

Contract Between Sponsor and Household Member

USCIS Form I-864A

Department of Homeland Security

U.S. Citizenship and Immigration Services

OMB No. 1615-0075 Expires 10/31/2027

	For Government Use Only							
Th	This Form I-864A relates to a household member who:							
1	IS the intending IS NO immigrant intending intending	ate (mm/dd/yyyy):					
Att	orney or Accredited Form		torney State Bar N applicable)			edited Representative count Number (if any)		
	START HERE - Type or print							
Pa	rt 1. Information About Y	You (the Housel	nold Member)					
Fu	ell Name							
1.	Family Name (Last Name)	Give	n Name (First Name	e)	Middle Name	(if applicable)		
Ma	uiling Address (USPS ZIP Cod	e Lookup)						
2.	In Care Of Name (if any)							
	Street Number and Name				Apt. Ste. Flr.	Number		
	City or Town				State	ZIP Code		
	Province	Posta	al Code	Country				
3.	Is your current mailing address If you answered "No" to Item I	, ,	•	ess.		☐ Yes ☐ No		
Ph	ysical Address							
4.	Street Number and Name				Apt. Ste. Flr.	Number		
	City or Town				State	ZIP Code		
	Province	Posta	al Code	Country				

Pa	ct 1. Information About You (the Household Member) (continued)	
Oti	ner Information	
5. 8.	Date of Birth (mm/dd/yyyy) 6. Country of Birth 7. U.S. Social Security Number (if any) Alien Registration Number (A-Number) (if any) A- USCIS Online Account Number (if any) Date of Birth (mm/dd/yyyy) Date of Birth (mm/d	
Pa	rt 2. Your (the Household Member's) Relationship to the Sponsor	
Sele	ct Item Number 1., 2., or 3.	
1.	☐ I am the intending immigrant and also the sponsor's spouse.	
2.	I am the intending immigrant and also a member of the sponsor's household.	
3.	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)	
Pa	rt 3. Your (the Household Member's) Employment and Income	
I an	currently:	
1.	Employed as a/an	
2.	Name of Employer Number 1	
3.	Name of Employer Number 2 (if applicable)	
4.	Self employed as a/an	
5.	Retired Since (mm/dd/yyyy)	
6.	Unemployed since (mm/dd/yyyy)	
7.	My current individual annual income is:	

Form I-864A Edition 10/17/24 Page 2 of 8

_								
Part 4. Your (the Household Member's) Federal Income Tax Information and Assets								
1.	Have you filed a Federal income tax return for each of the three most recent tax years?	Yes No						
ON	TE: You MUST attach a photocopy or transcript of your Federal income tax return for only the mos	st recent tax year.						
•	total income (adjusted gross income on IRS Form 1040EZ) as reported on my Federal income tax ret is was:	turns for the most recent three						
	Tax Year Total Income							
2.	Most Recent \$							
	2nd Most Recent \$							
	3rd Most Recent \$							
My :	assets (complete only if necessary).							
3.	Enter the balance of all cash, savings, and checking accounts.	\$						
4.	Enter the net cash value of real-estate holdings. (Net value means assessed value minus mortgage debt.) \$	\$						
5.	Enter the cash value of all stocks, bonds, certificates of deposit, and other assets not listed on Item Numbers 3 4.	\$						
6.	Add together Item Numbers 3 5. and enter the number here.	\$						
Pai	rt 5. Sponsor's Promise, Statement, Contact Information, Declaration, Certific	ation, and Signature						
NO Z	ΓΕ: Read the Penalties section of the Form I-864A Instructions before completing this part.							
r Ti	HE SPONSOR, ,in consideration of the h	nousehold member's promise						
	apport the following intending immigrants and to be jointly and severally liable for any obligations I	•						
supp	port, promise to complete and file an affidavit of support on behalf of the following named intending	immigrants.						
1.	Intending Immigrant Number 1							
	Family Name (Last Name) Given Name (First Name) Mid-	dle Name (if applicable)						
	Date of Birth (mm/dd/yyyy) Alien Registration Number (A-Number, if any) USCIS Online	Account Number (if any)						
2.	Intending Immigrant Number 2							
	Family Name (Last Name) Given Name (First Name) Mid-	dle Name (if applicable)						
		Account Number (if any)						
3.	Intending Immigrant Number 3							
	Family Name (Last Name) Given Name (First Name) Mid	dle Name (if applicable)						
	D. CD: d. (11/2) Alian Paristration N. Charles (A.N. Charles (San.), 275,275, 2.11	A (N) 1 (22)						
	Date of Birth (mm/dd/yyyy) Alien Registration Number (A-Number, if any) USCIS Online	Account Number (if any)						

Form I-864A Edition 10/17/24

	t 5. Sponsor's Promise, Statement, Contact Information, Declaration, Cerntinued)	tification, and Signature				
4.	Intending Immigrant Number 4					
	Family Name (Last Name) Given Name (First Name)	Middle Name (if applicable)				
		nline Account Number (if any)				
Spo	nsor's Statement					
NOT	E: Select the box for either Item Number 5.a. or 5.b. If applicable, select the box for Item N	umber 6.				
5.a.	☐ I can read and understand English, I and have read and understand every question and ins answer to every question.	truction on this contract and my				
5.b.	The interpreter named in Part 7. read to me every question and instruction on this contra	·				
	question in , a language in which I am flu	nent, and I understood everything.				
6.	At my request, the preparer named in Part 8. ,	, prepared this contract for				
	me based only upon information I provided or authorized.					
Spo	nsor's Contact Information					
7.	Sponsor's Daytime Telephone Number 8. Sponsor's Mobile Teleph	one Number (if any)				
9.	Sponsor's Email Address (if any)					
Spo	nsor's Declaration and Certification					
Citize to US	es of any documents I have submitted are exact photocopies of unaltered, original documents, a enship and Immigration Services (USCIS) or the U.S. Department of State (DOS) may require SCIS or DOS at a later date. Furthermore, I authorize the release of any information from any a DS may need to determine my eligibility for the immigration benefit that I seek.	that I submit original documents				
	furthermore authorize release of information contained in this contract, in supporting documents, and in my USCIS or DOS records, o other entities and persons where necessary for the administration and enforcement of U.S. immigration law.					
autho	ify, under penalty of perjury, that all of the information in my contract and any document submitzed by me, that I reviewed and understand all of the information contained in, and submitted information is complete, true, and correct.					
Spo	nsor's Signature					
10.	Sponsor's Signature	Date of Signature (mm/dd/yyyy)				
\Rightarrow						

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.

	·	•					·
	t 6. Your (the Household tification, and Signature	Member's) Pro	omise, Sta	temen	t, Con	tact Information	, Declaration,
NOT	E: Read the Penalties section of	f the Form I-864A l	nstructions b	pefore co	mpletii	ng this part.	
I, TH	E HOUSEHOLD MEMBER				, in c	consideration of the sp	oonsor's promise to complete
and f	ïle an affidavit of support on bel	nalf of the above na	med intendi	ng immi	grants.		(Print number of intending
immi	igrants noted in Part 5. Sponsor	's Promise, Staten	nent, Contac	ct Infor	nation,	Declaration, Certifi	cation, and Signature.)
Α.	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;						
В.	Agree to be jointly and severall to the sponsored immigrants, to other private entity that provide	any agency of the	Federal Gov				
С.	Certify under penalty under the are true copies or unaltered tax						ed in support of the contract
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.						
Е.	I understand that, if I am related divorce, dissolution, annulment	•	-	-	•	_	
F.	I authorize the Social Security A Citizenship and Immigration Se		elease inform	ation ab	out me	in its records to the D	Department of State and U.S.
You	r (the Household Member	's) Statement					
NOT	E: Select the box for either Iter	n Number 1.a. or 1	.b. If applic	able, se	lect the	box for Item Numbe	r 2.
1.a	I can read and understand I answer to every question.	English, and I have	read and und	lerstand	every q	uestion and instructio	n on this contract and my
1.b.	The interpreter named in Pa	art 7. read to me eve	ery question a	and instr	uction o	on this contract and my	answer to every question in
			, a lan	guage ir	which	I am fluent, and I und	lerstood everything.
2.	☐ At my request, the preparer	r named in Part 8.,					, prepared this contract
	for me based only upon inf	ormation I provided	d or authoriz	ed.			
You	r (the Household Member	's) Contact Info	rmation				
3.	Your (the Household Member's) Daytime Telepho	ne Number	4.		the Household Member (if any)	er's) Mobile Telephone
5.	Your (the Household Member's) Email Address (if	any)				

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

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.

Yo	ur (the Household Member's) Signature						
6.	Your (the Household Member's) Printed Name						
7.	Your (the Household Member's) Signature	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.						
Pa	rt 7. Interpreter's Contact Information, Certific	ation	, and Signature				
In	terpreter's Full Name						
1.	Interpreter's Family Name (Last Name)	Inter	preter's Given Name (First	Name)			
2.	Interpreter's Business or Organization Name (if any)						
In	terpreter's Contact Information						
3.	Interpreter's Daytime Telephone Number	4.	Interpreter's Mobile Telep	phone Number (if any)			
5.	Interpreter's Email Address (if any)						

Pa	art 7. Interpreter's Contact Information, Certification, and Signature (continued)
In	terpreter's Certification
que lang	rtify, under penalty of perjury, that: that I am fluent in English and
In	terpreter's Signature
6.	Interpreter's Signature Date of Signature (mm/dd/yyyy)
	art 8. Contact Information, Declaration, and Signature of the Person Preparing this Contract, if Other nan the Sponsor or Household Member
Pr	eparer's Full Name
1.	Preparer's Family Name (Last Name) Preparer's Given Name (First Name)
2.	Preparer's Business or Organization Name (if any)
Pr	eparer's Contact Information
3.	Preparer's Daytime Telephone Number 4. Preparer's Mobile Telephone Number (if any)
5.	Preparer's Email Address (if any)
Pr	eparer's Certification and Signature
con refl	ertify, under penalty of perjury, that I prepared this contract for the sponsor and household member at their request and with express sent and that all of the responses and information contained in and submitted with the contract are complete, true, and correct and ects only information provided by the sponsor and household member. The sponsor and household member reviewed the conses and information and informed me that they understand the responses and information in or submitted with the contract.
6.	Preparer's Signature Date of Signature (mm/dd/yyyy)

D	A 1 1 1 4	· T	. P	
Part 9.	Addit	ionai ii	niorma	ation

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.	Family Name (La	st Name)	Given I	Name (First Name)	Middle Name (if applicable))
2.	A-Number (if any	y) ► A-				
3.	Page Number	Part Number	Item Number			
4.	Page Number	Part Number	Item Number			
5.	Page Number	Part Number	Item Number			
6.	Page Number	Part Number	Item Number			