| Part 1. Basis for filing A  | Affidavit of Support      | t <b>.</b>   |                 |                        |                               |
|---|---------------------------|--------------|-----------------|------------------------|-------------------------------|
| 1. I, DI, Elena   | For Government Use Only   |              |                 |                        |                               |
| am the sponsor submitting   | this affidavit of supp    | ort becaus   | se (Check onl   | y one box):            |                               |
| a. I am the petitioner. I filed or am filing for the immigration of my relative.                  |                           |              |                 |                        | This I-864 is from:           |
| b. I filed an alien worker petition on behalf of the intending immigrant, who is related to me as |                           |              |                 |                        | as the Petitioner             |
| my  |                           |              |                 |                        | a Joint Sponsor #             |
| c. I have an ownership in   | nterest of at least 5 per | cent in      |                 |                        |                               |
|   | orker petition on behal   |              | ending immigra  | ant, who is related to | the Substitute Sponsor        |
| d. I am the only joint spo  | onsor.                    |              |                 |                        | 5% Owner                      |
| e. I am the first   | second of two joint spo   | onsors. (Ch  | eck appropriate | box.)                  | This I-864:                   |
| f. The original petitioner  | r is deceased. I am the   | substitute : | sponsor. I am   | the intending          | does not meet the             |
| immigrant's   |                           |              |                 |                        | requirements of section 213A. |
| Part 2. Information on the  | ne principal immign       | ant.         |                 |                        | meets the                     |
| 2. Last Name DOE  | F8-                       |              |                 |                        | requirements of               |
| First Name  |                           |              | Mida            | le Name                | section 213A.                 |
| John  |                           |              | Midd            | ie Name                | Reviewer                      |
| 3. Mailing Address Street N   | Jumber and Name (Inc      | elude Anar   | tmant Numbar    | )                      | —                             |
| 222 S.W. 27 Drive   | vuinoer and reame (me     | лиис Аригі   | imeni ivumber,  | ,                      | Location                      |
| City  | State/Province            | Zip/Pos      | stal Code   Cor | untry                  | Date (mm/dd/yyyy)             |
| Weston  | Florida                   | 33751        | US              | •                      | Duce (mmada yyyyy)            |
| 4. Country of Citizenship   |                           | 5. Date      | of Birth (mm/a  |                        | Number of Affidavits of       |
| England   |                           | 05/20/1      |                 |                        | Support in file:              |
| <b>6.</b> Alien Registration Number   | er (if any) 7. U.S. So    | ocial Secur  | rity Number (if | any)                   |                               |
| A- None   | None                      |              |                 |                        |                               |
| Part 3. Information on the  | ne immigrant(s) you       | ı are spoi   | nsoring.        |                        |                               |
| 8. I am sponsoring the p  | principal immigrant na    | med in Par   | t 2 above.      |                        |                               |
|   | No (Applicable only i     |              |                 | oonsors)               |                               |
|   |                           |              | J 1             | ,                      | six months of the principa    |
|   | Part 2 above. Do not      | _            | -               |                        |                               |
| Name  | Relations                 |              | Date of Birt    |                        | U.S.Social Security           |
|   | Sponsored In              | nmıgranı     | (mm/dd/yyyy     | A-Number (             | if any) Number (if any)       |
| a. None   | -                         |              |                 |                        |                               |
| b.  | -                         |              |                 |                        |                               |
| с.  | _                         |              |                 |                        |                               |
|   |                           |              |                 |                        |                               |
|   | ı                         |              | l               | [                      | 1                             |
| d   | -                         |              |                 |                        |                               |
| de.   | -                         |              |                 |                        |                               |

| Part 4. Information of  | n the Sponsor.                                 |                           |                               |          |  |
|---|--|---------------------------|-------------------------------|----------|--|
| 11. Name  | . Name Last Name                               |                           |                               |          |  |
|   | DI   |                           |                               | Use Only |  |
|   | First Name                                     |                           | Middle Name                   | 1        |  |
|   | Elena  |                           |                               |          |  |
| 12. Mailing Address   | Street Number and Nam                          | ne (Include Apartment Num | ber)                          | 1        |  |
|   | 222 S.W. 27 Drive                              | <b>.</b>                  |                               |          |  |
|   | City   |                           | State or Province             | 1        |  |
|   | Florida  |                           | Florida                       |          |  |
|   | Country  |                           | Zip/Postal Code               | 1        |  |
|   | USA  |                           | 33751                         |          |  |
| 13. Place of Residence  |  | ne (Include Apartment Num |                               | -        |  |
| (if different from  |  |                           |                               |          |  |
| mailing address)  | City   |                           | State or Province             |          |  |
|   |  |                           |                               |          |  |
|   | Country  |                           | Zip/Postal Code               | -        |  |
|   | Country  |                           | Zip/1 osui codo               |          |  |
| 14 Talanhana Nyumban a  |  | 16' 6 1                   |                               |          |  |
| <b>14.</b> Telephone Number (1                                  | nciuae Area Coae or Co                         | untry and City Codes)     |                               |          |  |
| (954) 777-4444  |  |                           |                               | -        |  |
| <b>15.</b> Country of Domicile                                  |  |                           |                               |          |  |
| USA  16 Data of Dinth ( /1/                                     |  |                           |                               | _        |  |
| <ul><li>16. Date of Birth (mm/dd/)</li><li>09/01/1949</li></ul> | <i>УУУУ)</i>                                   |                           |                               |          |  |
| <b>17.</b> Place of Birth <i>(City)</i>                         |  | State or Province         | Country                       | -        |  |
| London  |  |                           |                               |          |  |
| <b>18.</b> U.S. Social Security                                 | Number (Required)                              |                           | England                       | -        |  |
| 555-22-8888   | rvainoer (nequireu)                            |                           |                               |          |  |
| 19. Citizenship/Residence                                       | N/   |                           |                               | -        |  |
| I am a U.S. citize  |  |                           |                               |          |  |
|   |  | 1>                        |                               |          |  |
|   | nal (for joint sponsor                         | • ,                       |                               |          |  |
|   |  | y alien registration nur  |                               |          |  |
|   | (b), (c), (d), (e) or (f) permanent resident s |                           | ou must include proof of your |          |  |
| <b>20.</b> Military Service (To l                               | be completed by peti                           | tioner sponsors only.)    |                               |          |  |
| I am currently on act   | tive duty in the U.S.                          | armed services.           | Yes No                        |          |  |

# Part 5. Sponsor's household size.

| 21. Your Household Size - DO NOT COUNT ANYONE TWICE  | For Government<br>Use Only |
|--|----------------------------|
| Persons you are sponsoring in this affidavit:  |                            |
| a. Enter the number you entered on line 10.  |                            |
| Persons NOT sponsored in this affidavit:   |                            |
| b. Yourself.   |                            |
| c. If you are currently married, enter "1" for your spouse.  |                            |
| d. If you have dependent children, enter the number here.  |                            |
| e. If you have any other dependents, enter the number here.  |                            |
| f. If you have sponsored any other persons on an I-864 or I-864 EZ who are now lawful permanent residents, enter the number here.  |                            |
| g. OPTIONAL: If you have <u>siblings</u> , <u>parents</u> , <u>or adult children</u> with the same principal residence who are combining their income with yours by submitting Form I-864A, enter the number here. |                            |
| h. Add together lines and enter the number here. Household Size:   |                            |
| Part 6. Sponsor's income and employment.   |                            |
| 22. I am currently:  |                            |
| a. Employed as a/an Project Manager .  |                            |
| Name of Employer #1 (if applicable) Heinz Corporation .  |                            |
| Name of Employer #2 (if applicable)  |                            |
| <b>b</b> . Self-employed as a/an .   |                            |
| c. Retired from since  |                            |
| (Company Name) (Date)  |                            |
| d. Unemployed since  |                            |
| 23. My current individual annual income is:  \$ 66,000.00 (See Step-by-Step Instructions)  |                            |

| My current annual housel   |  |  |  |                              |                                |          |   | ror   | Governi<br>Use Only |        |
|--|--|--|--|------------------------------|--------------------------------|----------|---|-------|---------------------|--------|
| a. List your income from   | line 23 of this for  | m.   | <b>\$</b>  | 6                            | 6,000                          | .00      | ſ |       |                     |        |
| b. Income you are using for size, including, in certain instructions.) Please ind  | conditions, the in   | tending imn  | nigrant. (See s  | •                            |                                | ehold    |   | Ho    | usehold S           | Size = |
| Name   | Relationsh   | ıip  | Curr   | ent I                        | ncome                          |          |   | Pover | ty line fo          | r yea  |
| DOE, John  | Child  |  | \$   |                              |                                |          |   |       |                     | i      |
|  |  |  | <u> </u>   |                              |                                |          |   |       |                     |        |
|  |  |  |  |                              |                                |          |   | \$    |                     |        |
|  |  |  |  |                              |                                |          |   |       |                     |        |
|  |  |  |  |                              |                                |          |   |       |                     |        |
| c. Total Household Incom   | ne:  |  | \$   |                              | 66,0                           | 00.00    |   |       |                     |        |
| (Total all lines from 24a and 3  | 24b. Will be Compar  | ed to Poverty  | Guidelines   | See F                        | orm I-8                        | 364P.)   | _ |       |                     |        |
| <ul> <li>d.  The persons listed a form all necessary F</li> <li>e.  The person listed at complete Form I-86</li> </ul>   | Forms I-864A compove, John Doe  4A because he/she  | oleted by the  | ese persons.   | _ doe                        | s not n                        | eed to   |   |       |                     |        |
| <ul> <li>d.  The persons listed a form all necessary I</li> <li>e.  The person listed ab</li> </ul>  | Forms I-864A complete ove, John Doe  4A because he/she andents.  | (Name) is the intend   | ding immigra   | _ doe                        | s not n                        | eed to   |   |       |                     |        |
| d. The persons listed a form all necessary Fee. The person listed at complete Form I-86 accompanying deperations.  Federal income tax return  I have filed a Federal ta attached the required physics.   | John Doe  4A because he/she ndents.  information.  x return for each of notocopy or transcr  | (Name) is the intended of the three mipt of my Fe  | ding immigrationst recent tax  | _ doe int and x year irn for | s not n<br>d has n<br>rs. I ha | eed to o |   |       |                     |        |
| d. The persons listed a form all necessary Fee. The person listed about complete Form I-86 accompanying depermental income tax return  I have filed a Federal ta attached the required ph  | John Doe  4A because he/she ndents.  information.  x return for each or notocopy or transcripted gross income or                       | (Name) is the intending of the three mipt of my Fe   | ding immigrations recent tax deral tax returns 1040EZ) as re         | _ doe int and x year irn for | s not n<br>d has n<br>rs. I ha | eed to o |   |       |                     |        |
| d. The persons listed a form all necessary Fe. The person listed about complete Form I-86 accompanying deperments.  Federal income tax return  I have filed a Federal ta attached the required phonost recent tax year.  My total income (adjust)  | John Doe  4A because he/she ndents.  information.  x return for each or notocopy or transcripted gross income or                       | (Name) is the intending of the three mipt of my Fe   | ding immigrations recent tax deral tax returns 1040EZ) as re:        | _ doe int and x year irn for | s not n<br>d has n<br>rs. I ha | eed to o |   |       |                     |        |
| d. The persons listed a form all necessary Fee. The person listed about complete Form I-86 accompanying deperments.  Federal income tax return  I have filed a Federal ta attached the required phonost recent tax year.  My total income (adjust Federal tax returns for the second secon | John Doe  4A because he/she ndents.  information.  x return for each or notocopy or transcripted gross income or                       | (Name) is the intended of the three maipt of my Fean IRS Form the years was  | ding immigrations recent tax deral tax returns 1040EZ) as re:        | _ doe int and x year irn for | s not n<br>d has n<br>rs. I ha | eed to o |   |       |                     |        |
| d. The persons listed a form all necessary Fee. The person listed about complete Form I-86 accompanying deperments.  Federal income tax return  I have filed a Federal ta attached the required phost recent tax year.  My total income (adjust Federal tax returns for the tax Year)  | John Doe  4A because he/she ndents.  information.  x return for each or notocopy or transcripted gross income of the most recent three | (Name) is the intended of the three maipt of my Feat Intended of the property of the three maipt of the three maintains and the property of th | ding immigrations recent tax deral tax returns 1040EZ) as recent tax | _ doe int and x year irn for | s not n<br>d has n<br>rs. I ha | eed to o |   |       |                     |        |

| Part 7. Use of assets to supplement income. (Optional)   | For Government Use     |  |
|--|------------------------|--|
| If your income, or the total income for you and your household, from Federal Poverty Guidelines for your household size, YOU ARE NOT complete this Part. Skip to Part 8. | Only  Household Size = |  |
| 26. Your assets (Optional)   | <b> </b>               |  |
| a. Enter the balance of all savings and checking accounts.   | \$                     | Poverty line for year  |
| <b>b.</b> Enter the net cash value of real-estate holdings. (Net means current assessed value minus mortgage debt.)  | \$                     | is:  |
| <ul><li>c. Enter the net cash value of all stocks, bonds, certificates of deposit, and any other assets not already included in lines 26 (a) or (b).</li></ul>           | \$                     | \$   |
| d. Add together lines 26 a, b and c and enter the number here. TOTAL:  | \$                     |  |
| (Name of Relative)   | \$                     |  |
| 28. Assets of the principal sponsored immigrant. (Optional)  |                        |  |
| The principal sponsored immigrant is the person listed in line 2.  |                        |  |
| a. Enter the balance of the sponsored immigrant's savings and checking accounts.   | \$                     |  |
| b. Enter the net cash value of all the sponsored immigrant's real<br>estate holdings. (Net means investment value minus<br>mortgage debt.)                               | \$                     |  |
| <b>c.</b> Enter the current cash value of the sponsored immigrant's stocks, bonds, certificates of deposit, and other assets not included on line a or b.                | \$                     | The total culture of all   |
| d. Add together lines 28a, b, and c, and enter the number here.  | \$                     | The total value of all assests, line 29, must equal 5 times (3 times for spouses and children of |
| 29. Total value of assets.   |                        | USCs, or 1 time for orphans to be formally adopted in the U.S.) the                              |
| Add together lines 26d, 27 and 28d and enter the number here.  TOTAL:  | \$                     | difference between the poverty guidelines and the sponsor's household income, line 24c.          |

# Part 8. Sponsor's Contract.

Please note that, by signing this Form I-864, you agree to assume certain specific obligations under the Immigration and Nationality Act and other Federal laws. The following paragraphs describe those obligations. Please read the following information carefully before you sign the Form I-864. If you do not understand the obligations, you may wish to consult an attorney or accredited representative.

#### What is the Legal Effect of My Signing a Form I-864?

If you sign a Form I-864 on behalf of any person (called the "intending immigrant") who is applying for an immigrant visa or for adjustment of status to a permanent resident, and that intending immigrant submits the Form I-864 to the U.S. Government with his or her application for an immigrant visa or adjustment of status, under section 213A of the Immigration and Nationality Act these actions create a contract between you and the U. S. Government. The intending immigrant's becoming a permanent resident is the "consideration" for the contract.

Under this contract, you agree that, in deciding whether the intending immigrant can establish that he or she is not inadmissible to the United States as an alien likely to become a public charge, the U.S. Government can consider your income and assets to be available for the support of the intending immigrant.

### What If I choose Not to Sign a Form I-864?

You cannot be made to sign a Form 1-864 if you do not want to do so. But if you do not sign the Form I-864, the intending immigrant may not be able to become a permanent resident in the United States.

## What Does Signing the Form I-864 Require Me to do?

If an intending immigrant becomes a permanent resident in the United States based on a Form I-864 that you have signed, then, until your obligations under the Form I-864 terminate, you must:

- -- Provide the intending immigrant any support necessary to maintain him or her at an income that is at least 125 percent of the Federal Poverty Guidelines for his or her household size (100 percent if you are the petitioning sponsor and are on active duty in the U.S. Armed Forces and the person is your husband, wife, unmarried child under 21 years old.)
- -- Notify USCIS of any change in your address, within 30 days of the change, by filing Form I-865.

#### What Other Consequences Are There?

If an intending immigrant becomes a permanent resident in the United States based on a Form I-864 that you have signed, then until your obligations under the Form I-864 terminate, your income and assets may be considered ("deemed") to be available to that person, in determining whether he or she is eligible for certain Federal means-tested public benefits and also for State or local means-tested public benefits, if the State or local government's rules provide for consideration ("deeming") of your income and assets as available to the person.

This provision does **not** apply to public benefits specified in section 403(c) of the Welfare Reform Act such as, but not limited to, emergency Medicaid, short-term, non-cash emergency relief; services provided under the National School Lunch and Child Nutrition Acts; immunizations and testing and treatment for communicable diseases; and means-tested programs under the Elementary and Secondary Education Act.

Contract continued on following page.

### What If I Do Not Fulfill My Obligations?

If you do not provide sufficient support to the person who becomes a permanent resident based on the Form I-864 that you signed, that person may sue you for this support.

If a Federal, State or local agency, or a private agency provides any covered means-tested public benefit to the person who becomes a permanent resident based on the Form I-864 that you signed, the agency may ask you to reimburse them for the amount of the benefits they provided. If you do not make the reimbursement, the agency may sue you for the amount that the agency believes you owe.

If you are sued, and the court enters a judgment against you, the person or agency that sued you may use any legally permitted procedures for enforcing or collecting the judgment. You may also be required to pay the costs of collection, including attorney fees.

If you do not file a properly completed Form I-865 within 30 days of any change of address, USCIS may impose a civil fine for your failing to do so.

## When Will These Obligations End?

Your obligations under a Form I-864 will end if the person who becomes a permanent resident based on a Form I-864 that you signed:

- Becomes a U.S. citizen;
- Has worked, or can be credited with, 40 quarters of coverage under the Social Security Act;
- No longer has lawful permanent resident status, and has departed the United States;
- Becomes subject to removal, but applies for and obtains in removal proceedings a new grant of adjustment of status, based on a new affidavit of support, if one is required; or
- Dies.

Note that divorce **does not** terminate your obligations under this Form I-864.

Your obligations under a Form I-864 also end if you die. Therefore, if you die, your Estate will not be required to take responsibility for the person's support after your death. Your Estate may, however, be responsible for any support that you owed before you died.

# **30.** I, DI, Elena

(Print Sponsor's Name)

certify under penalty of perjury under the laws of the United States that:

- **a.** I know the contents of this affidavit of support that I signed.
- **h.** All the factual statements in this affidavit of support are true and correct.
- **c.** I have read and I understand each of the obligations described in Part 8, and I agree, freely and without any mental reservation or purpose of evasion, to accept each of those obligations in order to make it possible for the immigrants indicated in Part 3 to become permanent residents of the United States;
- **d.** I agree to submit to the personal jurisdiction of any Federal or State court that has subject matter jurisdiction of a lawsuit against me to enforce my obligations under this Form I-864;
- **e.** Each of the Federal income tax returns submitted in support of this affidavit are true copies, or are unaltered tax transcripts, of the tax returns I filed with the U.S. Internal Revenue Service; and

Sign on following page.

| f.                              |  |               | l Security Administration to release in nship and Immigration Services. | formation about me in its records to the Department of                                   |
|---------------------------------|--|---------------|---|--|
| g.                              | Any and                                    | all other evi | dence submitted is true and correct.                                    |  |
| 31                              | (Sponsor's Signature)                      |               |   | (Date mm/dd/yyyy)  |
| Part 9                          | . Inform                                   | ation on P    | reparer, if prepared by someone   | other than the sponsor.  |
|                                 |  |               |   | s that I prepared this affidavit of support at li information of which I have knowledge. |
| Signat                          | ure:                                       |               |   | Date:  |
| Printe                          | Printed Name: Ryan Attorney, P.A.          |               | rney, P.A.  | (mm/dd/yyyy)   |
| Firm Name: Blank Attorney, P.A. |  | orney, P.A.   |   |  |
| Addre                           | ddress: 222 S.W. 27 Drive, Weston FL 33751 |               | 27 Drive, Weston FL 33751   |  |
| Teleph                          | one Num                                    | ber:          | (954) 777-4444  | _  |
| E-Mail                          | l Address                                  | :             | attorney@attorney.com   |  |
| Busine                          | usiness State ID # (if any) 123456789      |               | 123456789   | _  |