OMB No. 1615-0075; Expires 03/31/2015

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

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

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

1. Name	Last Name	
	First Name	Middle Name
2. Address	Street Number and Name *(include apartment number)*	
	City	State or Province
	Country	Zip/Postal Code
3. Date of Birth	*(mm/dd/yyyy)*	
4. Country of Birth *(city/country)*		
5. Telephone Number	*(Include area code or country and city codes)*	
6. Social Security Number *(if any)*		
7. Alien Registration Number *(if any)*		

For Government Use Only

This I-864W:

☐ does not meet the requirements of exemption.

☐ meets the requirements of exemption.

Reviewer

Location

Date *(mm/dd/yyyy)*

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)