

DECLARATION OF INTENT



No. 27575293

PERU

NEWARK, NEW JERSEY

Personal description of holder
as of date of naturalization:

INS Registration No.

A045628874

I certify that the description given is true, and that the photograph affixed
hereto is a likeness of me.

Date of birth: APRIL 09, 1977

Sex: MALE

Height: 5 feet 10 inches

Marital status: SINGLE

Country of former nationality:

PERU

JOSE LUIS ROLDAN

(Complete and true signature of holder)

Be it known that, pursuant to an application filed with the Attorney General

at: NEWARK, NEW JERSEY

The Attorney General having found that:

JOSE LUIS ROLDAN

then residing in the United States, intends to reside in the United States when so
required by the Naturalization Laws of the United States, and had in all other
respects complied with the applicable provisions of such naturalization laws, and was
entitled to be admitted to citizenship, such person having taken the oath of allegiance
in a ceremony conducted by the

US DISTRICT COURT, NEW JERSEY

at: NEWARK, NEW JERSEY

on: DECEMBER 03, 2002

that such person is admitted as a citizen of the United States of America.

IT IS PUNISHABLE BY U. S. LAW TO COPY,
PRINT OR PHOTOGRAPH THIS CERTIFICATE,
WITHOUT LAWFUL AUTHORITY.

Commissioner of Immigration and Naturalization

DECLARATION OF INTENT

CERTIFICATE OF MARRIAGE

NAME OF GROOM

JOSE L ROLDAN

NAME OF BRIDE

ANGELA A DIEGUEZ

DATE OF MARRIAGE

June 22, 2002

PLACE OF MARRIAGE

PATERSON CITY

COUNTY OF MARRIAGE

PASSAIC

FILE NUMBER

531DATE ISSUED: **April 26, 2004**DATE FILED WITH REGISTRAR: **08/19/2002**

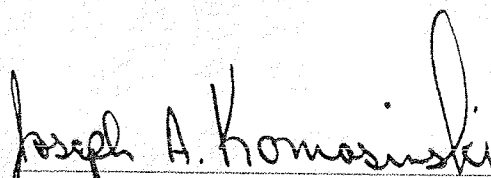
ISSUED BY:

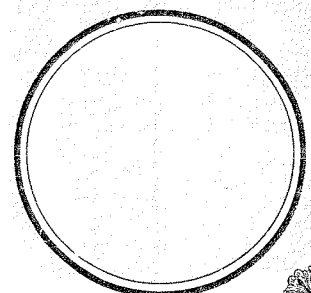
**City of Paterson
Health Department
Carmen Colon, Registrar**

4018979378

This is to certify that the above is correctly
copied from a record on file in my office.

*Certified copy not valid unless the raised
Great Seal of the State of New Jersey
or the seal of the issuing municipality
or county, is affixed hereon.*


Joseph A. Komosinski, State Registrar
Bureau of Vital Statistics





INSTITUTO NACIONAL DE ESTADÍSTICA

CONCEJO Distrito de Villa María del Triunfo REGISTRO DEL ESTADO CIVIL
(Prov. ó Dist.)

1287

ACTA DE NACIMIENTO

Nombres y Apellidos del Inscrito:

ANGELA ABIGAIL
DIEGUEZ CUEVA

Fecha del nacimiento:

18-6-80

El declarante identificado con:

L.C. 3985225



PARTIDA NUMERO:

Mil Doreientos Ochentisiete

NOMBRES Y APELLIDOS:

ANGELA-ABIGAIL-DIEGUEZ CUEVA

LUGAR DEL NACIMIENTO:

V. María del Triunfo (del Inscrito)
Lima (Localidad)

FECHA DEL NACIMIENTO: HORA:

11:20 A.M.

Dieciocho (Distrito)

Mes:

Junio

Mil Novecientos Ochenta (Provincia)

Sexo:

Femenino

HUJO (A) DE DON:

Luis Enrique Dieguez Fajardo

Edad:

23 años

Natural de:

Chincha Profesión u Ocupación: Comerciante

Domiciliado en:

El Salvador - 1-23 - B-10

HUJO (A) DE DONA:

Agueda Eleovina Cueva Guerepero

Edad:

49 años Profesión u Ocupación: En Casa

Natural de:

Lima Nacionalidad: Peruana

Domiciliada en:

El Padre

EL DECLARANTE:

El Padre

Edad:

Profesión u Ocupación:

Natural de:

Nacionalidad:

Domiciliado en:

Se extiende esta partida en

a horas:

10:05 A.M. del día dos

de:

Julio de Mil Novecientos Ochenta

QUE SUSCRIBEN:

MUNICIPALIDAD DE VILLA
MARIA DEL TRIUNFO

Declarante

El Oficial de Registro

El Alcalde





REGISTRO NACIONAL DE IDENTIFICACION Y
ESTADO CIVIL

OFICINA REGISTRAL

EL QUE SUSCRIBE CERTIFICA QUE LA PRESENTE
ES COPIA FIEL DE LA PARTIDA ORIGINAL QUE SE
ENCUENTRA INSCRITA EN EL LIBRO RESPECTIVO
QUE SE CONSERVA EN EL ARCHIVO DEL RENIEC.

CIUDAD DE SAN PEDRO 11 MAR 2020



GLADYS MARLENE COOAPAZA CURASACANI
DNI. 09694758
Certificador
Jefatura Regional Lima
RENIEC





INSTITUTO NACIONAL DE ESTADÍSTICA

Nombres y Apellidos del Inscrito:

ANGELA ABIGAIL

DIEGUEZ CUEVA

Fecha del nacimiento:

18-6-80

El declarante identificado con:

L.E. 3985225

El que suscribe, CERTIFICA
la Autenticidad del Documento
Que es Copia del Original
C. T. 14 ENE 2008

MINISTERIO DE VILLA
MARIA DEL TRIUNFO

JOSÉ CRUZ RABANAL
(E) SUB-GERENCIA REGISTRO CIVIL

CONCEJO DISTRITO de VILLA MARIA DEL TRIUNFO
(Prov. ó Dist.)

ACTA DE NACIMIENTO

PARTIDA NUMERO: MIL DOSCIENTOS OCHENTISIETE
NOMBRES Y APELLIDOS: ANGELA-ABIGAIL-DIEGUEZ CUEVA
LUGAR DEL NACIMIENTO: V. MARIA D. TFO. 2 DEH. LIMA
(Localidad) (Distrito) (Provincia)
FECHA DEL NACIMIENTO: Hora M. 20' A.M. Día DIECIOCHO
Mes JUNIO Año MIL NOVECIENTOS OCHENTA
Sexo FEMENINO
HIJO(A) DE DON LUIS ENRIQUE DIEGUEZ FAJARDO
Edad 23 Profesión u Ocupación CONCEJALANTE
Natural de CHINCHA Nacionalidad PERUANA
Domiciliado en V. EL SALVADOR - 1-23-B-10
HIJO(A) DE DONA AGUEDA ELEOVINA CUEVA GUERRERO
Edad 19 Profesión u Ocupación EN CASA
Natural de LIMA Nacionalidad PERUANA
Domiciliada en IDEM
EL DECLARANTE EL PADRE
Edad — Profesión u Ocupación —
Natural de — Nacionalidad —
Domiciliado en —

Se extiende esta partida en V.M. TFO.
a horas 10.05 A.M. del día DOS
de JULIO de MIL NOVECIENTOS OCHENTA

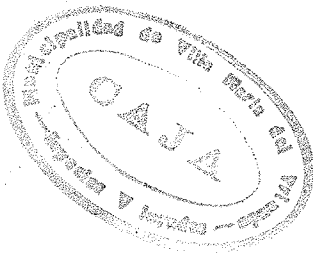
QUE SUSCRIBEN:

MUNICIPALIDAD DE VILLA
MARIA DEL TRIUNFO

[Firma] Declarante

El Oficial de Registro

El Alcalde





Contract Between Sponsor and Household Member

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-864A
OMB No. 1615-0075
Expires 10/31/2021

For Government Use Only

This Form I-864A relates to a household member who:

☐ IS the intending immigrant

☐ IS NOT the intending immigrant

Reviewed By: _____

Location: _____ Date (mm/dd/yyyy): _____

To be completed by an attorney or accredited representative (if any).

☒ Select this box if Form G-28 or G-28I is attached.

Attorney State Bar Number (if applicable)

1969013

Attorney or Accredited Representative USCIS Online Account Number (if any)

► **START HERE - Type or print in black ink.**

Part 1. Information About You (the Household Member)

Full Name

1.a. Family Name (Last Name)
1.b. Given Name (First Name)
1.c. Middle Name

Mailing Address

2.a. In Care Of Name
2.b. Street Number and Name
2.c. ☐ Apt. ☐ Ste. ☐ Flr.
2.d. City or Town
2.e. State 2.f. ZIP Code
2.g. Province
2.h. Postal Code
2.i. Country
3. Is your current mailing address the same as your physical address? ☐ Yes ☐ No

If you answered "No" to Item Number 3., provide your physical address.

Physical Address

4.a. Street Number and Name
4.b. ☐ Apt. ☐ Ste. ☐ Flr.
4.c. City or Town
4.d. State 4.e. ZIP Code
4.f. Province
4.g. Postal Code
4.h. Country

Other Information

5. Date of Birth (mm/dd/yyyy)

Place of Birth

6.a. City or Town
6.b. State or Province
6.c. Country
7. U.S. Social Security Number (if any)
8. USCIS Online Account Number (if any)

Part 2. Your (the Household Member's) Relationship to the Sponsor

Select **Item Number 1.a., 1.b., or 1.c.**

- 1.a. ☐ I am the intending immigrant and also the sponsor's spouse.
- 1.b. ☐ I am the intending immigrant and also a member of the sponsor's household.
- 1.c. ☒ I am **not** the intending immigrant. I am the sponsor's household member. I am related to the sponsor as his/her:
- ☒ Spouse
- ☐ Son or Daughter (at least 18 years of age)
- ☐ Parent
- ☐ Brother or Sister
- ☐ Other Dependent (Specify)
-

Part 3. Your (the Household Member's) Employment and Income

I am currently:

1. ☒ Employed as a/an
Purchasing Agent
2. Name of Employer Number 1
Whippany Actution Systems
3. Name of Employer Number 2 (if applicable)
4. ☐ Self employed as a/an
5. ☐ Retired from (Company Name)
Since (mm/dd/yyyy)
6. ☐ Unemployed since (mm/dd/yyyy)
7. My current individual annual income is:
\$ 45147

Part 4. Your (the Household Member's) Federal Income Tax Information and Assets

- 1.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.

- 1.b. ☐ (Optional) I have attached photocopies or transcripts of my Federal income tax returns for my second and third most recent tax years.

My total income (adjusted gross income on IRS Form 1040EZ) as reported on my Federal income tax returns for the most recent three years was:

	Tax Year	Total Income
2.a. Most Recent	2019	\$ 76376
2.b. 2nd Most Recent	2018	\$ 60669
2.c. 3rd Most Recent	2017	\$ 77214

My assets (complete only if necessary).

- 3.a. Enter the balance of all cash, savings, and checking accounts.
\$
- 3.b. Enter the net cash value of real-estate holdings. (Net value means assessed value minus mortgage debt.)
\$
- 3.c. Enter the cash value of all stocks, bonds, certificates of deposit, and other assets not listed on **Item Numbers 3.a. or 3.b.**
\$
- 3.d. Add together **Item Numbers 3.a., 3.b., and 3.c.** and enter the number here.
\$

Part 5. Sponsor's Promise, Statement, Contact Information, Declaration, Certification, and Signature

NOTE: Read the **Penalties** section of the Form I-864A Instructions before completing this part.

I, THE SPONSOR,

Angela Abigail Dieguez Cueva

(Print Name)

in consideration of the household member's promise to support the following intending immigrants and to be jointly and severally liable for any obligations I incur under the affidavit of support, promise to complete and file an affidavit of support on behalf of the following named intending immigrants.

1

(Indicate Number)

Part 5. Sponsor's Promise, Statement, Contact Information, Declaration, Certification, and Signature (continued)

Intending Immigrant Number 1

Name

- 1.a. Family Name (Last Name)
- 1.b. Given Name (First Name)
- 1.c. Middle Name
2. Date of Birth (mm/dd/yyyy)
3. Alien Registration Number (A-Number, if any)
▶ A-
4. U.S. Social Security Number (if any)
▶
5. USCIS Online Account Number (if any)
▶

Intending Immigrant Number 2

Name

- 6.a. Family Name (Last Name)
- 6.b. Given Name (First Name)
- 6.c. Middle Name
7. Date of Birth (mm/dd/yyyy)
8. Alien Registration Number (A-Number, if any)
▶ A-
9. U.S. Social Security Number (if any)
▶
10. USCIS Online Account Number (if any)
▶

Intending Immigrant Number 3

Name

- 11.a. Family Name (Last Name)
- 11.b. Given Name (First Name)
- 11.c. Middle Name
12. Date of Birth (mm/dd/yyyy)

13. Alien Registration Number (A-Number, if any)

▶ A-

14. U.S. Social Security Number (if any)

▶

15. USCIS Online Account Number (if any)

▶

Intending Immigrant Number 4

Name

- 16.a. Family Name (Last Name)
- 16.b. Given Name (First Name)
- 16.c. Middle Name
17. Date of Birth (mm/dd/yyyy)
18. Alien Registration Number (A-Number, if any)
▶ A-
19. U.S. Social Security Number (if any)
▶
20. USCIS Online Account Number (if any)
▶

Intending Immigrant Number 5

Name

- 21.a. Family Name (Last Name)
- 21.b. Given Name (First Name)
- 21.c. Middle Name
22. Date of Birth (mm/dd/yyyy)
23. Alien Registration Number (A-Number, if any)
▶ A-
24. U.S. Social Security Number (if any)
▶
25. USCIS Online Account Number (if any)
▶

Sponsor's Statement

NOTE: Select the box for either **Item Number 26.a.** or **26.b.** If applicable, select the box for **Item Number 27.**

- 26.a. ☒ I can read and understand English, and I have read and understand every question and instruction on this contract and my answer to every question.

Part 5. Sponsor's Promise, Statement, Contact Information, Declaration, Certification, and Signature (continued)

- 26.b. ☐ The interpreter named in **Part 7.** read to me every question and instruction on this contract and my answer to every question in

a language in which I am fluent, and I understood everything.

27. ☒ At my request, the preparer named in **Part 8.**,

ALEXANDER ARANDIA

prepared this contract for me based only upon information I provided or authorized.

Sponsor's Contact Information

28. Sponsor's Daytime Telephone Number

973-476-1607

29. Sponsor's Mobile Telephone Number (if any)

973-476-1607

30. Sponsor's Email Address (if any)

Sponsor's Declaration and Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that U.S. Citizenship and Immigration Services (USCIS) or the U.S. Department of State (DOS) may require that I submit original documents to USCIS or DOS at a later date.

Furthermore, I authorize the release of any information from any and all of my records that USCIS or DOS may need to determine my eligibility for the immigration benefit that I seek.

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

I certify, under penalty of perjury, that all of the information in my contract and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my contract and that all of this information is complete, true, and correct.

Sponsor's Signature

- 31.a. Sponsor's Signature

ANGELA DIEGUEZ

- 31.b. Date of Signature (mm/dd/yyyy)

09/18/20

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

Part 6. Your (the Household Member's) Promise, Statement, Contact Information, Declaration, Certification, and Signature

NOTE: Read the **Penalties** section of the Form I-864A Instructions before completing this part.

I, THE HOUSEHOLD MEMBER,

Jose Luis Roldan

(Print Name)

in consideration of the sponsor's promise to complete and file an affidavit of support on behalf of the above named intending immigrants.

1

(Print number of intending immigrants noted in **Part 5. Sponsor's Promise, Statement, Contact Information, Declaration, Certification and Signature.**)

- A. Promise to provide any and all financial support necessary to assist the sponsor in maintaining the sponsored immigrants at or above the minimum income provided for in the Immigration and Naturalization Act (INA) section 213A(a)(1)(A) (not less than 125 percent of the Federal Poverty Guidelines) during the period in which the affidavit of support is enforceable;
- B. Agree to be jointly and severally liable for payment of any and all obligations owed by the sponsor under the affidavit of support to the sponsored immigrants, to any agency of the Federal Government, to any agency of a state or local government, or to any other private entity that provides means-tested public benefits;
- C. Certify under penalty under the laws of the United States that the Federal income tax returns submitted in support of the contract are true copies or unaltered tax transcripts filed with the Internal Revenue Service;
- D. **Consideration where the household member is also the sponsored immigrant:** I understand that if I am the sponsored immigrant and a member of the sponsor's household that this promise relates only to my promise to be jointly and severally liable for any obligation owed by the sponsor under the affidavit of support to any of my dependents, to any agency of the Federal Government, to any agency of a state or local government, or to any other private entity that provides means-tested public benefits and to provide any and all financial support necessary to assist the sponsor in maintaining any of my dependents at or above the minimum income provided for in INA section 213A(a)(1)(A) (not less than 125 percent of the Federal Poverty Guideline) during the period which the affidavit of support is enforceable.

Part 6. Your (the Household Member's) Promise, Statement, Contact Information, Declaration, Certification, and Signature (continued)

- E. I understand that, if I am related to the sponsored immigrant or the sponsor 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-864A.
- F. I authorize the Social Security Administration to release information about me in its records to the Department of State and U.S. Citizenship and Immigration Services (USCIS).

Your (the Household Member'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. ☒ I can read and understand English, and I have read and understand every question and instruction on this contract and my answer to every question.
- 1.b. ☐ The interpreter named in **Part 7.** read to me every question and instruction on this contract and my answer to every question in
a language in which I am fluent, and I understood everything.
2. ☒ At my request, the preparer named in **Part 8.**,
prepared this contract for me based only upon information I provided or authorized.

Your (the Household Member's) Contact Information

3. Your (the Household Member's) Daytime Telephone Number
4. Your (the Household Member's) Mobile Telephone Number (if any)
5. Your (the Household Member's) Email Address (if any)

Your (the Household Member's) Declaration and Certification

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

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

I certify, under penalty of perjury, that all of the information in my contract and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my contract and that all of this information is complete, true, and correct.

Your (the Household Member's) Signature

- 6.a. Your (the Household Member's) Printed Name
- 6.b. Your (the Household Member's) Signature
- 6.c. Date of Signature (mm/dd/yyyy)

NOTE TO ALL HOUSEHOLD MEMBERS: If you do not completely fill out this contract or fail to submit required documents listed in the Instructions, USCIS may deny your contract.

Part 7. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.

Interpreter'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)

Part 7. Interpreter's Contact Information, Certification, and Signature (continued)

Interpreter'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

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number
5. Interpreter's Mobile Telephone Number (if any)
6. Interpreter's Email Address (if any)

Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and , which is the same language specified in **Part 5., Item Number 26.b.** or **Part 6., Item Number 1.b.**, and I have read to this sponsor or household member in the identified language every question and instruction on this contract and his or her answer to every question. The sponsor or household member informed me that he or she understands every instruction, question, and answer on the contract, including the **Sponsor's or Household Member's Declaration and Certification**, and has verified the accuracy of every answer.

Interpreter's Signature

- 7.a. Interpreter's Signature
- 7.b. Date of Signature (mm/dd/yyyy)

Part 8. Contact Information, Declaration, and Signature of the Person Preparing this Contract, if Other Than the Sponsor or Household Member

Provide the following information about the preparer.

Preparer's Full 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)

Preparer'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

Preparer's Contact Information

4. Preparer's Daytime Telephone Number
5. Preparer's Mobile Telephone Number (if any)
6. Preparer's Email Address (if any)

Part 8. Contact Information, Declaration, and Signature of the Person Preparing this Contract, if Other Than the Sponsor or Household Member (continued)

Preparer's Statement

- 7.a. ☐ I am not an attorney or accredited representative but have prepared this contract on behalf of the sponsor and household member and with the sponsor's or household member's consent.
- 7.b. ☒ I am an attorney or accredited representative and my representation of the sponsor and household member in this case ☒ extends ☐ does not extend beyond the preparation of this contract.

NOTE: If you are an attorney or accredited representative, you may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, or G-28I, Notice of Entry of Appearance as Attorney In Matters Outside the Geographical Confines of the United States, with this contract.

Preparer's Certification

By my signature, I certify, under penalty of perjury, that I prepared this contract at the request of the sponsor and household member. The sponsor and household member then reviewed this completed contract and informed me that he or she understands all of the information contained in, and submitted with, his or her contract, including the **Sponsor's or Household Member's Declaration and Certification**, and that all of this information is complete, true, and correct. I completed this contract based only on information that the sponsor and household member provided to me or authorized me to obtain or use.

Preparer's Signature

8.a. Preparer's Signature

8.b. Date of Signature (mm/dd/yyyy)

Part 9. Additional Information

If you need extra space to provide any additional information within this contract, 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 contract or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2. A-Number (if any)

► A-

3.a. Page Number
3.b. Part Number
3.c. Item Number

3.d.

4.a. Page Number
4.b. Part Number
4.c. Item Number

4.d.

5.a. Page Number
5.b. Part Number
5.c. Item Number

5.d.

6.a. Page Number
6.b. Part Number
6.c. Item Number

6.d.

7.a. Page Number
7.b. Part Number
7.c. Item Number

7.d.
