(s) after the "A" and before the first digit so there is a total of 9 digits, for example: A-001234567. Provide a 9-digit Social Security number. Provide a 12-digit Online Account Number.		required if Lawful Permanent Resident is

ABOUT THE INDIVIDUAL AGREEING TO FINANCIALLY SUPPORT THE BENEFICIARY: I-134A												
imary Nav	Secondary Nav	Tertiary Nav	Conditional Logic	Paper Form Question	Question	Sub-Question	Field Type	Instructional Text	Help Text	Alert	Required? Notes	
	Employment information for the individual agreeing to financially support the beneficiary			3.15	What is your employment status?	Employed (full-time, part-time, seasonal, self-employed)	Radio					
						Unemployed or not employed	Radio					
						Retired	Radio					
						Other	Radio					
			[If Other]	3.15	Please provide an explanation.		Textbox					
			[If EMPLOYED to 3.15]	3.16	What is your type of employment?	I am currently employed as a/an	Radio					
			[If EMPLOYED to 3.15]	3.16		I am currently self-employed as a/an	Radio					
			[IF EMPLOYER IS NOT SELF]	3.16A	Employed as		Text					
			[IF EMPLOYER IS NOT SELF]	3.16A	Name of employer		Text					
			[IF EMPLOYER IS SELF]	3.16B	Self-employed as		Text					
				3.17	What is your current employer's address?	Country	Dropdown					
						Address line 1	Text		Street number and name			
						Address line 2	Text		Apartment, suite, unit, or floor			
						City or town	Text					
			(If non-USA use Province and text field)			State/Province	Dropdown/Text					
			(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

Seconda 	lary Nav 1	Tertiary Nav	Conditional Logic	Paper Form Question	Question	Sub-Question	Field Type		Help Text	Alert	Required? Notes
for the ir agreeing								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"			
the bene								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) Middle name Family name (last name)	CTA Text Text 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				
				3.18	How much income will this individual contribute to the beneficiary annually? Save entry	I'm entering my own financial information \$	Checkbox Text CTA	If the income contribution is none, type in "0".			
				3.18	Cancel What is the total number of dependents?		CTA Text		Provide the total number of dependents.		
Δddition	nal income			3.18 3.20	What is the total income? Does any of the income listed come from an illegal activity or	\$ Yes/No	Text Radio		Number must be between 0 and 100.		
informat	ation for the ual agreeing acially t the			5.20	source (such as proceeds from illegal gambling or illegal drug sales)?	. 33, . 10	naaio				
	•		[If YES to 3.19]	3.21 3.22	·	\$ Yes/No	Text Radio				
			[IF YES TO 3.20]	3.23	public benefits as defined in 8 CFR 213a.1? What amount of income is from means-tested public benefits?	\$	Text				
Specific contribut beneficia	utions to the			3.27	You are responsible for receiving, maintaining, and supporting 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 cove		Text box				Yes
				3.28	their basic living needs. 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 needs are met, including where the beneficiary will reside during their temporary stay in the United States, if known		Text box				Yes
				3.29	You are responsible for assisting the beneficiary's access to available services and benefits such as learning English, securing employment opportunities once authorized to work, enrolling children in school, and helping to enroll for benefits for which they are eligible. Describe what steps you plan to take as part of these responsibilities.		Text box				Yes
Assets of individual to finance support to beneficial	ual agreeing icially ithe							Provide information about any assets you will use to support the beneficiary for the anticipated period of his or her stay. List only assets that can be converted into cash within 12 months and that will be used to support the beneficiary while the beneficiary is in the United States. Provide the value of all assets listed in U.S. dollars, regardless of whether they are held in the United States or outside of the United States. Do not include assets from any individuals in the "Beneficiary's Financial Information" section. You may 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.			
					Add entry		СТА	nave these assets.			
				3.23 [LARGE TABLE]	What is the asset holder's full name? What is the type of asset?	Given name (first 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	Dropdown				
					What is the cash value in U.S. dollars? Save entry Cancel	Personal Property (net value) \$	Text 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 134A?		Text Radio				
	al sibility for eneficiaries		[If YES to 3.24, conditional "Financial responsibility for othe beneficiaries" section displays]	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.			
			[red alert] [If no entrie	25	Add entry		СТА			[red alert]	
			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 on this Form I-134A	
				3.25, 3.26 [LARGE TABLE]	What is the person's name?	Given name (first name) Middle name Family name (last name)	Text Text Text				

FINANCIAL INFORMATION ABOUT THE PERSON AGREEING TO FINANCIALLY SUPPORT THE BENEFICIARY: I-134A												
Primary Nav	Secondary Nav	Tertiary Nav	Conditional Logic	Paper Form Question	Question	Sub-Question	Field Type Instructional Text	Help Text	Alert	Required? Notes		
					What is the person's A-number?	A-	Text	Provide a 7, 8, or 9-digit number is fewer than 9 digits, to automatically add zero(s) after to before the first digit so there is digits, for example: A-00123456	the system will the "A" and a total of 9			
						I do not have or know the perso	on's A-Number. Checkbox					
					Date submitted	MM/DD/YYYY	Date					

Secondar	y Nav Tert	rtiary Nav Condi	itional Logic	Paper Form Question	Question	Sub-Question	Field Type	Instructional Text	Help Text	Alert	Required? Notes
ciary Beneficiar	y 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			
				2.1		Middle name	Text	order. Do not provide any nicknames here.			
				2.1	Usasha harafisian wasalan akhan	Family name (last name)	Text				
				2.2	Has the beneficiary used any other names since birth?		Radio	Other names used may include aliases, maiden name, and nicknames.			
		[If yes	s to 2.2]		[LIST]	Given name (first name)	Text	Provide the other names the beneficiary has used.			Table Add another name button
						Middle name	Text				Add directles flame bactors
		(If "Far	amily Reunification		Is this the individual listed as the	Family name (last name) Yes/No	Text Radio				Yes
			am" selected in		principal beneficiary in your Family Reunification Parole Process invitation letter?						
Beneficiar informatio				2.13	How may we contact the beneficiary?	Daytime telephone number	Text		Provide a 10 to 20-digit number.		
mormati				2.14	beneficiary:	Mobile telephone number (if any) This is the same as the beneficiary's	Text Checkbox		Provide a 10 to 20-digit number.		
						daytime telephone number.	CHECKBOX			[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 to complete the parole process. DO NOT enter your email address in this field.	
				2.15		Email address	Text		Example: user@domain.com		
		[If sele	ected "Family	2.10	What is the beneficiary's current	Confirm the beneficiary's email address In care of name (if any)	Text Text		Example: user@domain.com		
		Reunif Proces	ification Parole ess" in 1.2," show d States in		mailing address?						
				2.10		Country	Dropdown				Yes
				2.102.10		Address line 1 Address line 2	Text Text		Street number and name Apartment, suite, unit, or floor		
				2.10		City or town	Text				Yes
				2.10 2.10		Province Postal code	Dropdown/Text Text				
			ited States mailing ess, default to 'No']		Is the beneficiary's mailing address the same as the physical address?	Yes/No	Radio				
		[If no]]	2.12	What is the beneficiary's physical address?	In care of name (if any)	Text	The beneficiary's physical address must be outside of the United States.	2		Instructional text conditional based on selection from 1.2
		Reunif Proces	ected "Family ification Parole ess" in 1.2," show actional text]		address:			of the officed states.			1 IV III 1.2
		moti de				Country	Dropdown				
				2.122.12		Address line 1 Address line 2	Text Text		Street number and name Apartment, suite, unit, or floor		
				2.12		City or town	Text				
				2.12 2.12		Province Postal code	Dropdown/Text Text				
When and				2.3	What is the beneficiary's date of	MM/DD/YYYY	Date				Yes
beneficiar	y was born				birth?						
				2.6	What is the beneficiary's city or town of birth?	1	Text				
				2.6	What is the beneficiary's state or		Text				
				2.6	province of birth? What is the beneficiary's country of		Dropdown/Text				
Other Info	ormation				birth? A grant of parole is a discretionary		Text Box				Yes
about the Benefiicia					determination granted on a case-by- case basis for urgent humanitarian reasons or significant public benefit. Please explain why a favorable exercise of discretion is merited for						
				2.4	this individual. What is the beneficiary's sex?	Male	Radio	Please select the sex that is shown on your			Yes
				2.4	What is the beneficiary's SEX!	Female X	Radio	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.			res
				2.9	What is the beneficiary's marital	Single, Never Married	Radio				
					status?	Married Divorced Widowed Legally Separated Marriage Annulled Other					
		[If OTH		2.9	What is the benefit of the con-	Provide an explanation	Text box			[vollow alart]	
		Proces	ected "Parole ess" in 1.2, show w alert]	2.7	What is the beneficiary's country of citizenship or nationality?		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. 	

guardian to be eligible for parole.

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

ABOUT THE	BENEFICIARY	: I-134A									
Primary Nav	Secondary Nav	Tertiary Nav	Conditional Logic	Paper Form Question	Question	Sub-Question	Field Type	Instructional Text	Help Text	Alert Re	equired? Notes
			[If selected "Family Reunification Parole Process" in 1.2 show yellow alert]							[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	
										[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.	
			[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. 	
			[If selected "Family							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. [yellow alert]	
			Reunification Parole Process" in 1.2 show 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	
										[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.	
				2.8	What is the number of the beneficiary's most recently issued passport?		Text		Provide a 7 to 12-character passport number.		
			(if Cuban)						Provide a 7-character passport number, beginning with 1 letter followed by 6 digits.		
			(If Haitian)						Provide a 9-character passport number, beginning with 1-3 letters followed by 6-8		
			(if Nicaraguan)						digits. 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.		
			(if Venezuelan) (if Colombia)						Provide a 9-digit passport number. 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) (if El Salvador)						Provide a 9-character passport number, beginning with 1 letter followed by 8 digits. Provide a 9-character passport number,		
			(if Guatemala)						beginning with 1 letter followed by 8 digits. Provide a 9-digit passport number.		
			(if Russian)	2.8		Confirm the beneficiary's passport numbe	r		Provide a 9-digit passport number.		
			(if Venezuelan is most recent passport show tooltip)	2.8	What is the expiration date of the beneficiary's most recently issued passport?	MM/DD/YYYY	Date	Expiration Date (MM/DD/YYYY)	Note: The beneficiary must have a valid, unexpired passport. CBP will not approve travel if the beneficiary's passport is		Tooltip only shows if Venezuelan is selected for country that issued the beneficiary's most recent passport:
									expired.		If the beneficiary has received a passport extension, then enter the extension's expiration date. For more information visit the <u>Process for Venezuelans</u> webpage.
				2.5	What is the beneficiary's A-Number	? A-	Text		Provide a 7, 8, or 9-digit number. If your A- Number is fewer than 9 digits, the system will automatically add zero(s) after the "A" and	I	Link: https://www.uscis.gov/CHNV
									before the first digit so there is a total of 9 digits, for example: A-001234567.		
						I do not have or know the beneficiary's A- Number.					
				2.16	What is the beneficiary's anticipated period of stay in the United States?		Date				
						To (MM/DD/YYYY) No End Date	Date Checkbox				

BENEFICIAR	Y'S FINANCIAI	L INFORMAT	ΓΙΟΝ: I-134A							
Primary Nav	Secondary Nav	Tertiary Nav	Conditional Logic	Paper Form Question	Question	Sub-Question	Field Type	Instructional Text	Help Text	Alert Required? Notes
Beneficiary's Financial Information	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		СТА			Opens up large table once clicked
								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.		
				2.17 [LARGE TABLE]	What is the individual's full name?	Given name (first name) Middle name Family name (last name)	Text Text Text			
					What is individual's date of birth? What is the individual's relationship to th beneficiary?	MM/DD/YYYY	Date Dropdown			
					How much income will this individual contribute to the beneficiary annually? Save entry	\$	Text CTA	If the income contribution is none, type in "0".		
					Cancel		СТА			
				2.17	What is the beneficiary's total number of dependents?		Text		Provide the total number of dependents. Number must be between 0 and 100.	
				2.17	How much income will the beneficiary's dependents contribute to the beneficiary annually?		Text			
	Beneficiary additional income			2.18	Does any of the beneficiary's total income (including income from dependents and	e Yes/No	Radio			
	information				other individuals who contribute to the beneficiary's income, excluding any					
					individuals named in the "Financial Information About the Person Agreeing to	0				
					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			
					income comes from an illegal activity or source?					
				2.20	Does any of the beneficiary's total income come from means-tested public benefits a defined in 8 CFR 213a.1?		Radio			
			[If YES to 2.20]	2.21	What amount of the beneficiary's total income comes from means-tested public benefits?		Text			
	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, mind 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, 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 on automobile is not included as an asset. Submit evidence of the value of the assets listed. Evidence must include the name of the asset	e	
								holder, a description of the asset, proof of ownership, and the basis for the owner's claim of its net cash value. Attach evidence in the "Evidence" section under "Proof of beneficiary's assets" and "Bonds" showing that the beneficiary has these assets.		
					Add entry		СТА			
				2.22 [LARGE TABLE]	What is the asset holder's full name?	Given name (first name) Middle name	Text Text			
					What is the type of asset?	Family name (last name) Checking - Bank Account	Text Dropdown			
						Savings - Bank Account Annuities Stocks, Bonds, Certificates of Deposit Retirement or Educational Account Real Estate Holdings Respond Property (not value)				
					What is the cash value of the asset in U.S	Personal Property (net value) . \$	Text			
					dollars? Save entry		СТА			
					Cancel What is the total amount (U.S. dollars)?	\$	CTA Text			
1										

The section of the form that contains se	veral pages.						
Secondary Nav Tertiary Nav Bank officer		r Form Evidence Title I-134 instructions (pg 5) Bank Officer Statement	Field Type 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	File Requirements • Clear and readable	Alerts Required
statement	FOIII	1-134 Instructions (pg 5) Bank Officer Statement	орюас	 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 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.		 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 	
Employer statement	Form	I-134 instructions (pg 5) Employer Statement	Upload	Provide statement(s) from your employer on business stationery showing: • Date and nature of employment • Salary paid; and • Whether the position is temporary or permanent.	Employer statement Other documents	 Clear and readable Accepted file formats: JPG, JPEG, PDF, TIF or TIFF No encrypted or password-protected files If your documents are in a foreign language, upload a full English translation and the translator's certification with each original 	
				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.		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 instructions (pg 6) Income Tax Return	Upload	Provide a copy of the last U.S. federal income tax return filed (tax transcript). As the person who agrees to financially support the beneficiary, you must show you have sufficient income or financial resources to support the beneficiary. Failure to provide evidence of sufficient income or financial resources may result in the denial of the foreign national's application for a visa or his or her removal from the United States.	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 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	
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). 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.	Bonds Other documents	 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	Form	I-134 instructions (pg 5 Proof Of Immigration	Upload	Provide evidence of your status.	Immigration status	Maximum size: 12MB per file Clear and readable	
immigration status		#10: Immigration Status) Status	Opload	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.	•	 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 	
				Proof of lawful permanent resident status includes a photocopy of both sides of the Permanent Resident Card or Alien Registration Receipt Card (Form I-551), or a photocopy of an unexpired temporary Form I-551 stamp in either a foreign passport or DHS Form I-94 Arrival Departure Record. Proof of lawful nonimmigrant status may include a copy of an unexpired visa in a foreign passport.	t	 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 assets of individual agreeing to financially support the		I-134 instructions (pg 5 Proof Of Assets Of Individual Agreeing To Financially Support The Beneficiary		Provide information about any assets you will use to support the beneficiary for the anticipated period of his or her stay. List only assets that can be converted into cash within 12 months and that will be used to support the beneficiary while the beneficiary is in the United States. Provide the value of all assets listed in U.S. dollars, regardless of whether they are held in the United States or outside of the United States. Do not include assets from any individuals in the "Beneficiary's Financial Information" section.	Other documents	 Clear and readable Accepted file formats: JPG, JPEG, PDF, TIF or TIFF No encrypted or password-protected files If your documents are in a foreign language, upload a full English translation and the translator's certification with each original 	
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.		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 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		Westing in Cize. 12MB per me	
				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		I-134 instructions (pg 4 Proof Of Beneficiary's #22: Beneficiary's Assets Assets	Upload	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.	d Other documents		
				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.		 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.			
Proof of the beneficiary's marital status	[If "Family Reunification Parole Process" selected in 1.2 AND if user did NOT select "Single, Never Married" in 2.9]	Proof Of Beneficiary's Ma Status	arital Upload	Provide evidence of the beneficiary's marital status. 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 marriages were terminated (if applicable).	Divorce decree Annulment decree	 Clear and readable Accepted file formats: JPG, JPEG, PDF, TIF or TIFF No encrypted or password-protected files If your documents are in a foreign language, upload a full English translation and the translator's certification with each original document. Upload no more than five documents at a time 	

Primary Navigation	Descriptions n: A section of the form that contains seve	eral pages.							
Primary Nav	Secondary Nav Tertiary Nav	Conditional Logic	Paper Form	Evidence Title	Field Type	Instructional Text	Document type	File Requirements	Alerts Required? Links Note
	Proof of the beneficiary's family relationship	[If "Family Reunification Parole Process" selected in 1.2]		Proof Of Beneficiary's Fami Relationship	nily Upload	Provide evidence of the beneficiary's age and family relationship with the principal beneficiary of an approved Form I-130. If the beneficiary is the principal beneficiary of an approved Form I-130, only evidence of the beneficiary's age is required.	Birth certificate Adoption decree	 Clear and readable Accepted file formats: JPG, JPEG, PDF, TIF or TIFF No encrypted or password-protected files If your documents are in a foreign language, upload a full English translation and the translator's certification with each original document Upload no more than five documents at a time Accepted file name characters: English letters, numbers, spaces, period hyphens, underscores, and parentheses Maximum size: 12MB per file 	

	ADDITIONAL INFORMATION: I-134A												
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 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. If you do not need to provide any additional information, you may leave this section blank.	No	Large Table Pattern Ghost Sub Nav				

REVIEW AND SUBMIT: I-134A

Secondary Nav Tertiary Nav							
	Conditional Logic Paper form question	Question	Sub-Question Fig.	ld Type Instructional Text He	lp Text 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				[h] The name of this form has changed		
	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		
					Declaration of Financial Support.		
					No other changes have been made to your draft. Learn more about Form I-134A.		
		Your fee	Your form filing fee is: \$[xxx]				
			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	transaction, you acknowledge that you must submit fees in the exact amount and that you are paying the fees for a government service.	You have one or more alerts and warnings based on the information you provided in your		Next	
		Alerts and Warmings		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	
rour action summary		Neview the 1254/10111 morniation				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 Ra individual's consent.	lio Your preparer must read the statements below and select the statement that applies to him or her.			
				If your preparer is an attorney or accredited representative whose representation extends beyond preparation of this declaration, he or she may be obliged to submit a completed Notice			
				of Entry of Appearance as Attorney or Accredited Representative (G-28) with your declaration.			
			I am an attorney or accredited representative and my representation of the individual agreeing to financially support the beneficiary in this case does not extend beyond the Ra	lio			
			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 Ra this declaration.				
		Preparer's certification and signature	By my signature, I certify, under penalty of perjury, that I prepared this declaration at the request of the individual agreeing to financially support the beneficiary (which is the beneficiary if on behalf of him or herself). The individual agreeing to financially support the beneficiary then reviewed this completed declaration and informed me that he or she	Your preparer must read and agree to the certification below.			
			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				
			 Print the Preparer Signature page Read and sign the Preparer Signature page 				
			4. Give the signed Preparer Signature page to the declarant				
			The declarant will need to scan and upload your completed signature page on the next screen.				
Preparer signature	(IF PREPARER) 7.8	Preparer's Signature Upload		oad Scan and upload your preparer's completed signature page below.		Next	
Interpreter certification	(IF INTERPRETER) 6.7	Interpreter's certification and signature	I certify, under penalty of perjury, that: I am fluent in English and the language provided in the Getting Started section of this declaration, and I have read to this individual agreeing to financially support the beneficiary in the identified language every question and instruction on this declaration and his or her answer to every question. The individual agreeing to	Your interpreter must read and agree to the certification below.			
			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. Download the Interpreter Signature page				
			2. Print the Interpreter Signature page				
			Print the interpreter Signature page Read and sign the Interpreter Signature page declarant declarant				
			3. Read and sign the Interpreter Signature page				
Interpreter signature	(IF INTERPRETER)	Interpreter's Signature Upload	 Read and sign the Interpreter Signature page Give the signed Interpreter Signature page to the declarant The declarant will need to scan and upload your completed signature page on the next screen. 	oad Scan and upload your interpreter's completed signature page below.		Next	
			 Read and sign the Interpreter Signature page Give the signed Interpreter Signature page to the declarant The declarant will need to scan and upload your completed signature page on the next screen. Up	I, as the individual agreeing to financially support the beneficiary, certify the following:		Next	
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Statement of the individual agreeing to financially support the beneficiary Signature of the individual agreeing to financially support the beneficiary	(IF NO INTERPRETER) 5.1.A (IF PREPARER) 5.2 (IF INTERPRETER) 5.1.B (If "Statement of the Individual agreeing to financially support the beneficiary" is complete) (If "Statement of the Individual agreeing to financially support the beneficiary" are signature of Individual Agreeing to Financially Support the Beneficiary" and "Signature" are	Individual agreeing to financially support the beneficiary's statement Individual agreeing to financially support the beneficiary's statement regarding the preparer Individual agreeing to financially support the beneficiary's statement regarding the interpreter Individual agreeing to financially support the beneficiary's Certification Individual Agreeing to Financially Support the	3. Read and sign the interpreter Signature page 4. Give the signed interpreter Signature page to the declarant The declarant will need to scan and upload your completed signature page on the next screen. Up I can read and understand English, and have read and understand every question and instruction on this declaration and my answer to every question. At my request, the preparer named in the Getting Started section of this declaration prepared this declaration for me based only upon the information i provided or authorized. The interpreter named in the Getting Started section of this declaration read to me every question and instruction on this declaration and my answer to every question in the language is pedified in the Getting Started section, a language in which I am fluent, and I understood everything. Copies of any documents is have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS or the Department of State may require that I submit original documents to USCIS or the Department of State may require that I submit original documents to USCIS or the Department of State may require that I submit original documents to USCIS or the Department of State may require that I submit original documents or USCIS or the Department of State may read to determine my eligibility for the immigration benefit is seek. I further authorize release of information contained in this dedaration, in supporting documents, and in my USCIS or the Department of State records to other entities and persons where necessary for the administration and enforcement of US. immigration laws. I understand that USCIS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, if I am required to provide biometrics, livil be required to sign an oath realfirming that: 1. I reviewed and provided or authorized all of the Information in my declaration; and that all of the Information contained in, and submitted with, my declaration	I, as the individual agreeing to financially support the beneficiary, certify the following: You must read and agree to the statement below. You must read and agree to the statement below. You must read and agree to the statement below. You must read and agree to the certification below. If you knowingly and willfully falsify or conceal a material fact or submit a false document with your declaration, we can deny your declaration and may deny any other immigration benefit. You may also face criminal prosecution and penalties provided by the law. To under the provided by the law. You must provide your digital signature below by typing your full legal name. If you do not completely fill out this declaration, or if you do not submit the required documents listed in the instructions, we may deny your declaration. We will record the date of your signature with your declaration. Once you submit this declaration, you will receive a confirmation with details on any next steps. We will record the date of your submission with the declaration. Your case status will be updated		Next Yes Next	34A
Statement of the individual agreeing to financially support the beneficiary Signature of the individual agreeing to financially support the beneficiary	(IF NO INTERPRETER) 5.1.A (IF PREPARER) 5.2 (IF INTERPRETER) 5.1.B (If "Statement of the Individual agreeing to financially support the beneficiary" is complete) (If "Statement of the Individual agreeing to financially support the beneficiary" and "Signature of Individual Agreeing to Financially Support the	Individual agreeing to financially support the beneficiary's statement Individual agreeing to financially support the beneficiary's statement regarding the preparer Individual agreeing to financially support the beneficiary's statement regarding the interpreter Individual agreeing to financially support the beneficiary's Certification Individual Agreeing to Financially Support the	3. Read and sign the Interpreted Signature page of the dedarnat. The declarant will need to scan and upload your completed signature page on the next screen. Use It can read and understand English, and have read and understand every question and instruction on this declaration and my answer to every question. At my request, the preparer named in the Getting Started section of this declaration prepared this declaration for me based only upon the information if provided or authorized. Che The interpreter named in the Getting Started section of this declaration prepared this declaration for me based only upon the information if provided or authorized. The interpreter named in the Getting Started section of this declaration read to me every question and instruction on this declaration and my answer to every question in the Inauguage is specified in the Getting Started section, a language in which it am fluent, and 1 understood everything. Copies of any documents I have beinted are exact plotting in Figure 1 and 1 understood everything. It is compared to start any read to determine my eligibility for the imingration benefits seed. If such a submitter elease of information contained in its declaration, in supporting documents, and in my USCS or the Department of State ready seed to determine my eligibility for the imingration laws. It understand that USCS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, if I am required to provide blometrics, I will be required to sign an oach reaffirming that: It reviewed and provided or authorized all of the information in my declaration; and It is declaration is made to authorized all of the information in my declaration, and that all of this information is complete, rous, and correct at the time of thing. It is declaration is made by me to assure the U.S. Government that the beneficiary section will be financially supported while in the United States. That I am willing and able to receive	I, as the individual agreeing to financially support the beneficiary, certify the following: You must read and agree to the statement below. You must read and agree to the statement below. You must read and agree to the statement below. You must read and agree to the certification below. If you knowingly and willfully falsify or conceal a material fact or submit a false document with your declaration, we can deny your declaration and may deny any other immigration benefit. You may also face criminal prosecution and penalties provided by the law. To under the provided by the law. You must provide your digital signature below by typing your full legal name. If you do not completely fill out this declaration, or if you do not submit the required documents listed in the instructions, we may deny your declaration. We will record the date of your signature with your declaration. Once you submit this declaration, you will receive a confirmation with details on any next steps. We will record the date of your submission with the declaration. Your case status will be updated		Next Yes Next	

WARNINGS, ALERTS, NOTICES, AND ERRORS: I-134A

Navigation	Sub-navigation	Туре	Conditional Logic	Message	Link	Notes
File-A-Form		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:	https://www.uscis.gov/i-134	
Overview				[b]		
				• Cuba		
				• Colombia		
				• Ecuador		
				• El Salvador		
				• Guatemala • Haiti		
				• Honduras		
				• Nicaragua		
				• 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.		
				Supporters must file a separate Form I-134A for each beneficiary they are planning to support, including minor children.		
				To be eligible for this process, children under the age of 18 must be traveling to the United States in the care and custody of their parent or legal guardian and be able to provide documentation to confirm the relationship.		
				If you are agreeing to support a beneficiary 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.		
About the IATFSTB	Contact information for the individual agreeing to financially support the beneficiary	g 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.		
About the IATFSTB	When and where the individual agreeing to financially support the beneficiary was born	Red alert	·	h5. This account has already been verified with a different date of birth	https://myaccount.uscis.gov/	
	intending support the senenciary was some			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/		
About the IATFSTB	Immigration information for the individual agreeing 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/		
Financial Info ATIATFSTP	Financial responsibility for other beneficiaries	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 on this Form I-134A.		
About the Beneficiary	y Beneficiary contact information	Blue alert	Always show	[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.	il .	
About the Beneficiary	y Other information about the beneficiary	Yellow alert	if user selected "Parole Process" in question 1.2,	[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		
			citizenship or nationality?" question and "What country issued the beneficiary's most recently issued passport?"	[b] Immediate family members are:		
			question			
				 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.		
About the Beneficiary	y Other information about the beneficiary	Yellow alert	If user selected "Family Reunification Parole	[yellow alert]		
			Process" in question 1.2, show under "What is the beneficiary's country of citizenship or nationality?"	[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		
			question and "What country issued the beneficiary's	Citizens and their infinediate 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 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.		
Review & Submit	Review your declaration	Blue alert	Alert appears only for active drafts started before toggle on of I-134A ~12/21	[h] The name of this form has changed	https://www.uscis.gov/i-134a	
			•	[b] The name of this form has changed to Form I-134A, Online Request to be a Supporter and Declaration of Financial Support.		
				No other changes have been made to your draft. Learn more about Form I-134A.		