Part 1. Information	about the intending in	<b>mmigrant.</b> (You or	your adopted child.)		
1. Name	Last Name			For Government Use Only	
	First Name		Middle Name	This I-864W:	
2. Address	Street Number and Name (include apartment number)			does not meet the	
	City	St	ate or Province	requirements of exemption.	
	Country	Z	p/Postal Code	meets the	
3. Date of Birth	(mm/dd/yyyy)			requirements of exemption.	
4. Country of Birth (city/country)					
5. Telephone Number	(Include area code or country and city codes)			Reviewer	
6. Social Security Number (if any)				Location	
7. Alien Registration Number (if any)				Date (mm/dd/yyyy)	
Part 2. Reason for ex	kemption.				
☐ I have earned (or Security Act (SS. which you receiv ☐ I am under 18, un become a U.S. ci United States. ☐ I am filing for an using Form I-360	ling a Form I-864 Affidation can be credited with) 40 quark). (Attach SSA earnings streed a means-tested public beamarried, immigrating as the tizen under the Child Citizen immigrant visa or adjustme).	arters (credits) of cover tatements. Do not coun nefit.) e child of a U.S. citizen nship Act of 2000 upon ent of status as a self-pe	rage under the Social tany quarters during , and will automatically my admission to the titioning widow(er)		
Part 3. Concluding	 provision.			-	
	•		a antifer and dam 11	$\dashv$	
I,	vs of the United States tha	nt:	, certify under penalty		
(a) I know the cont	ents of this exemption req	quest which I signed;			
(b) All the statemen	nts in this exemption requ	est are true and corre	ct; and		
	Social Security Administratement of State and U.S. C				
(Signature of intending in	ding immigrant, or of U.S. citizen p nmigrant is less than 14 years old)	parent	(Datemm/dd/yyyy)		