

I-134, Affidavit of Support

(Answer All Items: Type or Print in Black Ink.)

I, _____ residing at _____
(Name) (Street and Number)

(City) (State) (Zip Code if in U.S.) (Country)

BEING DULY SWORN DEPOSE AND SAY:

1. I was born on _____ at _____
(Date-mm/dd/yyyy) (City) (Country)

If you are **not** a native born United States citizen, answer the following as appropriate:

- a. If a United States citizen through naturalization, give certificate of naturalization number _____
- b. If a United States citizen through parent(s) or marriage, give citizenship certificate number _____
- c. If United States citizenship was derived by some other method, attach a statement of explanation.
- d. If a lawfully admitted permanent resident of the United States, give "A" number _____

2. That I am _____ years of age and have resided in the United States since (date) _____

3. That this affidavit is executed on behalf of the following person:

Name (Family Name)	(First Name)	(Middle Name)	Gender	Age
Citizen of (Country)		Marital Status	Relationship to Sponsor	
Presently resides at (Street and Number)		(City)	(State)	(Country)

Name of spouse and children accompanying or following to join person:

Spouse	Gender	Age	Child	Gender	Age
Child	Gender	Age	Child	Gender	Age
Child	Gender	Age	Child	Gender	Age

- 4. That this affidavit is made by me for the purpose of assuring the United States Government that the person(s) named in item 3 will not become a public charge in the United States.
- 5. That I am willing and able to receive, maintain and support the person(s) named in item 3. That I am ready and willing to deposit a bond, if necessary, to guarantee that such person(s) will not become a public charge during his or her stay in the United States, or to guarantee that the above named person(s) will maintain his or her nonimmigrant status, if admitted temporarily and will depart prior to the expiration of his or her authorized stay in the United States.
- 6. That I understand this affidavit will be binding upon me for a period of three (3) years after entry of the person(s) named in item 3 and that the information and documentation provided by me may be made available to the Secretary of Health and Human Services and the Secretary of Agriculture, who may make it available to a public assistance agency.
- 7. That I am employed as or engaged in the business of _____ with _____
(Type of Business) (Name of Concern)
at _____
(Street and Number) (City) (State) (Zip Code)

I derive an annual income of (if self-employed, I have attached a copy of my last income tax return or report of commercial rating concern which I certify to be true and correct to the best of my knowledge and belief. See instructions for nature of evidence of net worth to be submitted.)

\$ _____
\$ _____
\$ _____

I have on deposit in savings banks in the United States

I have other personal property, the reasonable value which is