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## Instructions

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### I. Execution of Affidavit.

A separate affidavit must be submitted for each person. As the sponsor, you must sign the affidavit in your full, true and correct name and affirm or make it under oath.

- If you are **in the United States**, the affidavit may be sworn to or affirmed before an officer of U.S. Citizenship and Immigration Services (USCIS) without the payment of fee, or before a notary public or other officers authorized to administer oaths for general purposes, in which case the official seal or certificate of authority to administer oaths must be affixed.
- If you are **outside the United States**, the affidavit must be sworn to or **noticed** affirmed before a U.S. consular or immigration officer.

How you submit the form depends on whether the alien you are sponsoring is in or outside the United States and what type of application is being submitted. See the instructions provided with the corresponding application for detailed information on how to submit this affidavit of support form.

### II. Supporting Evidence.

As the sponsor, you must show you have sufficient income and/or financial resources to assure that the alien you are sponsoring will not become a public charge while in the United States.

Evidence should consist of copies of any or all of the following documentation listed below that are applicable to your situation.

Failure to provide evidence of sufficient income and/or financial resources may result in the denial of the alien's application for a visa or his or her removal from the United States.

The sponsor must submit in duplicate evidence of income and resources, as appropriate:

- A. Statement from an officer of the bank or other financial institutions where you have deposits, identifying the following details regarding your account:
  1. Date account opened;
  2. Total amount deposited for the past year;
  3. Present balance.

B. Statement of your employer on business stationery, revealing:

1. Date and nature of employment;
2. Salary paid;
3. Whether the position is temporary or permanent.

C. If self-employed:

1. Copy of last income tax return filed; or
2. Report of commercial rating concern.

D. List containing serial numbers and denominations of bonds and name of record owner(s).

### III. Sponsor and Alien Liability.

Effective October 1, 1980, amendments to section 1614(f) of the Social Security Act and Part A of Title XVI of the Social Security Act establish certain requirements for determining the eligibility of aliens who apply for the first time for Supplemental Security Income (SSI) benefits.

Effective October 1, 1981, amendments to section 415 of the Social Security Act established similar requirements for determining the eligibility of aliens who apply for the first time for Aid to Families with Dependent Children (AFDC), currently administered under Temporary Assistance for Needy Families (TANF). Effective December 22, 1981, amendments to the Food Stamp Act of 1977 affect the eligibility of alien participation in the Food Stamp Program.

These amendments require that the income and resources of any person who, as the sponsor of an alien's entry into the United States, executes an affidavit of support or similar agreement on behalf of the alien, and the income and resources of the sponsor's spouse (if living with the sponsor) shall be deemed to be the income and resources of the alien under formulas for determining eligibility for SSI, TANF and Food Stamp benefits during the three years following the alien's entry into the United States.

#### Documentation on Income and Resources.

An alien applying for SSI must make available to the Social Security Administration documentation concerning his / her income and resources and those of the sponsor, including information that was provided in support of the corresponding application.

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An alien applying for TANF or Food Stamps must make similar information available to the State public assistance agency.

The Secretary of Health and Human Services and the Secretary of Agriculture are authorized to obtain copies of any such documentation submitted to USCIS or the U.S. Department of State and to release such documentation to a State public assistance agency.

#### **Joint and Several Liability Issues.**

Sections 1621(e) of the Social Security Act and subsection 5(i) of the Food Stamp Act also provide that an alien and his or her sponsor shall be jointly and severally liable to repay any SSI, TANF or Food Stamp benefits that are incorrectly paid because of mis-information provided by a sponsor or because of a sponsor's failure to provide information, except where the sponsor was without fault or where good cause existed.

Incorrect payments that are not repaid will be withheld from any subsequent payments for which the alien or sponsor are otherwise eligible under the Social Security Act or Food Stamp Act.

These provisions do not apply to SSI, TANF or Food Stamp eligibility of aliens admitted as refugees, granted asylum or Cuban/ Haitian entrants as defined in section 501(e) of P.L. 96-422, and to dependent children of the sponsor or sponsor's spouse.

#### **IV. Information and USCIS Forms.**

For information on immigration laws, regulations and procedures or to order USCIS forms, call our National Customer Service Center at **1-800-375-5283** or visit our website at **www.uscis.gov**.

#### **V. Use InfoPass for Appointments.**

As an alternative to waiting in line for assistance at your local USCIS office, you can now schedule an appointment through our internet-based system, **InfoPass**. To access the system, visit our website at **www.uscis.gov**. Use the **InfoPass** appointment scheduler and follow the screen prompts to set up your appointment. **InfoPass** generates an electronic appointment notice that appears on the screen. Print the notice and take it with you to your appointment. The notice gives the time and date of your appointment, along with the address of the USCIS office.

#### **VI. Privacy Act Notice.**

We ask for the information on this form and associated evidence to determine if you have established eligibility for the immigration benefit you are seeking. We may provide this information to other government agencies. Failure to provide this information and any requested evidence may delay a final decision or result in denial of your request.

Authority for the collection of the information requested on this form is contained in 8 U.S.C. 1182(a)(4), 1183(a), 1184(a) and 1258.

The information will be used principally by USCIS, or by any consular officer to whom it may be furnished, to support an alien's application for benefits under the Immigration and Nationality Act and specifically the assertion that he or she has adequate means of financial support and will not become a public charge. Submission of the information is voluntary.

However, failure to provide the information may result in the denial of the alien's application.

The information may also as a matter of routine use be disclosed to other federal, state, local and foreign law enforcement and regulatory agencies, including the Department of Health and Human Services, Department of Agriculture, Department of State, Department of Defense and any component thereof ( if the deponent has served or is serving in the armed forces of the United States), Central Intelligence Agency, and individuals and organizations during the course of any investigation to elicit further information required to carry out USCIS functions.

#### **VII. Paperwork Reduction Act Notice.**

You are not required to respond to this form unless it displays a currently valid OMB control number.

We try to create forms and instructions that are accurate, can be easily understood and impose the least possible burden on you to provide us with information. Often this is difficult because some immigration laws are very complex.

The estimated average time to complete and file this notice is 15 minutes.

If you have comments regarding the accuracy of this estimate, or suggestions for making this form simpler, you may write to: U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., 3rd Floor, Suite 3008, Washington, DC 20529. **Do not mail your completed affidavit of support to this address.**

(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)

**Being duly sworn depose and say:**

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

If you are **not** a native born U.S. citizen, 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 \_\_\_\_\_

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. 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 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 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. 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: (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
_____	<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	Date submitted
_____	_____
_____	_____

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

Name	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 state 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 Part III of the Instructions, Sponsor and Alien Liability, and am aware of my responsibilities as a 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 that the statements are true and correct.

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

Subscribed and sworn to (affirmed) before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
 at \_\_\_\_\_ . My commission expires on \_\_\_\_\_

Signature of Officer Administering Oath \_\_\_\_\_ Title \_\_\_\_\_

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

\_\_\_\_\_  
 (Signature) (Address) (Date)