

Request for Exemption for Intending Immigrant's Affidavit of Support

USCIS Form I-864W

OMB No. 1615-0075 Expires 03/31/2020

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

For Government Use Only						
This Form I-864W:						
□ DOES NOT MEET the requirements of exemption	☐ MEETS the requirements of exemption	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)	Attorney or Accredited Representative USCIS Online Account Number (if any)			
► START HERE - Type or print in black ink.						
Part 1. Information About You or Your Adopted Physical Address						

Child (Intending Immigrant) 4.a. Street Number and Name Name of Requestor **4.b.** Apt. Ste. Flr. Family Name (Last Name) 4.c. City or Town Given Name (First Name) **4.d.** State **4.e.** ZIP Code 1.c. Middle Name Province **Mailing Address** (USPS ZIP Code Lookup) 4.g. Postal Code In Care Of Name **4.h.** Country 2.b. Street Number and Name Other Information Apt. Ste. Flr. 5. Date of Birth (mm/dd/yyyy) City or Town 6. City or Town of Birth State ZIP Code 2.e. 7. State or Province of Birth (if applicable) Province Postal Code 8. Country of Birth 2.i. Country 9. Alien Registration Number (A-Number) Is your current mailing address the same as your physical 3. Yes USCIS Online Account Number (if any) 10. If you answered "No" to Item Number 3., provide your physical address. U.S. Social Security Number (Required)

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Part 2	2. Reason for Exemption	Request
	XEMPT from filing Form I-864, Affidavit of Support Section 213A of the INA, because:	3. Req
1.a.	I have earned (or can be credited with) 40 quarters (credits) of coverage under the Social Security Act (SSA). (Attach SSA earnings statements. Do not count any quarters during which you received a means-tested public benefit.)	4. Req
1.b.	I am under 18 years of age, unmarried, immigrating as the child of a U.S. citizen, and will automatically become a U.S. citizen under the Child Citizenship Act of 2000 upon my admission to the United States.	Reques
1.c. [I am filing for an immigrant visa or adjustment of status as a self-petitioning widow(er) using Form I-360, Petition for Amerasian, Widow(er), or Special Immigrant.	Copies of photocopi that U.S. U.S. Depa original d
1.d.	I am filing for an immigrant visa or adjustment of status as a battered spouse or child using Form I-360.	any and a determine
Contr	3. Requestor's (Intending Immigrant's) ract, Statement, Contact Information, ration, Certification, and Signature	I furtherm request, in records, to administra
	Read the Penalties section of the Form I-864W ions before completing this part.	I certify, umy requestor authoric information
Reque	estor's Statement	that all of
	Select the box for either Item Number 1.a. or 1.b. cable, select the box for Item Number 2.	In additio (SSA) to
1.a.	I can read and understand English, and I have read and understand every question and instruction on this request and my answer to every question.	and DOS.
1.b.	The interpreter named in Part 4. read to me every question and instruction on this request and my answer to every question in	6.a. Rec
	,	6.b. Dat
2.	a language in which I am fluent, and I understood everything. At my request, the preparer named in Part 5. ,	NOTE To fill out this in the Inst
	prepared this request for me based only upon information I provided or authorized.	

Requestor's Contact Information

3.	Requestor's Daytime Telephone Number			
4.	Requestor's Mobile Telephone Number (if any)			
5.	Requestor's Email Address (if any)			

Requestor'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 request, 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 request 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 request, and that all of this information is complete, true, and correct.

In addition, I authorize the Social Security Administration (SSA) to release information about me in its records to USCIS and DOS.

Requestor's Signature			
6.a.	Requestor's Signature		
6.b.	Date of Signature (mm/dd/yyyy)		

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

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Part 4. 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)			
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 Mobile Telephone Number (if any)			
6.				
U.	Interpreter's Email Address (if any)			
Inte	erpreter's Certification			
I cer	tify, under penalty of perjury, that:			
I am whice 1.b., every answ she u	fluent in English and, the is the same language specified in Part 3., Item Number and I have read to this requestor in the identified language y question and instruction on this request and his or her ver to every question. The requestor informed me that he or understands every instruction, question, and answer on the est, including the Requestor'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 5. Contact Information, Declaration, and Signature of the Person Preparing this Request, if Other Than the Requestor				
Prov	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)			
2.	Preparer's Business or Organization Name (if any)			
Pre	parer'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			
Pre	parer's Contact Information			
4.	Preparer's Daytime Telephone Number			
5.	Preparer's Mobile Telephone Number (if any)			

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

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Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Request, if Other Than the Requestor (continued)

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Par	rt 6. Additional Information	5.a.	Page Number	5.b.	Part Number	5.c.	Item Number
withi space to co of pa top o and I	u need extra space to provide any additional information in this request, use the space below. If you need more than what is provided, you may make copies of this page implete and file with this request or attach a separate sheet uper. Type or print your name and A-Number (if any) at the off each sheet; indicate the Page Number, Part Number, Item Number to which your answer refers; and sign and each sheet.	5.d.					
	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	6.a.	Page Number	6.b.	Part Number	6.c.	Item Number
3.d.		6.d.					
4. a.	Page Number 4.b. Part Number 4.c. Item Number	7.a.	Page Number	7.b.	Part Number	7.c.	Item Number
4.d.		7.d.					

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