



# Declaration of Financial Support

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-134  
OMB No. 1615-0014  
Expires 11/30/2026

▶ **START HERE** - Type or print in black ink.

## Part 1. Basis for Filing

1. I am filing this form on behalf of:

- Myself as the beneficiary. (Complete **Parts 2., 4., and 7 - 8.** Skip **Parts 3., 5., and 6.**)
- Another individual who is the beneficiary. (Complete **Parts 2. - 3. and Parts 5. - 8.** Skip **Part 4.**)

## Part 2. Information About the Individual Agreeing to Financially Support the Beneficiary

All filers must complete **Part 2.**

1. Current Legal Name (**Do not** provide a nickname.)

Family Name (Last Name)

Given Name (First Name)

Middle Name (if applicable)

2. Other Names Used

Provide all other names the beneficiary has ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in **Part 8. Additional Information.**

Family Name (Last Name)

Given Name (First Name)

Middle Name (if applicable)

3. Current Mailing Address

In Care Of Name (if any)

Street Number and Name

Apt. Ste. Flr. Number

  

City or Town

State

ZIP Code

Province

Postal Code

Country

4. Is your current mailing address the same as your current physical address?

Yes  No

If you answered "No" to **Item Number 4.**, provide your current physical address in **Item Number 5.**

**Part 2. Information About the Individual Agreeing to Financially Support the Beneficiary** (continued)

**5. Current Physical Address**

In Care Of Name (if any)

Street Number and Name

Apt. Ste. Flr. Number

  

City or Town

State

ZIP Code

Province

Postal Code

Country

**6. Date of Birth (mm/dd/yyyy)**

**7. Place of Birth**

City or Town

State or Province

Country

**8. Alien Registration Number (A-Number) (if any)**

▶ A-

**9. USCIS Online Account Number (if any)**

▶

**10. What is your current immigration status?**

- U.S. Citizen    U.S. National    Lawful Permanent Resident    Nonimmigrant    Asylee  
 Refugee    Parolee    TPS holder  
 Beneficiary of deferred action (including DACA) or Deferred Enforced Departure

Other (Explain):

**11. What is your relationship to the beneficiary?**

**12. Employment Status**

Employed (full-time, part-time, seasonal, self-employed) as a/an

Name of Employer

Self-Employed as a/an

Unemployed or Not Employed    Retired

Other (Explain):

**Part 2. Information About the Individual Agreeing to Financially Support the Beneficiary** (continued)

**Financial Information**

Provide information about your dependents, income, and assets. If you need additional space to complete any **Item Number** in this section, use the space provided in **Part 8. Additional Information**

13. How many other Form I-134, Form I-134A, Form I-864, Form I-864EZ, and Form I-864A have you previously submitted on behalf of a person (including yourself, if applicable) and your support obligation has not ended? Do not include the beneficiary named in **Part 3**.

14. How many other dependents do you support (including yourself)? Do not include individuals in **Item Number 13**. and the beneficiary named in **Part 3**.

15. Provide the information requested in the table below about all of your dependents and any other individuals you financially support. Do not include yourself and the beneficiary named in **Part 3**.

Full Name	Date of Birth (mm/dd/yyyy)	Relationship to you	A-Number (if any)	Receipt Number (if any)

16. What is your current annual income? \$

17. Provide information on the cash or assets available to you (do not include any assets from the individual named in **Part 3**). Attach evidence showing you have these assets.

Type of Asset	Amount (Cash Value) (U.S. dollars)
<b>TOTAL (U.S. dollars)</b>	<b>\$</b> <input type="text"/>



**Part 3. Information about the Beneficiary (continued)**

**8. Marital Status**

- Single, Never Married    Married    Divorced    Widowed    Legally Separated    Marriage Annulled  
 Other (Explain):

**9. Beneficiary's **Current** Mailing Address**

In Care Of Name (if any)

Street Number and Name

Apt. Ste. Flr. Number

    

City or Town

State

ZIP Code

  

Province

Postal Code

Country

  

**10. Are the beneficiary's mailing address and physical address the same?**

Yes  No

If you answered "No" to **Item Number 10.**, provide the physical address in **Item Number 11.**

**11. Beneficiary's **Current** Physical Address**

In Care Of Name (if any)

Street Number and Name

Apt. Ste. Flr. Number

    

City or Town

State

ZIP Code

  

Province

Postal Code

Country

  

***Beneficiary's Anticipated Length of Stay***

**12. Beneficiary's Anticipated Period of Stay in the United States**

From (mm/dd/yyyy)

To (select one):

(mm/dd/yyyy)

No End **Date**

**Part 4. Statement, Contact Information, Certification, and Signature of the Beneficiary (if filing Form I-134 on his or her own behalf)**

If you are the beneficiary and are filing Form I-134 on your own behalf, complete and sign **Part 4**.

**NOTE:** Read the **Penalties** section of the Form I-134 Instructions before completing this section.

***Beneficiary's Statement***

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

1. I, as the beneficiary, certify the following:
- A.  I can read and understand English, and I have read and understand every question and instruction on this declaration and my answer to every question.
  - B.  The interpreter named in **Part 6.** read to me every question and instruction on this declaration and my answer to every question in , a language in which I am fluent and I understood everything.
2.  At my request, the preparer named in **Part 7.**, , prepared this declaration for me based only upon information I provided or authorized.

***Beneficiary's Contact Information***

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

***Beneficiary's Certification***

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

I further authorize release of information contained in this declaration, in supporting documents, and in my USCIS or the Department of State records to other entities and persons where necessary for the administration and enforcement of U.S. immigration 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, I will be required to sign an oath reaffirming that:

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

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

That this declaration is made by me to assure the U.S. Government that I will be able to financially support myself while in the United States.

That I am willing and able to pay for necessary expenses for the duration of my temporary stay in the United States.

***Beneficiary's Signature***

6. Beneficiary's Signature  Date of Signature (mm/dd/yyyy)

**Part 5. Statement, Contact Information, Certification, and Signature of the Individual Agreeing to Financially Support the Beneficiary**

If you are filing Form I-134 on behalf of someone else (the beneficiary listed in **Part 3.**), complete and sign **Part 5.**

**NOTE:** Read the **Penalties** section of the Form I-134 Instructions before completing this section.

**Statement of Individual Agreeing to Financially Support the Beneficiary**

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

1. I, as the individual agreeing to financially support the beneficiary, certify the following:
  - A.  I can read and understand English, and I have read and understand every question and instruction on this declaration and my answer to every question.
  - B.  The interpreter named in **Part 6.** read to me every question and instruction on this declaration and my answer to every question in , a language in which I am fluent and I understood
2.  At my request, the preparer named in **Part 7.**, , prepared this declaration for me based only upon information I provided or authorized.

**Contact Information of Individual Agreeing to Financially Support the Beneficiary**

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

**Certification of Individual Agreeing to Financially Support the Beneficiary**

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

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

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

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

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

That this declaration is made by me to assure the U.S. Government that the person named in **Part 3.** will be financially supported while in the United States.

That I am willing and able to receive, maintain, and support the person named in **Part 3.** to better ensure that such persons will have sufficient financial resources or financial support to pay for necessary expenses for the period of his or her temporary stay in the United States.

I acknowledge that I have read this section, and I am aware of my responsibilities as an individual agreeing to financially support the beneficiary.

**Part 5. Statement, Contact Information, Certification, and Signature of the Individual Agreeing to Financially Support the Beneficiary (continued)**

**Signature of Individual Agreeing to Financially Support the Beneficiary**

6. Signature  Date of Signature (mm/dd/yyyy)

**NOTE TO ALL INDIVIDUALS AGREEING TO FINANCIALLY SUPPORT THE BENEFICIARY:** If you do not completely fill out this declaration or if you fail to submit required documents listed in the Instructions, USCIS or the Department of State may deny or not consider your declaration.

**Part 6. Interpreter's Contact Information, Certification, and Signature**

**Interpreter's Full Name**

1. Interpreter's Family Name (Last Name)  Interpreter's Given Name (First Name)

2. Interpreter's Business or Organization Name

**Interpreter's Contact Information**

3. Interpreter's Daytime Telephone Number  4. Interpreter's Mobile Telephone Number (if any)

5. Interpreter's Email Address (if any)

**Interpreter's Certification**

I certify, under penalty of perjury, that:

I am fluent in English and , and I have interpreted every question on the declaration and Instructions and interpreted the individual agreeing to financially support the beneficiary's answers to the questions in that language, and the individual agreeing to financially support the beneficiary informed me that they understood every instruction, question, and answer on the declaration.

6. Interpreter's Signature  Date of Signature (mm/dd/yyyy)



**Part 7. Contact Information, Certification, and Signature of the Person Preparing this Declaration, if Other Than the Individual Agreeing to Financially Support the Beneficiary**

**Preparer's Full Name**

1. Preparer's Family Name (Last Name)  Preparer's Given Name (First Name)
2. Preparer's Business or Organization Name

**Preparer's Contact Information**

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

**Preparer's Certification and Signature**

I certify, under penalty of perjury, that I prepared this declaration for the individual agreeing to financially support the beneficiary at their request and with express consent and that all of the responses and information contained in and submitted with the declaration are complete, true, and correct and reflects only information provided by the individual agreeing to financially support the beneficiary. The individual agreeing to financially support the beneficiary reviewed the responses and information and informed me that they understand the responses and information in or submitted with the declaration.

6. Preparer's Signature  Date of Signature (mm/dd/yyyy)

07/22/2024

**Part 8. Additional Information**

If you need extra space to provide any additional information within this declaration, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this declaration or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1. Family Name (Last Name)  Given Name (First Name)  Middle Name (if applicable)

2. A-Number (if any) ▶ A-

3. Page Number  Part Number  Item Number

NOT FOR

4. Page Number  Part Number  Item Number

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5. Page Number  Part Number  Item Number

6. Page Number  Part Number  Item Number