



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

**USCIS**  
**Form I-134**  
OMB No. 1615-0014  
Expires 02/28/2021

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

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

**Your Full Name**

1.a. Family Name (Last Name) **AMBUR BALAKRISHNAN PRABHAKARAN**  
1.b. Given Name (First Name) **NIRMAL**  
1.c. Middle Name **NA**

**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) **NA**  
2.b. Given Name (First Name) **NA**  
2.c. Middle Name **NA**

**Sponsor's Mailing Address**

3.a. In Care Of Name  
**NIRMAL BALAKRISHNAN PRABHAKARAN**  
3.b. Street Number and Name **3003 MEMORIAL CT**  
3.c. ☒ Apt. ☐ Ste. ☐ Flr. **1144**  
3.d. City or Town **HOUSTON**  
3.e. State **TX** 3.f. ZIP Code **77007**  
3.g. Province  
3.h. Postal Code  
3.i. Country **USA**  
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) **12/08/1988**  
7.a. Town or City of Birth  
**CHENNAI**  
7.b. Country of Birth  
**INDIA**  
8. Alien Registration Number (A-Number) (if any)  
► A-  
9. U.S. Social Security Number (if any)  
► **3 5 9 4 7 5 6 6 4**  
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 **TECHNICAL LEAD**

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

**HCL AMERICA INC**

1.b. ☐ Self employed as a/an

#### Current Employer Address (if employed)

2.a. Street Number and Name **2727 A ALLEN PARKWAY**

2.b. ☐ Apt. ☐ Ste. ☐ Flr.

2.c. City or Town **HOUSTON**

2.d. State **TX** 2.e. ZIP Code **77019**

2.f. Province

2.g. Postal Code

2.h. Country

**USA**

#### Income and Asset Information

3. My annual income is \$ **72,270.00**

(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

\$ **13,000.00**

5. Value of my other personal property

\$ **5,000.00**

6. Market value of my stocks and bonds

\$ **0.00**

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 \$ **0.00**

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

\$ **0.00**

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) **MUNIVEL**

10.b. Given Name (First Name) **GAYATHRI DEVI**

10.c. Middle Name

11. Relationship to Me:

**SPOUSE**

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

**03/29/1990**

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.)

#### Part 4. Sponsor's Statement, Contact Information, Certification, and Signature

**NOTE:** Read the Penalties section of the Form I-134 Instructions before completing this part.

##### Sponsor'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 affidavit and my answer to every question.
- 1.b. ☐ The interpreter named in **Part 5.** read to me every question and instruction on this affidavit 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 6.**,  
  ,  
 prepared this affidavit for me based only upon information I provided or authorized.

##### Sponsor's Contact Information

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

##### Sponsor's Certification

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

I further authorize release of information contained in this affidavit, in supporting documents, and in my USCIS or the Department of State records to other entities and persons where necessary for the administration and enforcement of U.S. immigration laws.

I understand that USCIS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, if I am required to provide biometrics, I will be required to sign an oath reaffirming that:

- 1) I reviewed and provided or authorized all of the information in my affidavit;
- 2) I understood all of the information contained in, and submitted with, my affidavit; and
- 3) All of this information was complete, true, and correct at the time of filing.

I certify, under penalty of perjury, that I provided or authorized all of the information in my affidavit, I understand all of the information contained in, and submitted with, my affidavit, and that all of this information is complete, true, and correct.

That this affidavit is made by me to assure the U.S. Government that the person named in **Part 2.** will not become a public charge in the United States.

That I am willing and able to receive, maintain, and support the person named in **Part 2.** I am ready and willing to deposit a bond, if necessary, to guarantee that such persons will not become a public charge during his or her stay in the United States, or to guarantee that the above named persons will maintain his or her nonimmigrant status, if admitted temporarily, and will depart prior to the expiration of his or her authorized stay in the United States.

That I understand that Form I-134 is an "undertaking" under section 213 of the Immigration and Nationality Act, and I may be sued if the persons named in **Part 2.** become a public charge after admission to the United States.

That I understand that Form I-134 may be made available to any Federal, State, or local agency that may receive an application from the persons named in **Part 2.** for Food Stamps, Supplemental Security Income, or Temporary Assistance to Needy Families.

That I understand that if the person named in **Part 2.** does apply for Food Stamps, Supplemental Security Income, or Temporary Assistance for Needy Families, my own income and assets may be considered in deciding the person's application. How long my income and assets may be attributed to the persons named in **Part 2.** is determined under the statutes and rules governing each specific program.

I acknowledge that I have read the section entitled **Sponsor and Beneficiary Liability** in the Instructions for this affidavit, and am aware of my responsibilities as a sponsor under the Social Security Act, as amended, and the Food Stamp Act, as amended.

##### Sponsor's Signature

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

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

**Part 5. 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)

**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 provided in Part 4., Item Number 1.b., and I have read to this sponsor in the identified language every question and instruction on this affidavit and his or her answer to every question. The sponsor informed me that he or she understands every instruction, question, and answer on the affidavit, including the **Sponsor's 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 6. Contact Information, Statement, Declaration, and Signature of the Person Preparing this Affidavit, if Other Than the Sponsor**

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

**Part 6. Contact Information, Statement, Declaration, and Signature of the Person Preparing this Affidavit, if Other Than the Sponsor (continued)**

***Preparer's Contact Information***

4. Preparer's Daytime Telephone Number

5. Preparer's Fax Number

6. Preparer's Email Address (if any)

***Preparer's Statement***

- 7.a. ☐ I am not an attorney or accredited representative but have prepared this affidavit on behalf of the sponsor and with the sponsor's consent.

- 7.b. ☐ I am an attorney or accredited representative and my representation of the sponsor in this case  
☐ extends ☐ does not extend beyond the preparation of this affidavit.

**NOTE:** If you are an attorney or accredited representative whose representation extends beyond preparation of this affidavit, you may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this application.

***Preparer's Certification***

By my signature, I certify, under penalty of perjury, that I prepared this affidavit at the request of the sponsor. The sponsor then reviewed this completed affidavit and informed me that he or she understands all of the information contained in, and submitted with, his or her affidavit, including the **Sponsor's Certification**, and that all of this information is complete, true, and correct. I completed this affidavit based only on information that the sponsor 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 7. Additional Information

*Your Full Name*

1.b. Given Name (First Name) **NIRMAL**

[illegible][illegible][illegible][illegible][illegible]