

# I-864W, Intending Immigrant's Affidavit of Support Exemption

**Part 1. Information about the intending immigrant.** (You or your adopted child.)

|                                                                       |                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                    |                     |                                                                       |                                                               |                   |                   |                            |
|-----------------------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|---------------------|-----------------------------------------------------------------------|---------------------------------------------------------------|-------------------|-------------------|----------------------------|
| <b>1. Name</b>                                                        | Last Name                                                | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"><b>For Government<br/>Use Only</b></td> </tr> <tr> <td style="text-align: center;"><b>This I-864W:</b></td> </tr> <tr> <td><input type="checkbox"/> does not meet the requirements of exemption.</td> </tr> <tr> <td><input type="checkbox"/> meets the requirements of exemption.</td> </tr> <tr> <td style="text-align: center;">_____<br/>Reviewer</td> </tr> <tr> <td style="text-align: center;">_____<br/>Location</td> </tr> <tr> <td style="text-align: center;">_____<br/>Date (mm/dd/yyyy)</td> </tr> </table> | <b>For Government<br/>Use Only</b> | <b>This I-864W:</b> | <input type="checkbox"/> does not meet the requirements of exemption. | <input type="checkbox"/> meets the requirements of exemption. | _____<br>Reviewer | _____<br>Location | _____<br>Date (mm/dd/yyyy) |
| <b>For Government<br/>Use Only</b>                                    |                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                    |                     |                                                                       |                                                               |                   |                   |                            |
| <b>This I-864W:</b>                                                   |                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                    |                     |                                                                       |                                                               |                   |                   |                            |
| <input type="checkbox"/> does not meet the requirements of exemption. |                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                    |                     |                                                                       |                                                               |                   |                   |                            |
| <input type="checkbox"/> meets the requirements of exemption.         |                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                    |                     |                                                                       |                                                               |                   |                   |                            |
| _____<br>Reviewer                                                     |                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                    |                     |                                                                       |                                                               |                   |                   |                            |
| _____<br>Location                                                     |                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                    |                     |                                                                       |                                                               |                   |                   |                            |
| _____<br>Date (mm/dd/yyyy)                                            |                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                    |                     |                                                                       |                                                               |                   |                   |                            |
|                                                                       | First Name                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                    |                     |                                                                       |                                                               |                   |                   |                            |
|                                                                       | Middle Name                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                    |                     |                                                                       |                                                               |                   |                   |                            |
| <b>2. Address</b>                                                     | Street Number and Name <i>(include apartment number)</i> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                    |                     |                                                                       |                                                               |                   |                   |                            |
|                                                                       | City                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                    |                     |                                                                       |                                                               |                   |                   |                            |
|                                                                       | State or Province                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                    |                     |                                                                       |                                                               |                   |                   |                            |
|                                                                       | Country                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                    |                     |                                                                       |                                                               |                   |                   |                            |
|                                                                       | Zip/Postal Code                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                    |                     |                                                                       |                                                               |                   |                   |                            |
| <b>3. Date of Birth</b>                                               | <i>(mm/dd/yyyy)</i>                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                    |                     |                                                                       |                                                               |                   |                   |                            |
| <b>4. Country of Birth</b><br><i>(city/country)</i>                   |                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                    |                     |                                                                       |                                                               |                   |                   |                            |
| <b>5. Telephone Number</b>                                            | <i>(Include area code or country and city codes)</i>     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                    |                     |                                                                       |                                                               |                   |                   |                            |
| <b>6. Social Security Number</b><br><i>(if any)</i>                   |                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                    |                     |                                                                       |                                                               |                   |                   |                            |
| <b>7. Alien Registration Number</b><br><i>(if any)</i>                |                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                    |                     |                                                                       |                                                               |                   |                   |                            |

**Part 2. Reason for exemption.**

**I am EXEMPT from filing a Form I-864 Affidavit of Support because:**

- I have earned (or can be credited with) 40 quarters (credits) of coverage under the Social Security Act (SSA). (Attach SSA earnings statements. Do not count any quarters during which you received a means-tested public benefit.)
- I am under 18, unmarried, immigrating as the child of a U.S. citizen, and will automatically become a U.S. citizen under the Child Citizenship Act of 2000 upon my admission to the United States.
- I am filing for an immigrant visa or adjustment of status as a self-petitioning widow(er) using Form I-360.
- I am filing for an immigrant visa or adjustment of status as a battered spouse or child using Form I-360.

**Part 3. Concluding provision.**

I, \_\_\_\_\_, certify under penalty of perjury under the laws of the United States that:

- (a) I know the contents of this exemption request which I signed;
- (b) All the statements in this exemption request are true and correct; and
- (c) I authorize the Social Security Administration to release information about me in its records to the Department of State and U.S. Citizenship and Immigration Services.

\_\_\_\_\_  
*(Signature of intending immigrant, or of U.S. citizen parent if intending immigrant is less than 14 years old)*

\_\_\_\_\_  
*(Date--mm/dd/yyyy)*