

## 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**

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### 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  
           

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Signature \_\_\_\_\_ Date \_\_\_\_\_