



# Affidavit of Financial Support

## About this Form

This form may be used to meet the proof of income requirement in the *Sponsor Application*, which requires potential sponsors to provide documentation demonstrating that there are sufficient financial resources to provide for a released child's physical and mental well-being as required under 8 U.S.C. 1232(c)(3)(A) and 45 C.F.R. 410.1202(c). Potential sponsors can submit multiple affidavits of support. A sponsor may submit an affidavit of support for their own income, as well as multiple affidavits of support for any financial supporters.

## Important Warnings

It is important to complete all sections accurately and truthfully. Sponsors and/or sponsor's financial supporters must declare and affirm under penalty of perjury that the information contained in this form, is true and accurate to the best of their knowledge and that it is free of error and fraud. Any fraud will be referred to Federal law enforcement and may lead to denial of the sponsor's application.

Incomplete or inaccurate information may delay processing. Failure to meet the proof of income requirement may result in a denial or delay in processing of your *Sponsor Application*.

In certain instances, a Federal Field Specialist or interpreter may assist you in completing this form to expedite the *Sponsor Application*. For an individual with limited English proficiency, ORR recommends the use of a qualified interpreter<sup>1</sup> and/or qualified translator<sup>2</sup> to help you complete this form, if needed. Using an unqualified interpreter may put you at risk of fraud or misuse of your sensitive information.

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<sup>1</sup> For a limited English proficient individual, an interpreter who, via a remote interpreting service or an on-site appearance: Has demonstrated proficiency in speaking and understanding both spoken English and at least one other spoken language; and is able to interpret effectively, accurately, and impartially to and from such language(s) and English, using any necessary specialized vocabulary or terms without changes, omissions, or additions, and while preserving the tone, sentiment, and emotional level of the original oral statement. Adheres to generally accepted interpreter ethics principles, including client confidentiality.

<sup>2</sup> A translator who: Has demonstrated proficiency in writing and understanding both written English and at least one other written non-English language; is able to translate effectively, accurately, and impartially to and from such language(s) and English, using any necessary specialized vocabulary or terms without changes, omissions, or additions, and while preserving the tone, sentiment, and emotional level of the original written statement; and Adheres to generally accepted translator ethics principles, including client confidentiality.

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) Public reporting burden for this collection of information is estimated to average 1.0 hour per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Please see the accompanying privacy notice / Privacy Act statement for a discussion of (1) the authority for solicitation of information, and whether disclosure is mandatory or voluntary, (2) the principal purposes for which the information is intended to be used, (3) other routine uses which may be made of the information, and (4) the effects, if any, of not providing all or any part of the requested information. If you have any comments on this collection of information please contact UACPolicy@acf.hhs.gov.

## Section 1: Your Financial Information

In this section you will provide the names of the individuals involved in the sponsorship process and details about your financial status and ability to support the child and/or sponsor.

### 1) Your Role

Select the appropriate option.

Sponsor    Sponsor's Financial Supporter

### 2) Your Name

Enter your full legal name.

### 3) Sponsor's Name

Enter the name of the person applying to be the child's sponsor or enter "self" if you are the sponsor.

### 4) Child(ren)'s Name(s)

Enter the name(s) of the unaccompanied alien child(ren) listed in the *Sponsor Application*. Check in with the sponsor or Federal Field Specialist for the child(ren)'s full legal name(s) if you are unsure.

### 5) The number of dependents

Enter the number of individuals who rely on your income to provide for the majority of their basic needs (e.g., housing, food, healthcare). This could include children, a non-working spouse or partner, elderly parents or other relatives who can't support themselves.

## EMPLOYMENT

### 6) Employment Status

Enter one of the following: Employed, Self-employed, Unemployed (seeking work), Retired, Not in the labor force (not seeking work)

### 7) Employer and Occupation

If you are employed, enter the name of your employer(s) and your occupation. If you are self-employed, enter "self" for employer name.

Employer Name	Occupation	Annual Income

**Need Help?** Contact your Federal Field Specialist.


**INCOME**

*Complete the applicable subsections.*

**Employment Income**

**8) Total estimated annual employment income**

Enter the total annual income received from the employers/occupations you listed above in U.S. dollars. Enter the amount received before any deductions such as taxes or insurance.

**Other Income**

**9) Identify other sources of income that you have.**

This could include unemployment benefits, strike pay, gifts, annuities, alimony, proceeds from a settlement, Temporary Assistance for Needy Families (TANF), Supplemental Security Income (SSI), cash assistance, etc.

**10) Total estimated annual income from other sources**

Enter the total annual income received from sources other than employment in U.S. dollars. Enter the amount received before any deductions such as taxes or insurance.

**Total Estimated Annual Income**

**11) Total estimated annual income**

Enter your total estimated annual income in U.S. dollars (add your total estimated employment income and income from other sources). This may be compared to the [HHS Poverty Guidelines](#) to assess financial support available to the sponsor.

**ASSETS**

*Complete if applicable.*

**12) Identify the type of asset(s) that you have**

This could include savings, investments, real estate, vehicles, valuable personal property, etc.

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**13) Identify the total value of your assets**

Enter the total estimated value of assets you listed above.

**FINANCIAL SUPPORT COMMITMENT**

*Only complete if you are not the sponsor.*

**14) Total amount that you will provide to the sponsor each month**

Specify the monthly financial assistance you will provide to the sponsor.

**COMMENTS**

**15) Related comments**

Use this section to provide any additional information about your financial support, employment, or income sources.

**Need Help?** Contact your Federal Field Specialist.

## Section 2: Signatures

This section confirms that the information provided is accurate. By signing this form, you acknowledge that providing false information may result in administrative, civil, or criminal penalties.

I declare and affirm under penalty of perjury that the information contained in this application is true and accurate to the best of my knowledge.

I understand that knowingly and willfully falsifying, concealing, or covering up a material fact, or making any materially false, fictitious, or fraudulent statement or representation, or making or using any false writing or document knowing it contains any materially false, fictitious, or fraudulent statement or entry, is a violation of 18 U.S.C. § 1001 and may subject me to fines, imprisonment, or both.

I authorize release of information in this affidavit in order to support the child and/or the applying sponsor.

**Your Signature**

**Your Name**

**Date**

**STAFF USE ONLY** - The Federal Field Specialist must complete this section if they assisted the sponsor applicant with entering information into this form.

I attest under penalty of perjury that to the best of my knowledge:

- Any information I entered into this form on behalf of the sponsor applicant is an accurate and complete representation of information provided to me by the sponsor applicant; and
- I have not altered or otherwise misrepresented the information provided by the sponsor applicant.

**Federal Field Specialist Signature**

**Federal Field Specialist Name**

**Date**

**Need Help?** Contact your Federal Field Specialist.