

### Affidavit of Support Under Section 213A of the INA

### **Department of Homeland Security**

U.S. Citizenship and Immigration Services

**USCIS Form I-864**OMB No. 1615-0075
Expires 07/31/2017

|           | 1001 1 00 101  | g .:                 | 212 A. D.      | . 1                     | N 1 0 C ( 1 000 1 11 1 1701          |
|-----------|--|----------------------|----------------|-------------------------|--------------------------------------|
|           | Affidavit of Support Submitter   |                      | 213A Rev       |                         | Number of Support Affidavits in File |
| For       | ☐ Petitioner   | ☐ MEETS requirements | □ DOES require | NOT MEET                |                                      |
| USCIS     | ☐ 1st Joint Sponsor  | requirements         | require        |                         | Remarks                              |
| Use       | □ 2nd Joint Sponsor  | Reviewed By:         |                |                         |                                      |
| Only      | ☐ Substitute Sponsor   | Office:              |                |                         |                                      |
|           | □ 5% Owner   | Date (mm/dd/yyy      | /y):           |                         |                                      |
| ► STAR    | Γ HERE - Type or print in black in   | nk.                  |                |                         |                                      |
| Part 1.   | <b>Basis For Filing Affidavit of</b>   | Support              | Par            | t 2. Inform             | ation About the Principal            |
|           |  |                      | Imr            | nigrant                 | _                                    |
| I, am the | sponsor submitting this affidavit of   | support because,     | 1.a.           | Family Name (Last Name) |                                      |
| (Select   | <b>only one</b> box):  |                      | 1.b.           | Given Name              |                                      |
|           | I am the petitioner. I filed or am fili  | ing for the          |                | (First Name)            |                                      |
|           | immigration of my relative.  |                      | 1 c            | Middle Name             |                                      |
|           | I filed an alien worker petition on be   |                      | 1.0.           | Wilder Ivallic          | ,                                    |
|           | intending immigrant, who is related  | to me as my          | Ma             | iling Addres            | S                                    |
|           |  |                      | 2.a.           | In Care Of Na           | ama                                  |
| 1.c.      | I have an ownership interest of at le  | ast 5 percent in     | <i>2.</i> a.   |                         | anic                                 |
|           |  |                      |                |                         |                                      |
|           | which filed an alien worker petition<br>intending immigrant, who is related  |                      | 2.b.           | Street Number and Name  | r                                    |
|           | miteriding miningram, who is related   | to me as my          | 2.c.           | Apt.                    | Ste. Flr.                            |
|           |  |                      | 2.0.           | ∐ Арі. ∐                | Ste.   Flr.                          |
| 1.d.      | I am the only joint sponsor.   |                      | 2.d.           | City or Town            |                                      |
| 1.e.      | I am the first second of t   | two joint sponsors.  | 2.e.           | State                   | 2.f. ZIP Code                        |
| 1.f.      | The original petitioner is deceased.   |                      | 2.0.           | State                   | Zii. Zii Code                        |
|           | substitute sponsor. I am the intendin  | ng immigrant's       | 2.g.           | Province                |                                      |
|           |  |                      | 2.h.           | Postal Code             |                                      |
|           | f you select Item Number 1.a., 1.b.<br>u must include proof of your U.S.   |                      | 2:             | Country                 |                                      |
|           | u must include proof of your U.S. (<br>tatus, or lawful permanent reside)  |                      | 2.i.           | Country                 |                                      |
|           | The second of th |                      |                |                         |                                      |
|           |  |                      |                |                         |                                      |

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|   | rt 2. Information About the Principal migrant (continued)  | 7.             | USCIS ELIS Account Number (if any)   |
|---|--|----------------|--|
| Oth   | ner Information  | Fami           | ly Member 2  |
| <ul><li>3.</li><li>4.</li><li>5.</li><li>6.</li></ul>       | Country of Citizenship or Nationality  Date of Birth (mm/dd/yyyy)  Alien Registration Number (A-Number) (if any)  A-  USCIS ELIS Account Number (if any)   | 8.a.           | Family Name (Last Name)  Given Name (First Name)  Middle Name  Relationship to Sponsored Immigrant  Date of Birth (mm/dd/yyyy) |
| 7.  | Daytime Telephone Number   | 11.<br>12.     | Alien Registration Number (A-Number) (if any)  ▶ A-  USCIS ELIS Account Number (if any)  |
| Part 3. Information About the Immigrants You Are Sponsoring |  |                |  |
| Are   | e sponsoring   | Fami           | ly Member 3  |
| <ol> <li>2.</li> </ol>                                      | I am sponsoring the principal immigrant named in Part 2.  Yes No (Applicable only if you are sponsoring family members in Part 3. as the second joint sponsor)  I am sponsoring the following family members immigrating at the same time or within six months of the principal immigrant named in Part 2. (Do not include any relative listed on a separate visa petition.) | 13.b.          | Family Name (Last Name)  Given Name (First Name)  Middle Name  Relationship to Sponsored Immigrant                             |
| Fam   | ily Member 1   | 15.            | Date of Birth (mm/dd/yyyy)   |
|   | Family Name (Last Name)  Given Name (First Name)  Middle Name  | 16.<br>17.     | Alien Registration Number (A-Number) (if any)  ► A-  USCIS ELIS Account Number (if any)  ►                                     |
| 4.  | Relationship to Sponsored Immigrant  | Fami           | ly Member 4  |
| <ul><li>5.</li><li>6.</li></ul>                             | Date of Birth (mm/dd/yyyy)  Alien Registration Number (A-Number) (if any)  • A-  | 18.a.<br>18.b. | Family Name (Last Name)  Given Name (First Name)  Middle Name  |

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|       | t 3. Information About the Immigrants You   | Spo   | nsor's Mailing Address  |
|-------|---|-------|---|
| Are   | Sponsoring (continued)  | 2.a.  | In Care Of Name   |
| 19.   | Relationship to Sponsored Immigrant   |       |   |
|       |   | 2.b.  | Street Number and Name  |
| 20.   | Date of Birth (mm/dd/yyyy)  | 2.c.  | Apt. Ste. Flr.  |
| 21.   | Alien Registration Number (A-Number) (if any)   | 2.d.  | City or Town  |
|       | ► A-  |       |   |
| 22.   | USCIS ELIS Account Number (if any)  | 2.e.  | State 2.f. ZIP Code   |
|       |   | 2.g.  | Province  |
|       | ily Member 5  | 2.h.  | Postal Code   |
| 23.a. | Family Name (Last Name)   | 2.i.  | Country   |
| 23.b. | Given Name (First Name)   |       |   |
| 23.c. | Middle Name   | 3.    | Is your current mailing address the same as your physical address?  Yes No  |
| 24.   | Relationship to Sponsored Immigrant   | If we |   |
|       |   | •     | u answered "No" to <b>Item Number 3.</b> , provide your ical address below. |
| 25.   | Date of Birth (mm/dd/yyyy)  | Spo   | nsor's Physical Address   |
| 26.   | Alien Registration Number (A-Number) (if any)   | 4.a.  |   |
|       | ► A-  |       | and Name  |
| 27.   | USCIS ELIS Account Number (if any)  | 4.b.  | Apt. Ste. Flr.  |
|       |   | 4.c.  | City or Town  |
| 28.   | Enter the total number of immigrants you are sponsoring on this affidavit from <b>Item Numbers 1.a.</b> - 27. | 4.d.  | State 4.e. ZIP Code   |
|       |   | 4.f.  | Province  |
|       |   | 4.g.  | Postal Code   |
| Par   | t 4. Information About You (Sponsor)  | 4.h.  | Country   |
| Spo   | nsor's Full Name  |       |   |
| 1.a.  | Family Name (Last Name)   |       |   |
| 1.b.  | Given Name (First Name)   |       |   |
| 1.c.  | Middle Name   |       |   |
|       |   |       |   |

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| US    | or<br>CIS<br>Use<br>nly   |     |   |
|-------|---|-----|---|
| Pai   | rt 4. Information About You (Sponsor)   | Pa  | rt 5. Sponsor's Household Size  |
| (co   | ntinued)  |     | TE: Do not count any member of your household more  |
| Oth   | ner Information   |     | n once.   |
| 5.    | Country of Domicile   |     | sons you are sponsoring in this affidavit:  |
| •     |   | 1.  | Provide the number you entered in <b>Part 3.</b> , <b>Item Number 28.</b>                                   |
| 6.    | Date of Birth (mm/dd/yyyy)  | Per | sons NOT sponsored in this affidavit:   |
| 7.    | City or Town of Birth   | 2.  | Yourself.   |
|       |   | 3.  | If you are currently married, enter "1" for your spouse.  |
| 8.    | State or Province of Birth  |     |   |
| 9.    | Country of Birth  | 4.  | If you have dependent children, enter the number here.  |
| 9.    | Country of Birth  |     |   |
| 10    | U.S. Social Sequents Number (Degrined)  | 5.  | If you have any other dependents, enter the number here.  |
| 10.   | U.S. Social Security Number (Required)  |     |   |
|       |   | 6.  | If you have sponsored any other persons on Form I-864   |
| Citiz | enship or Residency   |     | or Form I-864 EZ who are now lawful permanent residents, enter the number here.                             |
| 11.a  | I am a U.S. citizen.  | -   |   |
| 11.b  | .   I am a U.S. national.   | 7.  | <b>OPTIONAL:</b> If you have siblings, parents, or adult children with the same principal residence who are |
| 11.c  | I am a lawful permanent resident.   |     | combining their income with yours by submitting Form  |
| 12.   | Sponsor's A-Number (if any)   |     | I-864A, enter the number here.  |
|       | ► A-  | 8.  | Add together Part 5., Item Numbers 1 7. and enter the   |
| 13.   | Sponsor's USCIS ELIS Account Number (if any)  |     | number here. Household Size:  |
| Mili  | tary Service (To be completed by petitioner sponsors only.)                               |     |   |
| 14.   | I am currently on <b>active duty</b> in the U.S. Armed Forces or U.S. Coast Guard. Yes No |     |   |

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| US    | for<br>CIS<br>Use<br>nly  |      |  |
|-------|---|------|--|
| Par   | rt 6. Sponsor's Employment and Income   | 4.   | Relationship   |
| I am  | currently:  |      |  |
| 1.a.  | Employed as a/an  | 5.   | Current Income \$  |
|       |   | Pers | on 2   |
| 1.a.1 | . Name of Employer 1 (if applicable)  | 6.   | Name   |
|       |   |      |  |
| 1.a.2 | 2. Name of Employer 2 (if applicable)   | 7.   | Relationship   |
|       |   |      |  |
| 1.b.  | Self employed as a/an (Occupation)  | 8.   | Current Income \$  |
|       |   | Pers | on 3   |
| 1.c.  | Retired From (Company Name)   | 9.   | Name   |
|       |   |      |  |
|       | since (mm/dd/yyyy)  | 10.  | Relationship   |
| 4.1   |   |      |  |
| 1.d.  | Unemployed  | 11.  | Current Income \$  |
|       | since (mm/dd/yyyy)  | -    |  |
| 2.    | My current individual annual income is:   | Pers |  |
|       | \$  | 12.  | Name   |
| Inco  | me you are using from any other person who was  | 13.  | Relationship   |
| coun  | nted in your household size, including, in certain  | 13.  | Relationship   |
|       | litions, the intending immigrant. (See Form I-864 uctions.) Please indicate name, relationship, and income. | 14.  | Current Income \$  |
| Pers  | •   | 15.  |  |
| 3.    |   |      | My Current Annual Household Income (Total all lines from Part 6., Item Numbers 2., 5., 8., 11., and 14.; the   |
|       |   |      | total will be compared to Federal Poverty Guidelines on Form I-864P.)  |
|       |   |      | Ψ  |
|       |   | 16.  | The people listed in <b>Item Numbers 3.</b> , <b>6.</b> , <b>9.</b> , and <b>12.</b> have completed Form I-864A. I am filing along with this affidavit all necessary Form I-864As completed by these people. |

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| Household Size   | Poverty Guideline Year: 20 Poverty Line: \$   | Remarks               | art 7. Use of Assets to Supplement Income   |
|--|---|-----------------------|---|
| (continued)  | <i>J.</i>   |                       | Optional)   |
| <b>3.</b> , <b>6.</b> , <b>9.</b> , and <b>12.</b> do no   | ople listed in <b>Item Nu</b> ot need to complete Fo she is the intending im ying dependents. | rm ho migrant the Al  | your income, or the total income for you and your busehold, from Part 6., Item Numbers 19.a 19.c., exceeds a Federal Poverty Guidelines for your household size, YOU RE NOT REQUIRED to complete this Part 7. Skip to art 8.          |
| ranc   |   | Yo                    | our Assets (Optional)   |
| Federal Income Tax Return In   | formation   | 1.                    | Enter the balance of all savings and checking accounts.   |
| 18.a. Have you filed a Federal income tax return for each of the three most recent tax years? Yes No  NOTE: You MUST attach a photocopy or transcript of your Federal income tax return for only the most recent tax year. |   |                       | Enter the net cash value of real-estate holdings. (Net value means current assessed value minus mortgage debt.)  Enter the net cash value of all stocks, bonds, certificates of deposit, and any other assets not already included in |
|  | ched photocopies or tra<br>tax returns for my seco<br>years.                                  |                       | Item Number 1. or Item Number 2.  \$ Add together Item Numbers 1 3. and enter the   |
| My total income (adjusted gross<br>Service (IRS) Form 1040EZ) as<br>tax returns for the most recent th   | reported on my Federa   |                       | number here.  TOTAL: \$   |
| Tax  | Year Total Inc  | come                  | ssets from Form I-864A, Part 4., Item Number 3.d., for:   |
| 19.a. Most Recent  | \$  | 5.8                   | A. Name of Relative   |
| 19.b. 2nd Most Recent  | \$  |                       | b. Your household member's assets from Form I-864A  |
|  | ile a Federal income ta<br>ow the IRS required le   | x return vel and I As | (optional).  ssets of the principal sponsored immigrant (optional).  the principal sponsored immigrant is the person listed in  |
| na, o attachea evidenc   | e to support time.  |                       | art 2., Item Numbers 1.a 1.c.   |
|  |   | 6.                    | Enter the balance of the sponsored immigrant's savings  |
|  |   |                       | and checking accounts.  |

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|              | Hou        | sehold                            | Size       | Poverty Guideline | Sponsor's Household Income  | Remarks   |
|--------------|------------|-----------------------------------|------------|-------------------|---|---|
| For<br>USCIS |            | □ 2<br>□ <b>2</b>                 | □ 3        | Year: <u>2 0</u>  | (Page 5, Line 10)   |   |
| Use<br>Only  | □ 4<br>□ 7 | <ul><li>□ 5</li><li>□ 8</li></ul> | □ 6<br>□ 9 | Poverty Line:     | The total value of all assets, line 10, mus. USC's, or 1 time for orphans to be forma | t equal 5 times (3 times for spouses and children of<br>lly adopted in the U.S.) the difference between the |
|              | ☐ Oti      | her                               |            | \$                | poverty guidelines and the sponsor's hou  |   |

## **Part 7. Use of Assets to Supplement Income** (Optional) (continued)

7. Enter the net cash value of all the sponsored immigrant's real estate holdings. (Net value means investment value minus mortgage debt.)

**8.** Enter the current cash value of the sponsored immigrant's stocks, bonds, certificates of deposit, and other assets not included in **Item Number 6.** or **Item Number 7.** 

\$

9. Add together Item Numbers 6. - 8. and enter the number here.

#### **Total Value of Assets**

10. Add together Item Numbers 4., 5.b., and 9. and enter the number here. TOTAL: \$

### Part 8. Sponsor's Contract, Statement, Contact Information, Certification, and Signature

**NOTE:** Read the information on penalties in the **Penalties** section of the Form I-864 Instructions before completing this part.

### 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 (INA) and other Federal laws. The following paragraphs describe those obligations. Please read the following information carefully before you sign 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 Form I-864?

If you sign 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 lawful permanent resident, and that intending immigrant submits Form I-864 to the U.S. Government with his or her application for an immigrant visa or adjustment of status, under INA section 213A, these actions create a contract between you and the U.S. Government. The intending immigrant becoming a lawful 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 a person likely to become a public charge, the U.S. Government can consider your income and assets as available for the support of the intending immigrant.

### What If I Choose Not to Sign Form I-864?

The U.S. Government cannot make you sign Form 1-864 if you do not want to do so. But if you do not sign Form I-864, the intending immigrant may not become a lawful permanent resident in the United States.

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

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

A. 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 or U.S. Coast Guard, and the person is your husband, wife, or unmarried child under 21 years of age); and

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# Part 8. Sponsor's Contract, Statement, Contact Information, Certification, and Signature (continued)

**B.** Notify U.S. Citizenship and Immigration Services (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 lawful permanent resident in the United States based on a Form I-864 that you have signed, then, until your obligations under Form I-864 terminate, the U.S. Government may consider (deem) your income and assets as 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 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.

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

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

If a Federal, state, local, or private agency provided any covered means-tested public benefit to the person who becomes a lawful permanent resident based on a 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 that you signed will end if the person who becomes a lawful permanent resident based on that affidavit:

- **A.** Becomes a U.S. citizen:
- **B.** Has worked, or can receive credit for, 40 quarters of coverage under the Social Security Act;
- **C.** No longer has lawful permanent resident status and has departed the United States;
- **D.** Is 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
- E. Dies.

**NOTE:** Divorce **does not** terminate your obligations under Form I-864.

Your obligations under a Form I-864 that you signed also end if you die. Therefore, if you die, your estate is not required to take responsibility for the person's support after your death. However, your estate may owe any support that you accumulated before you died.

### Sponsor's Statement

**NOTE:** Select the box for either **Item Number 1.a.** or **1.b.** If applicable, select the box for **Item Number 2.** 

| 1.a. | understand every question and instruction on this affidavit, as well as my answer to every question.  |
|------|---|
| 1.b. | The interpreter named in <b>Part 9.</b> has also read to me every question and instruction on this affidavit, as well as my answer to every question, in  |
|      | a language in which I am fluent. I understand every question and instruction on this affidavit as translated to me by my interpreter, and have provided complete, true, and correct responses in the language indicated above |

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# Part 8. Sponsor's Contract, Statement, Contact Information, Certification, and Signature (continued)

| 2. | I have requested the services of and consented to  who is is not an attorney or accredited representative, preparing this affidavit for me. | ], |
|----|---|----|
| Sp | onsor's Contact Information   |    |
| 3. | Sponsor's Daytime Telephone Number  |    |
|    |   |    |
| 4. | Sponsor's Mobile Telephone Number (if any)  |    |
|    |   |    |
| 5. | Sponsor's Email Address (if any)  |    |
|    |   |    |

### Sponsor's Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS or the Department of State may require that I submit original documents to USCIS or the Department of State at a later date. Furthermore, I authorize the release of any information from any and all of my records that USCIS or the Department of State may need to determine my eligibility for the benefit that I seek.

I furthermore authorize release of information contained in this affidavit, in supporting documents, and in my USCIS or Department of State records to other entities and persons where necessary for the administration and enforcement of U.S. immigration laws.

I certify, under penalty of perjury, that the information in my affidavit and any document submitted with my affidavit were provided by me and are complete, true, and correct, and:

- **A.** I know the contents of this affidavit of support that I signed;
- **B.** 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 lawful permanent residents of the United States;
- C. 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;
- **D.** 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 IRS;
- **E.** I understand that, if I am related to the sponsored immigrant by marriage, the termination of the marriage (by divorce, dissolution, annulment, or other legal process) will not relieve me of my obligations under this Form I-864; and
- **F.** I authorize the Social Security Administration to release information about me in its records to the Department of State and USCIS.

| Spo         | nsor's Signature               |  |
|-------------|--------------------------------|--|
| 6.a.        | Sponsor's Signature            |  |
| <b>&gt;</b> |                                |  |
| 6.b.        | Date of Signature (mm/dd/yyyy) |  |

**NOTE TO ALL SPONSORS:** If you do not completely fill out this affidavit or fail to submit required documents listed in the Instructions, USCIS or the Department of State may deny your affidavit.

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## Part 9. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.

| Inte | erpreter's Full Name                                 |
|------|--|
| 1.a. | Interpreter's Family Name (Last Name)                |
| 1.b. | Interpreter's Given Name (First Name)                |
| 2.   | Interpreter's Business or Organization Name (if any) |
| Inte | erpreter's Mailing Address                           |
| 3.a. | Street Number and Name                               |
| 3.b. | Apt. Ste. Flr.                                       |
| 3.c. | City or Town   |
| 3.d. | State 3.e. ZIP Code                                  |
| 3.f. | Province   |
| 3.g. | Postal Code  |
| 3.h. | Country  |
|      |  |
| Inte | erpreter's Contact Information                       |
| 4.   | Interpreter's Daytime Telephone Number               |
| 5.   | Interpreter's Email Address (if any)                 |
|      |  |

| Inte            | erpreter's Certification  |
|-----------------|---|
| I cer           | tify that:  |
|                 | fluent in English and his the same language provided in <b>Part 8.</b> , <b>Item Number</b>   |
| this a          | e read to this sponsor every question and instruction on affidavit, as well as the answer to every question, in the page provided in <b>Part 8., Item Number 1.b.</b> ; and         |
| instru<br>to ev | sponsor has informed me that he or she understands every action and question on the affidavit, as well as the answer ery question, and the sponsor verified the accuracy of answer. |
| Inte            | erpreter's Signature  |
| 6.a.            | Interpreter's Signature   |
| 6.b.            | Date of Signature (mm/dd/yyyy)  |
|                 |   |
| Cer<br>Pre      | t 10. Contact Information, Statement, tification, and Signature of the Person paring this Affidavit, If Other Than the onsor  |
| Provi           | ide the following information about the preparer.   |
| Pre             | parer's Full Name   |
| 1.a.            | Preparer's Family Name (Last Name)  |
|                 |   |
| 1.b.            | Preparer's Given Name (First Name)  |

| 1.a. | Preparer's Family Name (Last Name)                |  |  |  |  |
|------|---|--|--|--|--|
|      |   |  |  |  |  |
| 1.b. | Preparer's Given Name (First Name)                |  |  |  |  |
|      |   |  |  |  |  |
| 2.   | Preparer's Business or Organization Name (if any) |  |  |  |  |

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| Cer<br>Pre<br>Spo    | rt 10. Contact Information, Statement, rtification, and Signature of the Person sparing this Affidavit, If Other Than the onsor (continued) | 7.b.   |  |  |  |  |  |
|----------------------|---|--|--|--|--|--|--|
| 3.a.<br>3.b.         |   |  |  |  |  |  |  |
| 3.c.                 | City or Town  | Preparer's Certification   |  |  |  |  |  |
| 3.f.<br>3.g.<br>3.h. |   | By my signature, I certify, swear, or affirm, under penalty of perjury, that I prepared this affidavit on behalf of, at the request of, and with the express consent of the sponsor. I completed this affidavit based only on responses the sponsor provided to me. After completing the affidavit, I reviewed it and all of the responses with the sponsor, who agreed with every answer on the affidavit. If the sponsor supplied additional information concerning a question on the affidavit, I recorded it on the affidavit. |  |  |  |  |  |
| Pre                  | parer's Contact Information   | Preparer's Signature   |  |  |  |  |  |
| 4.                   | Preparer's Daytime Telephone Number   | 8.a. Preparer's Signature  |  |  |  |  |  |
| 5.                   | Preparer's Fax Number   | 8.b. Date of Signature (mm/dd/yyyy)  |  |  |  |  |  |
| 6.                   | Preparer's Email Address (if any)   |  |  |  |  |  |  |
| Pre                  | eparer's Statement  |  |  |  |  |  |  |
| 7.a.                 | I am not an attorney or accredited representative but have prepared this affidavit on behalf of the sponsor and with the sponsor's consent. |  |  |  |  |  |  |

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| Part 11. Additional Information   |                  |      | Page Number | 4.b. | Part Number | 4.c. | Item Number |
|---|------------------|------|-------------|------|-------------|------|-------------|
| If you need extra space to provide any additional information within this affidavit, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this affidavit or attach a separate sheet of paper. Include your name and A-Number (if any) at the top of each sheet; indicate the <b>Page Number</b> , <b>Part Number</b> , and <b>Item Number</b> to which your answer refers; and sign and date each sheet. |                  |      |             |      |             |      |             |
| Your Full Name  |                  |      |             |      |             |      |             |
| 1.a. Family Name (Last Name)  1.b. Given Name (First Name)  |                  |      |             |      |             |      |             |
| 1.c. Middle Name  |                  |      |             |      |             |      |             |
| 2. A-Number (if any)  ► A-  |                  |      | Page Number | 5.b. | Part Number | 5.c. | Item Number |
| 3.a. Page Number 3.b. Part Number   | 3.c. Item Number | 5.d. |             |      |             |      |             |
| 3.d.  |                  |      |             |      |             |      |             |
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