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:										
Form Expiration Date:										
Copydeck:	I-134A-xxx									

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

FILE A FORM: I-134A

Column Header Descriptions Header: If needed, a header is located directly under the dropdown menu and above the body text. Body Text: Based on the purpose of the form found in the paper form instructions. Link: A reference column to include any URLs that appear as hyperfinks in the body text.

LINK: A reference column to include any	URLS that appear as hyperlinks in the body text.
CTA: Copy to include for a button	

Heading	Field Type	Body Text	Revision	Alert	Link		Notes
File a Form		Select the form you want to file online. Once you start, we will automatically save your information for 30 days, or from the last time you worked on the form.	Select the form you want to file online. Once you start, we will automatically save your information for 30 days, or from the last time you worked on the form.				
		Fee waiver: If you are requesting a fee waiver, you cannot file online. You must file a paper version of both the Form I=32, Request for Fee Waiver and the form for the specific benefit you are requesting. You can review the fee waiver guidance at www.uscis.gov/feewaiver.	Fee waiver: If the form you want to file is eligible for a fee waiver, and you would like to request one, you must file by paper. You must file a paper version of both the form 1912, Request for fee Waiver and the form for the specific hearthy you are requesting. You can review the fee waiver guidance at www.uscis.gov/feewaiver.				
Select the form you want to file online	[dropdown]	[Conditionally displayed when Form I-134A is selected from the drop down]				Start form	
		Some immigration benefits that involve a temporary stay in the United States require U.S. Citerenship and immigration service (USCS) to determine whether the application or beneficiary of the request has sufficient financial resources or financial support to pay for expenses during the temporary stary. The individual was obtained from 1-34A 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.					
				(yellow alert) (b) 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] • Cabab • Cababaa • Cababaa • Sabaadar • Eoxador • Eoxador • Guatemala • Hatt • Hatt			
				• 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 13 must be traveling to the United States in the care and custody of their parent or legitaurdian and be able to provide documentation to confirm the relationship.			
				une parts of regressions and be able of provide documentations of community restorations. 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>page for m132</u> through the appropriate Lockbook Location.			

ADDI ICATION O	OVERVIEW: I-134A					
Column Header Descri Heading: The wire set	iptions eading on a page, hybridu the first over a	f a section of the mane				
Sub-Heading: The seco Primary Navigation: A	Intions eading on a page, typically the first part o ondary header, typically directly undernea section of the form that contains sevenal c A single page within a section. he questions from the pager form.	th the Heading. pages.				
Secondary Navigation Body Text: Based on the	c: A single page within a section. he questions from the paper form. In to include any URLs that appear as hyp	noticles in the Instructional last				
	Sub-Heading Sub-Heading		Rody Text	Body Text	Akrt Requite	7 Link CTA Notes
1-124A, Online Request To B A Supporter And Declaratio Of Financial Support			Some integration benefits that involve a temporary stay in the United States require U.S. Classeship and Immigration Services (USCR) to determine whether the applicant or beneficiary of the request has sufficient transmit resources or francial apport to pay for express darking the temporary stay. The individual who submits States 134A must enablish that they involve that full contraction resources or francial support to pay for express darking the temporary stay. The individual who submits States 134A must enablish that they involve that full contraction measures are stored on the top store the involves integration for formation of the benefits (and the individual states) of the individual states) of the individual states) of the individual states of the individual states individual states) of the individual states individual states and the individual states) of the individual states individual states) of the individual states inditis (and the inditis) of the i			
A supporter And Decursto Of Financial Support	in .		beneficiary of the request that sufficient insurces reserves or mancial apports by the expense during the temporary tay. The indexease who submits room - takk mut exclude that they have both sufficient financial resources and access to those funds to support the beneficiary listed on Form i-184k for the duration of the beneficiary's stay in the United States.			
		[yelow alert]			[yellow stert] [N] We are only accepting online filing of Form I-134A from individuals agreeing to financially support eligible beneficiaries from the following countries:	http://www.uncis.epu/i-124
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					• Gusternala • Mati • Mati	
					 Nati Nicolaris Normania 	
					• vencourse You must becard in the United States to file Form I-134A online. Individuals seeking parale through these processes may not file Form I-134A on their own behalf. Supportent must include the name of the beneficiary on Form I-134A.	
					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 netricondip.	
					If you are amoning to support a beneficiary who is not seeking consideration for parole under one of these programs or processes, you must file a paper	
Before You Start Your Declaration	Elgibility		Whether the absorbing of this form 1234 with your afficient assure of segarst which in the blocked dates is an important factor in determining whether to avecide distribution that have present Whether and the second se		Earm 1-184 through the appropriate Lockbox location.	
	Fee		uccoort while in the United States is a strong negative factor that may lead to a denial of carole There is no fee to file Form I-1244.	We will automatically calculate the cost for you before you submit your request. For specific information about free spacificable to this form, we form G-1005.		
				Mediad pages UCES down set in share Area, regardlean uf way setter own halk an system application, particles music, in revision (UCE) setters in stands a down in the Area of the cardinal page of the Instruction, you achieved with the page of the Inst The nexest application and the UCE and application for the grouper music standards.		
	Documents you may need		As the beneficiary's financial supporter, you must show you have sufficient income or financial resources to support the beneficiary.	Please refer to the instructions for the formill you are filter for additional		
			Evidence should consist of any of the applicable documents listed before:			
			 Zakneme from an officer of the back or other financial institution with deposit, identifying the following details regarding the account: Data account deposited for the part year; and Front alance. 			
			2. Ratemental) from your engloyee on backets letterhead showing: 4. Salar and nature of engloyeence; 4. Salar yank; and 4. Wetherher the policions is temporary or permanent			
			Whether the position is temporary or permanent Coav of last U.S. Indenal income tax return filed has transcript: or			
			4. List containing setial numbers and denominations of bonds and name of record owner(s).			
			If you are filing for a beneficiary under the Family Reutification Parele (RAF) process and they are a derivative of the procipal bareeficiary listed on the approved UZOS Formi-130, Petition for Alien Relative, provide documentation about phone that include barbanees the UZOS Formi-130 principal bareeficiary listed in this form. Suddence could include minimum certification, batter our certification, during our certification, during our certification and the manufacture in the same factory for the same certification is their certification decision certification, during our certification is the restricted on the same factory of the same certification is the restricted on the same factory of the same certification is the restricted on the same factory of the same certification is the restricted on the same factory of the same certification is the restricted on the restri			
	Biometric services accointment		could becker number certificate. Both outFices. Joston certificate. Burror docens. and dearth certificate when sudiciates. UCSC may region they support for an interfine or provide biometric (Bregniving, balegreph, addior (agatuate) at anytime to welfy your identity, obtain additional information, and conduct tackgreaned and security checks; including a check of criminal history records maintained by the Federal Bureau of Investigation (Big). Before making a decision on your angulaction en petitos. Jeffer (Sufficient) can adverse maintained by the Federal Bureau of Investigation (Big). Before making a decision on your angulaction en petitos. Jeffer (Sufficient) can adverse maintained by the Federal Bureau of Investigation (Big). Before making a			
			decision on your application or pottion. After USCS neckes your decisation and ensure it is complete, we will inform you if you need batted a biometric services appointment. It an appointment is necessary, the notice will provide you the location of you local or designated USCS application Support. Enter (AGC) and the and time of your appointment or, if you are commonly oversian, instruct you so constact 40.2. Enhausy, U.S. Consulter, or USCS office audide the Usine States to set up an appointment.			
			peur appennent of, in peur internent permeter, market peur a comment a community, com comment of the constraint of the data of the d			
			 You provided or sutheriand all information in the declaration; You melewed and understood all of the information contained in, and submitted with your declaration; and; 			
Allen Ver Frihmit Vers	Track your case online		 To invite weak and understood at all the information constantion, and understate dark ty our declaration; and; All of the information excemption, true, and concret at the time of all filling. All of the you underst pour form, you can track it status. Though your USOS faccourt. Sign in to your account of them to check your case status and read any important messages from 			
Declaration	Respond to requests for information		USCS If we need note information from you, we will send you a Request for Evidence (IPSE) or Request for Information (RR). You can respond to our request and upload your documents throady your USCs scout			
		ur biometrics	1970 determination to confirm or not to confirm your form 1,1288 is based on whether you have established you have sufficient resources to support the baseficienc for the	We will contact you to schedule an appointment at an Application Support Center near you. At the appointment, we will set your finanzarists, abstracts, and simulates.		Next
Completing Your Form	Filing online		duration of their parcine period in the United Dates. USCS will notify your of the determination in writine. 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 Provide as many responses as you can We will automatically save		You should answer all questions in the Getting Stands action first so we can best customize the rest of your online form experience. You should provide as many responses as you can. Incomplete fields or sections and missing information can slow down the process after you submit your form.			
	We will automatically save		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			
	vour resonnes How to continue filling out vour form USCIS Compliance Review		todav, or from the last time vou worked on the form. After you start your form, you can sign in to your account to continue your form.			
	USCIS Compliance Review and Monitoring		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 toxe and correct. You have also subfortant the release of any information from your records that USCIS may need to determine eligibility for the benefit you are seeking and commented to USCIS "writestand of hus information.			
			contained to USUS interaction and intermediate. The Department of Homeland Security has the legal authority to verify any information you submit to establish eligibility for the intergration benefit you are useding all the interaction of the second			
			The Dispetition of (Networks Scatter) has long at a larity is verying velocitizing you identifying you and widely a set of the Scatter			
			telephone, unarrounced physical site impections 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 eligibility for the benefit acupit.			
			Subject to the reatiscions under 8 CFR section 103.2(b) (16), you will be provided an opportunity to address any adverse or derogetory information that may result from a USCR complement review, verification, or alia visit after a formal decision is made on your case or after the agency has initiated an adverse action that may result in invocation or intervision of an approxit.			
	DHS Privacy Notice		AUTHORNTES: The information requested on this declaration, and the associated evidence, is collected under the immigration and Nationality Act sections 212(d)5), 214 and 248.	AUTHORNES: The information requested on this declaration, and the associated evidence, is collected under the interinguistics and Nationality Act sections 212(6)(5), 214 and 248.		
			PUDPURA: The primary purpose for provining the requested international networks and apport is to determine weather the elemenary or this declaration of mancial support its provining the determinant of the declaration of the elemenary or the declaration of the declarating of the declaration of the declaration of the	POPULA: In primary purpose for providing the requested intermission on the declaration of natural support is to determine whether the exercisity of this declaration has adequate financial means to support and that, if this individual is admitted or parallel into the United States, this individual has sufficient financial resources available to them for the duration of their temporary stay in the United States, this individual is admitted or parallel into the United States, this individual has sufficient financial resources available to them for the duration of their temporary stay in the United States, this individual has sufficient financial resources available to them for the duration of their temporary stay in the United States, this individual has sufficient financial resources and the state of the temporary stars and the states of the temporary stars and the states of the temporary stars and the states of the temporary stars are stated in the temporary stars are stated in the temporary stars are stars and the states of the temporary stars are stars and the states of the temporary stars are stars and the states of the temporary stars are stars are stars are stars are stars and the states of the temporary stars are star		
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			ROUTINE USES: DHS may share the information you provide on this declaration and any additional nequested evidence with other Federal, state, local, and foreign government	appropriate. For law enforcement purposes or in the interest of national security. DISCLOSURE: The information you provide is voluntary. However, failure to provide the requested information, including your Social Security number if applicable, and any	n	https://www.dhe.gov/topics/p
			agencies and automatical approximations. Dis Nationa, approved materia and devolved in the autocalized patient approximation to ratio (DSU)COCOCCED 003 Allos Filter and automatical international approximation and automatical international approximation and and and approximation and approximation and approximation and approximation and approximation approximation approximation and approximation approximation approximation and approximation approximation approximation and approximation approximat	requested evidence, may delay a final deckion, result in denial of the baneficiary's banefit request, or prevent DHS from conducting and adjudicating a background investigation.		theory
			assessments (DHG/USCS(PN-662) Integrated Optication Document Management Organia (DDM): DHG/USCS(PN-662) Integrated Optication Document Management For International Operations, DHG/USCS(PN-662 USCS Electronic Immigration System, and DHG/USCIS(PN-621: myUSCIS Account Experience) which you can find at www.dhs.gov/privacy. DHS			
	FBI Privacy	Notice	may also share this information, as appropriate, for law enforcement purposes or in the interest of national security.	USCIS may use your biometrics to obtain the criminal history records of the FBI, for identity verification, to determine eligibility, to create immigration documents (for example,		
				UECE may an your biometric to a data. No obtained history executed of the HB, for dearing were relatively and transition alignibility to analyze instancian a lightibility to analyze the second and the	el de la companya de	
	Paperwork Reduction Act		An arrency may not conduct or sconsor an information collection and a sensor is not required to rescond to a collection of information, unless it duality a currently valid Office of	An arrency may not conduct or women an information collection, and a seman is not required to reasond to a collection of information, unless it displays a currently wild Office o		
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			wahring the declaration. Send concretes regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Clistenship and innigration Services Officer of Foliogravity. Good Services			
			Office of Policy and Simkey, Regulatory Coordination Division 590 Copelar Cantwey Only, Mai Zooni2240 Comp Sirola, Moi Stali-2009	U.S. Clastenska nat Innegatisis Sarviva. Diffica e Nativija vadingis, Bagishato y Constitution Division SBOC capital cateway Driv, Mal Sarp 2340 Camp Saring, Mal Sard 2000		
			Do not mail your completed Form I-134A to this address.			
			OMB No. 1625-0157 Explore: 07/31/2023	De not mail your completed Form I-13AA to this address. OMB No. 1615-0157		
				Expires: 07/31/2023		

GETTING STARTED: I-134A <u>Column Header Descriptions</u> Primary Navigation: A section of the form that contains several pages

n Header Desc y Navigation: lary Navigatio	A section of the for	m that contains sever within a section	ai pagea.													
					Paper Form											
	Secondary Nav	Tertiary Nav	Conditional Logic	Revisions	Question	Question	Revisions	Sub-Question	Revisions	Field Type	Revisions	Instructional Text	Help Text Alert	Required? Revisions	Notes	Notes
tarted	Basis for filing				1.1	On whose behalf are you filing this form?		Another individual who is the beneficiary		Radio				Yes	For online filing, this is the only option available	
					1.2	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		
			[If "Parole Process" selected in 1.2]		13	I am filing for an individual under the parole process for the following country:		Family Reunification Parole Process Cuba Haiti Nicaragua Ulraine		Radio Dropdown				Yes		
				[If "Parole Process" selected]			Who is providing financial support for the beneficiary?	Venezuela	I am the only individual providing financial support		Dropdown					
				selected			benencuaryr		I am the primary supporter providing financial support along with other individuals who are also providing financial							
									support I am a co-supporter providing financial							
									support along with a primary supporter I am filing as an individual providing financial support along with an organization							
									I am filing on behalf of an organization that will provide all of the financial support							
			[If "Family Reunification Program" selected in 1.2]		1.3	I am filing for my relative who is associated with an approved I-130 and a national of:		Colombia Cuba		Dropdown				Yes		
								Ecuador El Salvador Guatemala Haiti Honduras								
			[If "Family Reunification Program" selected in 1.2]		1.4	Invitation Number:				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				Text		Entering "1" indicates no derivative beneficiaries share the same invitation number.		Yes		
	Preparer and					same invitation number? Is someone assisting you with		Yes/No		Radio						-
	interpreter information		(IF YES)			completing this declaration? Is a preparer assisting you with completing this declaration?		Yes/No		Radio		A preparer is anyone who completes or helps you complete all or part of your declaration using informatio	n			
			(IF YES)			Is an interpreter assisting you with completing this declaration?		Yes/No		Radio		and answers that you provide. An interpreter is anyone who translates or helps you translate all or part of your declaration using informatio				
	Preparer informatio	in	(IF YES TO PREPARER)		7.1	What is your preparer's full name?		Given name (first name)		Text		and answers that you provide.				-
					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						
						audress		Address line 1 Address line 2		Text Text			Street number and name Apartment, suite, unit, or floor			
								City or town State/Province		Text						
			(If non-USA use Province and text field) (If non-USA use Postal code and remove help					State/Province ZIP code/Postal code		Dropdown/ Text			Provide a 5 or 9-digit ZIP code.			
			code and remove help text)		7.4	What is your preparer's contact		Daytime telephone number		Text			Provide a 10-digit phone number.			
					7.5	information?		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		Text			Example: user@domain.com			
	Interpreter		(IF YES TO INTERPRETER)		6.1	What is your interpreter's full name?		address. Given name (first name)		Text						-
					6.2	What is your interpreter's business or organization name?		Family name (last 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		Text			Street number and name Apartment, suite, unit, or floor			
								Address line 2								
			(If non-USA use Province and text field) (If non-USA use Postal					City or town State/Province		Text Dropdown/Text						
			(If non-USA use Province and text field) (If non-USA use Postal code and remove help text)		54	What is your labor		City or town State/Province ZIP code		Text Dropdown/Text Text			Provide a 5 or 9-digit ZIP code.			
			and text field) (If non-USA use Postal code and remove help		6.4	What is your interpreter's contact information?		City or town State/Province ZiPcode Daytime telephone number Mohile telephone number		Text Dropdown/Text Text Text						
			and text field) (If non-USA use Postal code and remove help					City or town State/Province ZiP code Daytime telephone number Mobile telephone number Mobile telephone number telephone number Email address		Text Dropdown/Text Text Text Checkbox Text			Provide a 5 or 9-digit ZIP code. Provide a 10-digit phone number.			
			and text field) (If non-USA use Postal code and remove help		6.5			City or town State/Province ZiP code Daytime telephone number Mobile telephone number My interpreter does not have a mobile telephone number		Text Dropdown/Text Text Text Checkbox			Provide a 5 or 9-digit ZIP code. Provide a 10-digit phone number. Provide a 10-digit phone number.			

Secondary Nav Secondary Nav		Conditional Logic	Paper Form Question Paper Form Question	Question		Sub-Question	Field Type Field Type		Instructional Text		Help Text		Alex	Required? Required?	Notes Notes
Name of the ly individual agreeing to any financially copport the beneficiary			1.1 What is your current legal same?		Given same (\$12 same)		Test	Your current legal name is the name on your both settificate, unless it changed after							
ary Enancially support the Beneficiary								Your current legal scatte in the scatte on your both sentificate, unless it sharped after both by alegal actors such as mantage ar court order. So not provide any midistance hores.							
			8.2 Nove you used any other names clinic battlet		Mddle name Familyname Batt name) Ynchias same (fant same) Mddle name Familyname Batt name) O ogwattador (sing) milleduil Name		Ind Ind Rala Nav Nav Ind Ind								
	Official No. 9 VI		A New years any series names can a series		Museu a same (Rost annual)		New Y	Other names used may include alloses, mandes name and indicames Results the other states are been used.							
		 M Block to be subjective a second set. 	TT Reside the same of the constraints areas a statistic	al Records the same of the second state that is exception and	Randy came (fact came) south come (fact came)	Construction come	Test.								water
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		(if filing on behalf of an organization)		Provide the name of the organization that you are filing on behalf of.		Digercation name									
		(If filing on behalf of or with an organization)		It this organization a sole proprietanthy ?		104 104	N/N								
		(If filing on behalf of or with an organization)		What is the organization's address? What is the organization's phane number?			Test							*	New .
		(if thing on behalf of or with an organization) (if filing on behalf of or with an		What is the organization's phase number? What is the organization's ensul address?			Test							*	
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				Individual IRS Tax Number (IRN), or U.S. Social Security Number (SSN).											
		organization) (If filing on behalf of or with an organization)				Inter the Number	Test							*	-
		if films on behalf of or with an		feter the datar amount that the organization is arounding.			Accounting		Add this amount to your income amount in Financial Information					*	
		organization) (If filing as primary along with other		New many additional people are supporting the beneficial	Y		ar Text								
		Individuals: (If filing as primary along with other Individuals:)		with you? Provide the name(s) of the co-supporter(s) parsing you to provide financial supports the beneficiary.											
		(if filing as primary along with other individuals)				Given name (fin2 name) Middle name	Test							*	Are .
		(in survey as primary asing with other inductable) (if filing as primary along with other				Milatte name Pantily name (last name) Add andther name	Test								See See
		(if fing as an supported)	1.00	What is the primary supporter's Point I-2828, second month	мî	Add another name	CTA Text		If you are a co-supporter you must provide the recent eelectric						Arw Arw
			-						the primary supporter released from LSCB after the submission in the primary supporter released from LSCB after the submission in their Form - 186A						
Certial information	(if "Yamity Reunification Parale Process" onleded in 12		Provide the name of the intended co-supporte(i) point visual execute the name of the intended co-supporte(i) point visual executes the tenenheav of an XI Nov may we initial you?	48 A	Individual Ca-supporter(s)/Name(q Daytime telephone number		Seal.			Provide a 12-digit phone number.					
Contact information for the individual agraning to financially support the beneficiary															
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			LE What is your sen?		Male Penale X		Radio	Please celect the sex that is chown on your passport or other government-round identity document. For any value other that						364	
								"Mole" ("M") or "ternals" ("F") that appears on your identity document, please choice							
								identity) utitits requires this information to conduct accurate tookground checks and							
beenigration information for the individual agreeing to financially copport the baseficiary			131 What is your current immigration status?		U.S. Citizen U.S. National Lawful Personal Reasoninggiast Other Please provide an-evaluation		Ralia	security sizeening.						×	
individual agreeing to financially support the					Lawful Permanent Resident Nononengant										
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		(If U.S. Socianal, Novembergrant, or Other. If Noninergrant, then number must be provided)							after April 80, 2023, they may have issued you an electronic Parm instead of a paper Parm 1-96. You may visit the CBP website at						
		ar provid							NE. CMP does not charge after far this service. Par certain Classes in Admissions and in specific circumstances, your electronic I-Mcwill						
									from the CBP website, you may obtain it by fileg Form I-322, Application for Replacement/Instal Naming and Annual Cepart	-					
									review, workelDELUECE dates charge a tee for Harm 5 322, fee for 0-2005, available at wew useds gocyforms; for specific information about the fees applicable to this farm.						
		(if U.S. National or Other)				I donat have an 190 feated Number or do not know re 10 feated Number.	•							*	
	(if Landai Permanent Recident, 17 A fourther is required)	 (Displayed to all regardless of unsegration status selection. If Caviful Permanent Resident, then 	8.3 What is your A-Number?		A-	and the second distances of	Test			Provide a 7, 8, or 9-digt number. If your A Number is favore than 8 dates				A-Number is Y	
	wasaner n required	If Lawful Permanent Resident, then number must be provided.]								Provide a 7, 8, or th-digit number. If your A Number is fewer than 9 digits, the system will automatically add zero(c) after the "A and before the first digit of their is a total of 8 direct for an units."				A-Number is T impured if Danful Periodentic Recidentic United A	
		If U.S. CRIMES, U.S. National			I do not have or know my A-Transfer.	I do not have as a fluencer or do not have an A-	Checkbox			art digit, far example: A-02220387.				Neidentis selected.	
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		(d. U.S. COLLER, U.S. National, Nationalization, C.C. Collect (Deployed to all regulations of menanization status selection) (Deployed to all regulations of menanization status selection)			1 do not have a U.S. Social Security number.	t do not have a 1979, I do not know my 1979, or I am optiv not to provide my 1979.	Checkbox							*	
			133 What is your USCR Online Account Number?				Test	You will only have an DIN if you previously filed a form that has a receipt number that heating with VIII.		Provide a 12-digit Online Account Number					
								field Johan that has a secong to unlike that begins with VDL If you field the farm online, you can find your CMN is you' account pactine. If you mained us the farm, you can find your CMN at the log of the Account Access Notice we cent you.							
								If you do not have receipt number that begins with 108, you do not have an ORN.							
					I do not have or know my UICS Online Account No	inder.	Checkbox	(The GAN is not the same as an A-Number.)							
					Insided the time, and time, paperst with		Disedown Kalis							24	
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FINANCIAL INFORMATION ABOUT THE PERSON AGREEING TO FINANCIALLY SUPPORT THE BENEFICIARY: I-134A

Column Header Descriptions

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	Secondary Nav	Tertiary Nav	Conditional Logic	Paper Form Question	Question	Sub-Question	Field Type	Instructional Text	Help Text	Alert	Required? Notes
nation idual	ncome information for the individual							Provide all of the information requested in the table below about yourself, all of your dependents, and any other			
ancially	agreeing to							individuals you financially support. Do not include any			
neficiary	financially support the beneficiary							individuals listed in the "Beneficiary's Financial Information" section.			
	the beneficiary										
								Information about assets that are not based on employment should be added in the "Assets of the individual agreeing to			
								financially support the beneficiary" section below.			
				3.18 [LARGE TABLE]	Add entry What is the individual's full name?	Given name (first name)	CTA Text				
						Middle name	Text				
				3.18	What is the individual's date of birth?	Family name (last name) MM/DD/YYYY	Text Date				
				3.18	What is the individual's relationship to the individual agreeing to financially support the beneficiary?		Dropdown				"If you are the individual agreeing to financially su beneficiary, type in "Self*" instructions TBD based
					mandany support the beneficiary r						from Adi.
				3.18	How much income will this individual contribute to the beneficiary	I'm entering my own financial information	Checkbox Text	If the income contribution is none, type in "0".			
					annually?		CTA				
					Save entry Cancel		CTA				
				3.18	What is the total number of dependents?		Text		Provide the total number of dependents. Number must be between 0 and 100.		
_				3.18	What is the total income?	\$	Text				
1	Additional income information for the			3.20	Does any of the income listed come from an illegal activity or source (such as proceeds from illegal gambling or illegal drug	Yes/No	Radio				
i	individual agreeing				sales)?						
	to financially support the beneficiary										
			[If YES to 3.19]	3.21	What amount of income comes from an illegal activity?	\$	Text				
			(11123103.25)	3.22	Does any of the income listed above come from means-tested	Yes/No	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			3.27	You are responsible for receiving, maintaining, and supporting the	è	Text box				Yes
	contributions to the beneficiary				beneficiary for the duration of their temporary stay in the United States. Describe the resources you plan to use or provide to ensure the beneficiary has adequate financial support to cover						
					ensure the beneficiary has adequate financial support to cover their basic living needs.						
				3.28	You are responsible for ensuring the beneficiary has safe and appropriate housing for the duration of their parole in the United		Text box				Yes
					appropriate housing for the duration of their parole in the United States. Describe how you will ensure that the beneficiary's housin	10					
					needs are met, including where the beneficiary will reside during their temporary stay in the United States, if known.	D					
				3.29	You are responsible for assisting the beneficiary's access to available services and benefits such as learning English, securing		Text box				Yes
					employment opportunities once authorized to work, enrolling						
					children in school, and helping to enroll for benefits for which the are eligible. Describe what steps you plan to take as part of these	γ					
-	Assets of the				responsibilities.			Provide information about any assets you will use to support			
	ndividual agreeing							the beneficiary for the anticipated period of his or her stay. Lis	t		
	to financially support the beneficiary							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			
								beneficiary is in the United States. Provide the value of all assets listed in U.S. dollars, regardless of whether they are hel	4		
								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.			
					Add entry		CTA	Attach evidence in the "Evidence" section under "Proof of assets" and "Bonds" showing that you, or your dependents, have these assets.			
				3.23 [LARGE TABLE]	Add entry What is the asset holder's full name?	Given name (first name) Middle name	CTA	assets" and "Bonds" showing that you, or your dependents.			
				3.23 [LARGE TABLE]	What is the asset holder's full name?	Middle name Family name (last name)		assets" and "Bonds" showing that you, or your dependents.			
				3.23 [LARGE TABLE]	Add entry. What is the asset holder's full name? What is the type of asset?	Middle name Family name (last name) Checking - Bank Account	CTA Dropdown	assets" and "Bonds" showing that you, or your dependents.			
				3.23 [LARGE TABLE]	What is the asset holder's full name?	Middle name Family name (last name) Checking - Bank Account Savings - Bank Account Annuities		assets" and "Bonds" showing that you, or your dependents.			
				3.23 [LARGE TABLE]	What is the asset holder's full name?	Middle name Family name (last name) Checking - Bank Account Savings - Bank Account Annuities Stocks, Bonds, Certificates of Deposit Retirement or Educational Account		assets" and "Bonds" showing that you, or your dependents.			
				3.23 [LARGE TABLE]	What is the asset holder's full name?	Middle name Family name (last name) Checking - Bank Account Savings - Bank Account Annutiles Stocks, Bonds, Certificates of Deposit Retirement or Educational Account Real Estate Holdinas		assets" and "Bonds" showing that you, or your dependents.			
				3.23 [LARGE TABLE]	What is the asset holder's full name? What is the type of asset? What is the cash value in U.S. dollars?	Middle name Family name (last name) Checking - Bank Account Savings - Bank Account Annuities Stocks, Bonds, Certificates of Deposit Retirement or Educational Account	Dropdown	assets" and "Bonds" showing that you, or your dependents.			
				3.23 [LARGE TABLE]	What is the asset holder's full name? What is the type of asset? What is the cash value in U.S. dollars? Sare entry Cancel	Middle name Family name (last name) Checking - Bank Account Savings- Bank Account Annutites Stocks, Bonds, Certificates of Deposit Retirement or Educational Account Real Estate Holdings Personal Property (net value)		assets" and "Bonds" showing that you, or your dependents.			
				3.23	What is the asset holder's full name? What is the type of asset? What is the cash value in U.S. dollars? Second V What is the total amount (U.S. dollars?	Middle name Family name (test name) Checking- Bank Account Annuties Stocks, Bonk, Certificates of Deposit Retriement or Educational Account Ret State Holds, Certificates of Deposit Retriance (test name) Personal Property (net value) S	Dropdown Text CTA <u>CTA</u> Text	assets" and "Bonds" showing that you, or your dependents.			
					What is the asset holder's full name? What is the type of asset? What is the cash value in U.S. dollars? Save entry <u>Cancel</u> When you previously submitted a Form 1-134 or a Form 1-134 or behalf of a percent other than the concention that form the form	Middlename Family name (list name) Checking - Sank Account Songs - Sank Account Stocks, Bonds, Certificates of Deposit Real Estate Holdings Personal Property (net value) \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Dropdown Text CTA CTA	assets" and "Bonds" showing that you, or your dependents.			
_	Financial		11/145 to 324	3.23	What is the asset holder's full name? What is the type of asset? What is the cash value in U.S. dollars? Save entry Cancel What is the total amount (U.S. dollars)? May to the total amount (U.S. dollars)?	Middlename Family name (list name) Checking - Sank Account Songs - Sank Account Stocks, Bonds, Certificates of Deposit Real Estate Holdings Personal Property (net value) \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Dropdown Text CTA <u>CTA</u> Text	asses" and "Bonds" showing that you, or your dependents, have these assets.			
	Financial esponsibility for		(If YEs to 3.34, conditional "Financial	3.23 3.24	What is the asset holder's full name? What is the type of asset? What is the cash value in U.S. dollars? Save entry <u>Cancel</u> When you previously submitted a Form 1-134 or a Form 1-134 or behalf of a percent other than the concention that form the form	Middlename Family name (list name) Checking - Sank Account Songs - Sank Account Stocks, Bonds, Certificates of Deposit Real Estate Holdings Personal Property (net value) \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Dropdown Text CTA <u>CTA</u> Text	asses" and "Bonds" showing that you, or your dependents, have these assets.			
	Financial responsibility for sther beneficiaries		(If YEs to 3.24, contailonal *Francial responsibility for other beneficiales' section	3.23 3.24	What is the asset holder's full name? What is the type of asset? What is the cash value in U.S. dollars? Save entry <u>Cancel</u> When you previously submitted a Form 1-134 or a Form 1-134 or behalf of a percent other than the concention that form the form	Middlename Family name (list name) Checking - Sank Account Songs - Sank Account Stocks, Bonds, Certificates of Deposit Real Estate Holdings Personal Property (net value) \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Dropdown Text CTA <u>CTA</u> Text	asses" and "Bonds" showing that you, or your dependents, have these assets.			
	responsibility for		conditional "Financial responsibility for other	3.23 3.24	What is the asset holder's full name? What is the type of asset? What is the cash value in U.S. dollars? Save entry Cancel What is the total amount (U.S. dollars)? Have you previously submitted a form 1:34 or a Form 1:34A on behall of a person other than the beneficiary fisted on this Form 1 136A?	Middlename Family name (list name) Checking - Sank Account Songs - Sank Account Stocks, Bonds, Certificates of Deposit Real Estate Holdings Personal Property (net value) \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Text CTA CTA Text Radio	asses" and "Bonds" showing that you, or your dependents, have these assets.			
	responsibility for		conditional "Financial responsibility for other beneficiaries" section displays] [red alert] [If no entrie:	3.23 3.24 r	What is the asset holder's full name? What is the type of asset? What is the cash value in U.S. dollars? Save entry <u>Cancel</u> When you previously submitted a Form 1-134 or a Form 1-134 or behalf of a percent other than the concention that form the form	Middlename Family name (list name) Checking - Sank Account Songs - Sank Account Stocks, Bonds, Certificates of Deposit Real Estate Holdings Personal Property (net value) \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Dropdown Text CTA <u>CTA</u> Text	asses" and "Bonds" showing that you, or your dependents, have these assets.		[red aler]	
	responsibility for		conditional "Financial responsibility for other beneficiaries" section displays] [red alert] [If no entrie: are entered and 3.24 is	3.23 3.24 r	What is the asset holder's full name? What is the type of asset? What is the cash value in U.S. dollars? Save entry Cancel What is the total amount (U.S. dollars)? Have you previously submitted a form 1:34 or a Form 1:34A on behall of a person other than the beneficiary fisted on this Form 1 136A?	Middlename Family name (list name) Checking - Sank Account Songs - Sank Account Stocks, Bonds, Certificates of Deposit Real Estate Holdings Personal Property (net value) \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Text CTA CTA Text Radio	asses" and "Bonds" showing that you, or your dependents, have these assets.		You must include at least one person for	
	responsibility for		conditional "Financial responsibility for other beneficiaries" section displays] [red alert] [If no entrie:	3.23 3.24 r	What is the asset holder's full name? What is the type of asset? What is the cash value in U.S. dollars? Save entry Cancel What is the total amount (U.S. dollars)? Have you previously submitted a form 1:34 or a Form 1:34A on behall of a person other than the beneficiary fisted on this Form 1 136A?	Middlename Family name (list name) Checking - Sank Account Songs - Sank Account Stocks, Bonds, Certificates of Deposit Real Estate Holdings Personal Property (net value) \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Text CTA CTA Text Radio	asses" and "Bonds" showing that you, or your dependents, have these assets.		You must include at least one person for whom you have previously submitted a Form I-134 or Form I-134A, other than th	.e
	responsibility for		conditional "Financial responsibility for other beneficiaries" section displays] [red alert] [If no entrie: are entered and 3.24 is	3 23 3 24 r	What is the asset holder's full name? What is the type of asset? What is the cash value in U.S. dollars? Save entry Cancel What is the total amount (U.S. dollars)? Have you previously submitted a form 1:34 or a Form 1:34A on behall of a person other than the beneficiary fisted on this Form 1 136A?	Middlename Family name (list name) Checking - Sank Account Socks, Round, Carlinates Count Real Estate Holdings Personal Property (net value) \$ \$ \$ Yes/No Cisen name fiftst name)	Text CTA CTA Text Radio CTA	asses" and "Bonds" showing that you, or your dependents, have these assets.		You must include at least one person for whom you have previously submitted a	*
	responsibility for		conditional "Financial responsibility for other beneficiaries" section displays] [red alert] [If no entrie: are entered and 3.24 is	3 23 3 24 r	What is the asset holder's full name? What is the type of asset? What is the cash value in U.S. dollars? Sare entry Cancet What is the total amount (U.S. dollars)? Nave you previously submitted a form i-134 or a form i-134 on 134A7 Add entry	Middle name Family name (list name) Checking - Bank Account Savings - Bank Account Savings - Bank Account Savings - Bank Account Real Estate Holdings Personal Property (net value) \$ \$ Yes/No Given name (first name) Middle name	Dropdown Text CfA Text Radio CTA	asses" and "Bonds" showing that you, or your dependents, have these assets.		You must include at least one person for whom you have previously submitted a Form I-134 or Form I-134A, other than th	
	responsibility for		conditional "Financial responsibility for other beneficiaries" section displays] [red alert] [If no entrie: are entered and 3.24 is	3 23 3 24 r	What is the asset holder's full name? What is the type of asset? What is the cash value in U.S. dollars? Sare entry Cancet What is the total amount (U.S. dollars)? Nave you previously submitted a form i-134 or a form i-134 on 134A7 Add entry	Middlename Family name (list name) Checking - Sank Account Socks, Round, Carlinates Count Real Estate Holdings Personal Property (net value) \$ \$ \$ Yes/No Cisen name fiftst name)	Dropdown Text CfA Text Radio CTA	asses" and "Bonds" showing that you, or your dependents, have these assets.	Provide a 7, 8, or 9-digit number. If your A-	You must include at least one person for whom you have previously submitted a Form I-134 or Form I-134A, other than th	
	responsibility for		conditional "Financial responsibility for other beneficiaries" section displays] [red alert] [If no entrie: are entered and 3.24 is	3 23 3 24 r	What is the asset holder's full name? What is the type of asset? What is the type of asset? Save entry Cance What is the total amount (U.S. dollars)? Nave you previously submitted a form 1:34 or a form 1:34A on 1:34A? Add entry What is the person's name?	Middle name Family name (list name) Checking - Bank Account Savings - Bank Account Savings - Bank Account Savings - Bank Account Real Estate Holdings Personal Property (net value) \$ \$ Yes/No Given name (first name) Middle name	Text CTA CTA Text Radio CTA	asses" and "Bonds" showing that you, or your dependents, have these assets.	Provide 3 7, 8, or 9-digit number; If your A- Number is ferrer than 3 digits, the system with	You must include at least one person for whom you have previously submitted a Form I-134 or Form I-134A, other than th	e

FINANCIAL I	FINANCIAL INFORMATION ABOUT THE PERSON AGREEING TO FINANCIALLY SUPPORT THE BENEFICIARY: I-134A												
Primary Navigation: Secondary Navigatio	Column Header Descriptions Primary Header Descriptions Primary Header Descriptions Formary Header Descriptions Secondary Navigation: A science of the form that contains several pages. Secondary Navigation: A single question or subjects on our applies if you meet certain criteria.												
Primary Nav													
	I do not have or know the person's A-Number. Checkbox												
					Date submitted	MM/DD/YYYY	Date						

ABOUT THE BENEFICIARY: I-134A

Column Header Descriptions

vigation: A	ction of the form that single page within a tes whether the ques	section.	eral pages. estion only applies if you	meet certain criteria.								
	Secondary Nav	Tertiary Nav	Conditional Logic	Paper Form Question	Question	Sub-Question	Field Type	Instructional Text	Help Text	Alert	Required?	Notes
ficiary	Beneficiary name			2.1	What is the beneficiary's current lega name?		Text	The beneficiary's current legal name is the name on their birth certificate, unless it changed after birth by a legal action such as marriage or court order. Do not provide any nicknames here.				
				2.1 2.1		Middle name Family name (last name)	Text Text					
				2.2	Has the beneficiary used any other	Yes/No	Radio	Other names used may include aliases, maiden				
			[If yes to 2.2]		names since birth? [LIST]	Given name (first name)	Text	name, and nicknames. Provide the other names the beneficiary has used.				Table
			[ii yes to 2.2]		[LI31]			Provide the other names the beneficiary has used.				Add another name button
						Middle name Family name (last name)	Text Text					
			[If "Family Reunification	1	Is this the individual listed as the	Yes/No	Radio				Yes	
			Program" selected in 1.2]		principal beneficiary in your Family Reunification Parole Process	1						
			1.2]		invitation letter?							
	Beneficiary contact information			2.13	How may we contact the beneficiary	? Daytime telephone number	Text		Provide a 10 to 20-digit number.			
				2.14		Mobile telephone number (if any) This is the same as the beneficiary's daytime	Text Checkbox		Provide a 10 to 20-digit number.			
						telephone number.				[blue alert] [b] You must provide a valid email address for the beneficiary. If your Form I-134A is		
										confirmed, we will send important information to the beneficiary at this email address. If you do not provide an email address that the beneficiary can access, they will not be able to complete the parole process. DO NOT enter your email address in this field.	1	
				2.15		Email address	Text		Example: user@domain.com	complete the parole process, bo not enter your email address in this field.		
						Confirm the beneficiary's email address	Text		Example: user@domain.com			
			Reunification Parole	2.10	What is the beneficiary's current mailing address?	In care of name (if any)	Text					
			Process" in 1.2," show United States in									
			dropdown]									
				2.10 2.10		Country	Dropdown		6		Yes	
				2.10		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					
			[If United States mailing	2.11	Is the beneficiary's mailing address	Yes/No	Radio					
			address, default to 'No'	1	the same as the physical address?							
			,	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.				Instructional text conditional based on selection in 1.2
			[If selected "Family Reunification Parole Process" in 1.2," show instructional text]									
						Country	Dropdown					
				2.12 2.12		Address line 1	Text		Street number and name			
				2.12		Address line 2 City or town	Text Text		Apartment, suite, unit, or floor			
				2.12		Province	Dropdown/Text					
	When and where			2.12 2.3	What is the beneficiary's date of	Postal code MM/DD/YYYY	Text Date				Yes	
	beneficiary was born				birth?							
				2.6	What is the beneficiary's city or town of birth?		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 Information				birth? A grant of parole is a discretionary		Text Box				Yes	
	about the				determination granted on a case-by-		Text bux				les	
	Benefiiciary				case basis for urgent humanitarian reasons or significant public benefit.							
					Please explain why a favorable							
					exercise of discretion is merited for this individual.							
				2.4	What is the beneficiary's sex?	Male	Radio	Please select the sex that is shown on your passport			Yes	
						Female X		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				
				2.9	What is the beneficiary's marital	Single, Never Married	Radio	screening.				
				2.5	status?	Married	Kaulo					
						Divorced Widowed						
						Legally Separated						
						Marriage Annulled Other						
				2.9		Provide an explanation	Text box					
			[If selected "Parole Process" in 1.2, show	2.7	What is the beneficiary's country of citizenship or nationality?		Dropdown			(yellow alert) Int We are only accepting online filing of Form I-134A from individuals agreeing to		
			yellow alert]		etters and or nationality :					[h] We are only accepting online filing of Form I-134A from individuals agreeing to financially support Cuban, Hailian, Nicaraguan, Ukrainian, and Venezuelan citizens and their immediate family		
										[b] Immediate family members are:		
										p immediate tamily members are:		

Their spouse or common-law partner; and
 Unmarried children under the age of 21.

Note: Individuals only eligible as immediate family members and children under age 18 must travel with their beneficiary spouse, common law partner, parent, or legal guardian to be eligible for parole.

ABOUT THE BENEFICIARY: I-134A

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

Conditional Log	igation: A single page w gic: Indicates whether the	e question or subque	estion only applies if you	u meet certain criteria.							
Primary Nav				Paper Form Question	Question	Sub-Question	Field Type	Instructional Text	Help Text	Alert	Required? 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 citizers 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' most recently issued passport?	5	Dropdown			[yellow alert] [h] We are only accepting online filing of Form I-134A from individuals agreeing to financially support Cuban, Haitian, Nicaraguan, Ukrainian, and Venezuelan citizens and their immediate family	
										[b] Immediate family members are:	
										Their spouse or common-law partner; and Unmarried children under the age of 21.	
			[If selected "Family Reunification Parole Process" in 1.2 show yellow alert]							Note: individuals only eligible as immediate family members and children under age 18 must travel with their beneficiary spouse, ecommon law partner, parent, or legal partiala to be eligible for parole. (Pelibow alert) (Pelibow alert)	
										[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 digits.		
			(if Nicaraguan)						Provide a 8 to 9-character passport number, beginning with 1 letter followed by 7-8 digits.		
			(if Ukrainian)						Provide an 8-character passport number, beginning with 2 letters followed by 6 digits.		
			(if Venezuelan) (if Colombia)						Provide a 9-digit passport number. Provide an 8-character passport number,		
			(if Honduras						beginning with 2 letters followed by 6 digits. Provide a 7 to 8-character passport number,		
			(if Ecuador)						beginning with 1 letter followed by 6-7 digits. Provide a 9-character passport number,		
			(if El Salvador)						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 number			Provide a 9-digit passport number.		
			(if Venezuelan is most recent passport show tooltip)		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 expired.		Tooltip only shows if Venezuelan is selected for country that issued the beneficiary's most recent passport:
											If the beneficiary has received a parsport 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 before the first digit so there is a total of 9		Link: https://www.uscis.gov/CHNV
						I do not have or know the beneficiary's A-	Checkbox		digits, for example: A-001234567.		
				2.16	What is the beneficiary's anticipated	Number.	Date				
					period of stay in the United States?	To (MM/DD/YYYY)	Date				
L						No End Date	Checkbox				

BENEFICIARY'S FINANCIAL INFORMATION: I-134A

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

ry Nav	Secondary Nav	Tortion: Nov	Conditional Logic	Paper Form Question	Question	Sub-Question	Field Type	Instructional Text	Help Text	Alort	Required?	Notor
ry ivav	Secondary Nav	Tertiary Nav	Conditional Logic	Paper Form Question	Question	Sub-Question	Field Type	instructional text	neip rext	Alert	Required?	Notes
neficiary's Financial ormation	Beneficiary income							Provide information about the income of the beneficiary, all of the beneficiary's dependents, and any other individuals the beneficiary				
	information							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	the Beneficiary Section.				Opens up large table ond
			-		· · · ·			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 "Benefician Assets" below.				
				2.17 [LARGE TABLE]	What is the individual's full name?	Given name (first name)	Text	Adda berry.				
						Middle name	Text					
						Family name (last name)	Text					
					What is individual's date of birth? What is the individual's relationship to the	MM/DD/YYYY	Date Dropdown					
					beneficiary?		Dropdown					
					How much income will this individual	\$	Text	If the income contribution is none, type in "0".				
					contribute to the beneficiary annually?							
					Save entry Cancel		CTA CTA					
					Cancer		CIA					
				2.17	What is the beneficiary's total number of		Text		Provide the total number of			
					dependents?				dependents. Number must be			
				2.17	How much income will the beneficiary's		Text		between 0 and 100.			
				2.17	dependents contribute to the beneficiary s	\$	Text					
					annually?							
	Beneficiary additiona	I		2.18	Does any of the beneficiary's total income	Yes/No	Radio					
	income information				(including income from dependents and other individuals who contribute to the							
					beneficiary's income, excluding any							
					individuals named in the "Financial							
					Information About the Person Agreeing to Financially Support the Beneficiary" section							
					come from an illegal activity or source (such							
					as proceeds from illegal gambling or illegal							
					drug sales)?							
			[If YES to 2.18]	2.19	What amount of the beneficiary's total	¢	Text					
			[11 123 10 2.18]	2.15	income comes from an illegal activity or	3	TEXT					
					source?							
				2.20	Does any of the beneficiary's total income come from means-tested public benefits as		Radio					
					defined in 8 CFR 213a.1?							
			[If YES to 2.20]	2.21	What amount of the beneficiary's total	\$	Text					
					income comes from means-tested public benefits?							
	Beneficiary assets				benefits?			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 b	A			
	beneficiary used							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.	•			
								section.				
								You may include the net value of the beneficiary's home as an asset. The net value of the home is the appraised value of the home, minus				
								the sum of all loans secured by a mortgage, trust deed, or other lien on the home. If you list the net value of the beneficiary's home, then				
								you must include documentation demonstrating that the beneficiary owns the home, a recent appraisal by a licensed appraiser, and evidence of the amount of all loans secured by a mortgage, trust deed, or other lien on the home.				
								evidence of the amount of all loans secured by a mongage, those deed, of other lien on the nome.				
								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 holde	с,			
								a description of the asset, proof of ownership, and the basis for the owner's claim of its net cash value.				
								Attach evidence in the "Evidence" section under "Proof of beneficiary's assets" and "Bonds" showing that the beneficiary has these assets.				
					Add entry		CTA					
				2.22 [LARGE TABLE]	Add entry What is the asset holder's full name?	Given name (first name)	Text					
				,,		Middle name	Text					
						Family name (last name)	Text					
					What is the type of asset?	Checking - Bank Account	Dropdown					
						Savings - Bank Account Annuities						
						Annuities Stocks, Bonds, Certificates of Deposit						
						Retirement or Educational Account						
						Real Estate Holdings						
					What is the cash value of the asset in U.S.	Personal Property (net value)	Text					
					dollars?	-	-CAL					
					Save entry		CTA					
					Cancel		CTA					

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ADDITIONAL INFORMATION: I-134A

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			coverd.		Every present is an allocate or according representation where representation related, broard			
					preparation of this declaration, he or the may be slighted to submit a completed Nation of Estry of Approximents as Alianery or Ascending Representative (2-28) with your declaration.			
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			on behall of for ar benefit. The individual agreeing to financially support the beneficiary then reviewed this completed declaration and informed net that he or die understands all of the information contained in, and submitted with, his or her declaration, including the Gerification of the individual Agreeing to Financially Support the Beneficiary, and that all of this	u				
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WARNINGS, ALERTS, NOTICES, AND ERRORS: I-134A

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				Мексаре	Link	Notes
Message: The conv that will show on the alert. Use Ihi to indicate the Navigation Sub-navigation Type File-A-Form Vellow Overview			Conditional Logic Always show	Message [h] We are only accepting online filing of Form I-134A from individuals agreeing to financially support eligible beneficiaries from the following countries: [b] - Cubma - Colombia - Ecuador - El Salvador - Bardardi - Haiti - Nicaragua - Viraine - 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 line a separate Form I-134A on 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.	Link https://www.uscis.gov/i-134	Notes
About the IATFSTB	Contact information for the individual agreeing	Yellow alert	Always show under "What is your current mailing	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. [b] You must be located in the United States in order to file at this time.		
	to financially support the beneficiary When and where the individual agreeing to	Red alert	address?" question and "What is your physical address?" question If date of birth is different than the date of birth of the	b. This account has already been verified with a different date of birth	https://myaccount.uscis.gov/	
	financially support the beneficiary was born		applicant's profile, the following red alert is shown.	The date of birth in this account's profile is [MM/DD/YYY]. 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.	hS. This account has already been verified with a different A-Number The A-Number in this account's profile is [xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	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	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.		
About the Beneficiary	Other information about the beneficiary	Yellow alert	If user selected "Parole Process" in question 1.2, show under "What is the beneficiary's country of citizenship or antionality?" question and "What country issued the beneficiary's most recently issued passport?" question	 (h) We are only accepting online filing of Form I-134A from individuals agreeing to financially support Cuban, Haltian, Nicaraguan, Ukrainian, and Venezuelan citizens and their immediate family (b) Immediate family members are: Their spouse or common-law partner; and Unmarried children under the age of 21. Note: Individuals only eligible as immediate family members and children under age 18 must travel with their beneficiary spouse, common law partner, parent, or legal guardian to be eligible for parole. 		
About the Beneficiary	Other information about the beneficiary	Yellow alert	If user selected "Family Reunification Parole Process" in question 1.2, show under "What is the beneficiary's country of citizenship or nationality?" question and "What country issued the beneficiary's most recently issued passport?" question	h) We are only accepting online filing of Form I-134A from individuals agreeing to financially support Cuban, Colombian, Haitian, Honduran, Ecuadorian, Salvadoran, and		

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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.										

Alerts