		nmigrant. (You or your adop	ted child.)	
1. Name	Last Name			For Government Use Only
	First Name	Middle Na	me	This I-864W:
2. Address	Street Number and Name (include apartment number)		does not meet the	
	City	State or Provi	ince	requirements of exemption.
	Country	Zip/Postal Co	ode	meets the
3. Date of Birth	(mm/dd/yyyy)			requirements of exemption.
4. Country of Birth (city/country)				
5. Telephone Number	(Include area code or o	ountry and city codes)		Reviewer
6. Social Security Number (if any)				Location
7. Alien Registration Number ( <i>if any</i> )				Date (mm/dd/yyyy)
Part 2. Reason for ex	xemption.			Date (mm/aa/yyyy)
I am EXEMPT from fi	ling a Form I-864 Affid	avit of Support because:		
I have earned (or Security Act (SS.	can be credited with) 40 qu	arters (credits) of coverage under thattements. Do not count any quarter		
		e child of a U.S. citizen, and will aut nship Act of 2000 upon my admission		
I am filing for an using Form I-360	•	ent of status as a self-petitioning wid	ow(er)	
I am filing for an Form I-360.	immigrant visa or adjustme	ent of status as a battered spouse or c	child using	
Part 3. Concluding	provision.			
I,of perjury under the law	vs of the United States that	, certify	under penalty	
	ents of this exemption re			
` '	•	est are true and correct; and		
(c) I authorize the S	Social Security Administr	ation to release information about		
(Signature of intending in	ding immigrant, or of U.S. citizen p nmigrant is less than 14 years old,	parent (Datemn	n/dd/yyyy)	