

**Form 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)

**certify under penalty of perjury under U.S. law, that:**

1. I was born on \_\_\_\_\_ in \_\_\_\_\_  
(Date-mm/dd/yyyy) (City) (Country)

If you are not a U.S. citizen based on your birth in the United States, or a non-citizen U.S. national based on your birth in American Samoa (including Swains Island), answer the following as appropriate:

- a. If a U.S. citizen through naturalization, give certificate of naturalization number \_\_\_\_\_
- b. If a U.S. citizen through parent(s) or marriage, give citizenship certificate number \_\_\_\_\_
- c. If U.S. 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 \_\_\_\_\_
- e. If a lawfully admitted nonimmigrant, give Form I-94, Arrival-Departure Document, number \_\_\_\_\_

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

3. 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. This affidavit is made by me for the purpose of assuring the U.S. Government that the person(s) named in **item (3)** will not become a public charge in the United States.
- 5. I am willing and able to receive, maintain, and support the person(s) named in **item 3**. 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. I understand that:
  - a. Form I-134 is an "undertaking" under section 213 of the Immigration and Nationality Act, and I may be sued if the person named in **item 3** becomes a public charge after admission to the United States; and
  - b. Form I-134 may be made available to any Federal, State, or local agency that may receive an application from the person named in **item 3** for Food Stamps, Supplemental Security Income, or Temporary Assistance to Needy Families;
  - c. If the person named in **item 3** does apply for Food Stamps, Supplemental Security Income, or Temporary Assistance for Needy Families, my own income and assets may be considered in deciding the person's application. How long my income and assets may be attributed to the person named in **item 3** is determined under the statutes and rules governing each specific program.



7. 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 of which is: \$ \_\_\_\_\_

I have stocks and bonds with the following market value, as indicated on the attached list, which I certify to be true and correct to the best of my knowledge and belief: \$ \_\_\_\_\_

I have life insurance in the sum of: \$ \_\_\_\_\_

With a cash surrender value of: \$ \_\_\_\_\_

I own real estate valued at: \$ \_\_\_\_\_

With mortgage(s) or other encumbrance(s) thereon amounting to: \$ \_\_\_\_\_

Which is located at: \_\_\_\_\_  
(Street and Number) (City) (State) (Zip Code)

8. The following persons are dependent upon me for support: *(Check the box in the appropriate column to indicate whether the person named is wholly or partially dependent upon you for support.)*

Name of Person	Wholly Dependent	Partially Dependent	Age	Relationship to Me
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		

9. I have previously submitted affidavit(s) of support for the following person(s). If none, state "None".

Name of Person	Date submitted

10. I have submitted a visa petition(s) to U.S. Citizenship and Immigration Services on behalf of the following person(s). If none, state "None".

Name of Person	Relationship	Date submitted

11. I ☐ intend ☐ do not intend to make specific contributions to the support of the person(s) named in item 3.

*(If you check "intend," indicate the exact nature and duration of the contributions. For example, if you intend to furnish room and board, state for how long and, if money, state the amount in U.S. dollars and whether it is to be given in a lump sum, weekly or monthly, and for how long.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Oath or Affirmation of Sponsor

I acknowledge that I have read "Sponsor and Alien Liability" on Page 2 of the instructions for this form, and am aware of my responsibilities as a sponsor under the Social Security Act, as amended, and the Food Stamp Act, as amended.

I certify under penalty of perjury under United States law that I know the contents of this affidavit signed by me and that the statements are true and correct.

Signature of sponsor \_\_\_\_\_

Date \_\_\_\_\_

