



**Affidavit of Support**  
**Department of Homeland Security**  
U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-134**  
OMB No. 1615-0014  
Expires 11/30/2018

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

**Part 1. Information About You (the Sponsor)**

***Your Full Name***

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

***Other Names Used***

List all other names you have ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in **Part 7. Additional Information.**

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

***Sponsor's Mailing Address***

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

If you answered "No" to **Item Number 4.**, provide your physical address in **Item Numbers 5.a. - 5.h.**

***Sponsor's Physical Address***

- 5.a. Street Number and Name
- 5.b. ☐ Apt. ☐ Ste. ☐ Flr.
- 5.c. City or Town
- 5.d. State  5.e. ZIP Code
- 5.f. Province
- 5.g. Postal Code
- 5.h. Country

***Other Information***

6. Date of Birth (mm/dd/yyyy)
- 7.a. Town or City of Birth
- 7.b. Country of Birth
8. Alien Registration Number (A-Number) (if any)  
► A-
9. U.S. Social Security Number (if any)  
►
10. USCIS Online Account Number (if any)  
►

***Citizenship or Residency or Status***

If you are not a U.S. citizen based on your birth in the United States, or a non-citizen U.S. national based on your birth in American Samoa (including Swains Island), answer the following as appropriate:

- 11.a. ☐ I am a U.S. citizen through naturalization. My Certificate of Naturalization number is
- 11.b. ☐ I am a U.S. citizen through parent(s) or marriage. My Certificate of Citizenship number is

**Part 1. Information About You (the Sponsor)**  
(continued)

11.c. ☐ I derived my U.S. citizenship by another method.  
(Provide an explain in **Part 7. Additional Information.**)

11.d. ☐ I am a lawful permanent resident of the United States. My A-Number is

▶ A-

11.e. ☐ I am a lawfully admitted nonimmigrant. My Form I-94, Arrival-Departure Record Number is

▶

12. I am  years of age and have resided in the United States since (Date) (mm/dd/yyyy)

**Part 2. Information About the Beneficiary**

This affidavit is executed on behalf of the following person:

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

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

3. Gender ☐ Male ☐ Female

4. A-Number (if any)  
▶ A-

5. Country of Citizenship or Nationality

6. Marital Status  
☐ Single or Single, Never Married  
☐ Married  
☐ Divorced  
☐ Widowed  
☐ Legally Separated  
☐ Marriage Annulled  
☐ Other

7. Relationship to Sponsor

**Beneficiary's Physical Address**

8.a. Street Number and Name

8.b. ☐ Apt. ☐ Ste. ☐ Flr.

8.c. City or Town

8.d. State  8.e. ZIP Code

8.f. Province

8.g. Postal Code

8.h. Country

**Beneficiary's Spouse (accompanying or following to join beneficiary)**

9.a. Family Name (Last Name)

9.b. Given Name (First Name)

9.c. Middle Name

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

11. Gender ☐ Male ☐ Female

**Beneficiary's Children**

**Child 1**

12.a. Family Name (Last Name)

12.b. Given Name (First Name)

12.c. Middle Name

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

14. Gender ☐ Male ☐ Female

**Child 2**

15.a. Family Name (Last Name)

15.b. Given Name (First Name)

15.c. Middle Name

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

17. Gender ☐ Male ☐ Female

If you need additional space to complete this section, use the space provided in **Part 7. Additional Information.**

### Part 3. Other Information About the Sponsor

#### Employment Information

I am currently:

1.a. ☐ Employed as a/an

1.a.1. Name of Employer (if applicable)

1.b. ☐ Self employed as a/an

#### Current Employer Address (if employed)

2.a. Street Number and Name

2.b. ☐ Apt. ☐ Ste. ☐ Flr.

2.c. City or Town

2.d. State  2.e. ZIP Code

2.f. Province

2.g. Postal Code

2.h. Country

#### Income and Asset Information

3. My annual income is \$

(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.)

4. Balance of all my savings and checking accounts in United States-based financial institutions \$

5. Value of my other personal property \$

6. Market value of my stocks and bonds \$

I have listed my stocks and bonds in **Part 7. Additional Information** (or attached a list of them), which I certify to be true and correct to the best of my knowledge and belief.

7.a. I have life insurance in the sum of \$

7.b. With a cash surrender value of \$

#### Real Estate Information

8.a. I own real estate valued at \$

8.b. I have mortgages or other debts amounting to \$

My real estate is located at:

9.a. Street Number and Name

9.b. ☐ Apt. ☐ Ste. ☐ Flr.

9.c. City or Town

9.d. State  9.e. ZIP Code

#### Dependents' Information

The following persons are dependent upon me for support. If you need extra space to complete this section, use the space provided in **Part 7. Additional Information**.

10.a. Family Name (Last Name)

10.b. Given Name (First Name)

10.c. Middle Name

11. Relationship to Me:

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

13. This person is:  
☐ Wholly Dependent On Me For Support  
☐ Partially Dependent On Me For Support

14.a. Family Name (Last Name)

14.b. Given Name (First Name)

14.c. Middle Name

15. Relationship to Me:

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

**Part 3. Other Information About the Sponsor**  
(continued)

17. This person is:

- ☐ Wholly Dependent On Me For Support  
☐ Partially Dependent On Me For Support

18.a. Family Name (Last Name)

18.b. Given Name (First Name)

18.c. Middle Name

19. Relationship to Me:

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

21. This person is:

- ☐ Wholly Dependent On Me For Support  
☐ Partially Dependent On Me For Support

I have previously submitted affidavit(s) of support for the following person(s). (If none, write "None" in the space for name below.)

22.a. Family Name (Last Name)

22.b. Given Name (First Name)

22.c. Middle Name

23. Date Submitted (mm/dd/yyyy)

24.a. Family Name (Last Name)

24.b. Given Name (First Name)

24.c. Middle Name

25. Date Submitted (mm/dd/yyyy)

I have submitted a visa petition(s) to U.S. Citizenship and Immigration Services on behalf of the following persons. (If none, write "None" in the space for name below.)

26.a. Family Name (Last Name)

26.b. Given Name (First Name)

26.c. Middle Name

27. Relationship to Me:

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

29. Date of Filing (mm/dd/yyyy)

30.a. Family Name (Last Name)

30.b. Given Name (First Name)

30.c. Middle Name

31. Relationship to Me:

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

33. Date of Filing (mm/dd/yyyy)

34.a. Family Name (Last Name)

34.b. Given Name (First Name)

34.c. Middle Name

35. Relationship to Me:

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

37. Date of Filing (mm/dd/yyyy)

38. I ☐ intend ☐ do not intend to make specific contributions to the support of the person(s) named in **Part 2.**

(If you select "intend," indicate the exact nature and duration of the contributions you intend to make in **Part 7. Additional Information.** 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 whether it is to be given in a lump sum, weekly or monthly, and for how long.)