

U.S. Department of Justice
Immigration and Naturalization Service

Affidavit of Support

(ANSWER ALL ITEMS: FILL IN WITH TYPEWRITER OR PRINT IN BLOCK LETTERS IN 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) (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 citizen certificate number _____
- c. If United States citizenship was derived by some other method, attach a statement of explanation.
- d. If 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 in behalf of the following person:

Name	Sex	Age
Citizen of--(Country)	Marital Status	Relationship to Deponent
Presently resides at--(Street and Number)	(City)	(State) (Country)

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

Spouse	Sex	Age	Child	Sex	Age
Child	Sex	Age	Child	Sex	Age
Child	Sex	Age	Child	Sex	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 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 instruction 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 or other encumbrances thereon amounting to \$ _____

Which is located at _____
(Street and Number) (City) (State) (Zip Code)

8. That the following persons are dependent upon me for support: (Place an "X" 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

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

10. That I have submitted visa petition(s) to the Immigration and Naturalization Service on behalf of the following person(s). If none, state none.

Name _____ Relationship _____ Date submitted _____

11. (Complete this block only if the person named in item 3 will be in the United States temporarily.)
That I do intend do not intend, to make specific contributions to the support of the person named in item 3. (If you check "do 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 United States dollars and state whether it is to be given in a lump sum, weekly, or monthly, or for how long.)

OATH OR AFFIRMATION OF DEPONENT

I acknowledge that I have read Part III of the instructions, Sponsor and Alien Liability, and am aware of my responsibilities as an immigrant sponsor under the Social Security Act, as amended, and the Food Stamp Act, as amended.

I swear (affirm) that I know the contents of this affidavit signed by me and the statements are true and correct.

Signature of deponent _____

Subscribed and sworn to (affirmed) before me this _____ day of _____, 19 _____

at _____ . My commission expires on _____

Signature of Officer Administering Oath _____ Title _____

If affidavit prepared by other than deponent, please complete the following: I declare that this document was prepared by me at the request of the deponent and is based on all information of which I have knowledge.

(Signature)

(Address)

(Date)