

I-134 Continuation Sheet - Affidavit of Support

Family (Last) Name

Given Name (First Name)

Middle Name

A-Number (if any)

Page Number

Part Number

Item Number

Checking and Savings Accounts

1 Name of U.S. Financial Institution Account Type

Date Opened Total Deposited (past 12 mo.) Current Balance

2 Name of U.S. Financial Institution Account Type

Date Opened Total Deposited (past 12 mo.) Current Balance

3 Name of U.S. Financial Institution Account Type

Date Opened Total Deposited (past 12 mo.) Current Balance

4 Name of U.S. Financial Institution Account Type

Date Opened Total Deposited (past 12 mo.) Current Balance

5 Name of U.S. Financial Institution Account Type

Date Opened Total Deposited (past 12 mo.) Current Balance

Signature _____ Date _____