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Review the I-134A form information

Here is a summary of all the information you provided in your declaration.

Make sure you have provided responses for everything that applies to you before you submit your declaration. You can edit your responses by going to each declaration section using the site navigation.

We also prepared a draft case snapshot with your responses, which you can download below.

[View draft snapshot \(/forms/api/drafts/9989070/I-134/snapshot\)](#)

Getting Started

Basis for filing

On whose behalf are you filing this form?

Another individual who is the beneficiary

I am filing this form under one of the following:

Ukraine

Preparer and interpreter information

Is someone assisting you with completing this declaration?

No

Is a preparer assisting you with completing this declaration?

Is an interpreter assisting you with completing this declaration?

Preparer information

What is your preparer's full name?

Given name (first name)

Family name (last name)

What is your preparer's business or organization name?

What is your preparer's mailing address?

Country

Address line 1

Address line 2

City or town

State

ZIP code

What is your preparer's contact information?

Daytime telephone number

Mobile telephone number

Email address

Interpreter information

What is your interpreter's full name?

Given name (first name)

Family name (last name)

What is your interpreter's business or organization name?

What is your interpreter's mailing address?

Country

Address line 1

Address line 2

City or town

State

ZIP code

What is your interpreter's contact information?

Daytime telephone number

Mobile telephone number

Email address

What language is your interpreter using to interpret this declaration for you?

About the Individual Agreeing to Financially Support the Beneficiary

Name of the individual agreeing to financially support the beneficiary

What is your current legal name?

Given name (first name) **Paul**

Middle name **Erford**

Family name (last name) **Barrick**

Has used additional names **No**

Have you used any other names since birth?

Provide the name of the organization, group, or entity that is providing support to the beneficiary with you (if any).

Contact information for the individual agreeing to financially support the beneficiary

How may we contact you?

Daytime telephone number **(678) 617-5386**

Mobile telephone number (if any) **(678) 617-5386**

Email address **peb7268@gmail.com**

What is your current mailing address?

In care of name (if any)

Country **United States**

Address line 1 **9795 SPRING HILL ST**

Address line 2

City or town **Highlands Ranch**

State **Colorado**

ZIP code **80129-4384**

Is your mailing address the same as
the physical address?

Yes

What is your physical address?

In care of name (if any)

Country

Address line 1

Address line 2

City or town

State

ZIP code

When and where the individual agreeing to financially support the beneficiary
was born

What is your date of birth?

10/07/1983

What is your city or town of birth?

Athens

What is your state or province of
birth?

GA

What is your country of birth?

United States

What is your sex?

Male

Immigration information for the individual agreeing to financially support the
beneficiary

What is your current immigration
status?

U.S. Citizen

Please provide an explanation.

What is your Form I-94 Arrival-
Departure Record Number?

What is your A-Number?

What is your U.S. Social Security
number?

259-45-7268

What is your USCIS Online Account
Number?

What is your relationship to the
beneficiary?

Employer

Employment information for the individual agreeing to financially support the
beneficiary

What is your employment status? **Employed (full-time,
part-time, seasonal,
self-employed)**

Please provide an explanation.

What is your type of employment? **I am currently employed
as a/an**

Self-employed as

Employed as **Vice President of
Engineering**

Name of employer **Fairwords**

What is your current employer's
address?

Country **United States**

Address line 1 **1079 S Hover St.**

Address line 2 **Suite 200**

City or town **Longmont**

State **Colorado**

ZIP code **80501**

Financial Information About the Individual Agreeing to Financially Support the Beneficiary

Income information for the individual agreeing to financially support the
beneficiary

Provide all of the information requested in the table below about yourself, all of your dependents, and any other individuals you financially support. Do not include any individuals listed in the "Beneficiary's Financial Information" section. Information about assets that are not based on employment should be added in the "Assets of the individual agreeing to financially support the beneficiary" section below.

What is the individual's full name?

Given name (first name) **Paul**

Middle name **Erford**

Family name (last name) **Barrick**

What is the individual's date of birth? **10/07/1983**

What is the individual's relationship to the individual agreeing to financially support the beneficiary? **Self**

How much income will this individual contribute to the beneficiary annually? **\$1,000.00**

What is the total number of dependents? **4**

What is the total income? **\$240,000.00**

Additional income information for the individual agreeing to financially support the beneficiary

Does any of the income listed come from an illegal activity or source (such as proceeds from illegal gambling or illegal drug sales)? **No**

What amount of income comes from an illegal activity?

Does any of the income listed above come from means-tested public benefits as defined in 8 CFR 213a.1? **No**

What amount of income is from means-tested public benefits?

Specific contributions to the beneficiary

You are responsible for receiving, maintaining, and supporting the beneficiary for the duration of their temporary stay in the United States. Describe the resources you plan to use or provide to ensure the beneficiary has adequate financial support to cover their basic living needs.

- Initial housing as long as needed -
Employment - Board - Assistance in finding own apartment and setup of utilities -Any other assistance needed with government duties and day to day life.

You are responsible for ensuring the beneficiary has safe and appropriate housing for the duration of their parole in the United States. Describe how you will ensure that the beneficiary's housing needs are met, including where the beneficiary will reside during their temporary stay in the United States, if known.

They will stay at our address unless they want to find their own apartement, in which case I will assist them in whatever capacity they need.

You are responsible for assisting the beneficiary's access to available services and benefits such as learning English, securing employment opportunities once authorized to work, enrolling children in school, and helping to enroll for benefits for which they are eligible. Describe what steps you plan to take as part of these responsibilities.

Assistance in acquiring employment. The beneficiary and his wife already speak English. They have no children. I am happy however to help teach english further and help fulfill any cultural teaching that they need.

Assets of the individual agreeing to financially support the beneficiary

Provide information about any assets you will use to support the beneficiary for the anticipated period of his or her stay. List only assets that can be converted into cash within 12 months and that will be used to support the beneficiary while the beneficiary is in the United States. Provide the value of all assets listed in U.S. dollars, regardless of whether they are held in the United States or outside of the United States. Do not include assets from any individuals in the "Beneficiary's Financial Information" section. You may also include your household members' assets below. Attach evidence in the "Evidence" section under "Proof of assets" and "Bonds" showing that you, or your dependents, have these assets.

What is the total amount (U.S. dollars)?

\$70,000.00

Have you previously submitted a Form I-134 or a Form I-134A on behalf of a person other than the beneficiary listed on this Form I-134A?

No

Financial responsibility for other beneficiaries

Provide the information about the people for whom you have previously submitted a Form I-134 or Form I-134A, other than the beneficiary listed on this Form I-134A.

About the Beneficiary

Beneficiary name

What is the beneficiary's current legal name?

Given name (first name)

Vladyslav

Middle name

Family name (last name)

Boiko

Has used additional names

No

Has the beneficiary used any other names since birth?

Beneficiary contact information

How may we contact the beneficiary?

Daytime telephone number

48571938065

Mobile telephone number (if any)

48571938065

Email address

vladyslav.boiko.dev@g
mail.com

What is the beneficiary's current mailing address?

In care of name (if any)

Country

Poland

Address line 1

8/4 Slusarska st

Address line 2

City or town

Krakow

Province

Postal Code

30710

Is the beneficiary's mailing address the same as the physical address?

Yes

What is the beneficiary's physical address?

In care of name (if any)

Country

Address line 1

Address line 2

City or town

State

ZIP code

When and where beneficiary was born

What is the beneficiary's date of birth?

05/10/1994

What is the beneficiary's city or town of birth?

Cherkasy

What is the beneficiary's state or province of birth?

Cherkaska

What is the beneficiary's country of birth?

Ukraine

Other information about the beneficiary

What is the beneficiary's sex?

Male

What is the beneficiary's marital status?

Married

Provide an explanation

What is the beneficiary's country of citizenship or nationality?

Ukraine

What country issued the beneficiary's most recently issued passport?

Ukraine

What is the number of the beneficiary's most recently issued passport?

FG785258

What is the expiration date of the beneficiary's most recently issued passport?

07/03/2027

What is the beneficiary's A-Number?

What is the beneficiary's anticipated period of stay in the United States?

From (MM/DD/YYYY)

05/01/2023

To (MM/DD/YYYY)

04/20/2025

No End Date

Beneficiary's Financial Information

Beneficiary income information

Provide information about the income and assets about the beneficiary, all of the beneficiary's dependents, and any other individuals the beneficiary financially supports.

What is the individual's full name?

Given name (first name)

Vladyslav

Middle name

Family name (last name)

Boiko

What is the individual's date of birth?

05/10/1994

What is the individual's relationship to the beneficiary?

Not Specified

How much income will this individual contribute to the beneficiary annually?

\$2,000.00

Provide information about the income and assets about the beneficiary, all of the beneficiary's dependents, and any other individuals the beneficiary financially supports.

What is the individual's full name?

Given name (first name) **Mariia**

Middle name

Family name (last name) **Boiko**

What is the individual's date of birth? **04/11/1993**

What is the individual's relationship to the beneficiary? **Spouse**

How much income will this individual contribute to the beneficiary annually? **\$2,000.00**

What is the beneficiary's total number of dependents? **1**

How much income will the beneficiary's dependents contribute to the beneficiary annually? **\$1,000.00**

Beneficiary additional income information

Does any of the beneficiary's total income (including income from dependents and other individuals who contribute to the beneficiary's income, excluding any individuals named in the "Financial Information About the Person Agreeing to Financially Support the Beneficiary" section) come from an illegal activity or source (such as proceeds from illegal gambling or illegal drug sales)? **No**

What amount of the beneficiary's total income comes from an illegal activity or source?

Does any of the beneficiary's total income come from means-tested public benefits as defined in 8 CFR 213a.1? **No**

What amount of the beneficiary's total income comes from means-tested public benefits?

Beneficiary assets

Provide the current cash value of any assets available to the beneficiary for the expected period of his or her stay.

What is the asset holder's full name?

Given name (first name) Vladyslav

Middle name

Family name (last name) Boiko

What is the type of asset? Checking - Bank Account

What is the cash value of the asset in U.S. dollars? \$18,000.00

What is the total amount (U.S. dollars)? \$18,000.00

Evidence

Bank officer statement

Bank officer statement

Filename [20230117_124723.jpg](#)
[\(/forms/api/evidence/download](#)
[/9989070/3-](#)
[r75BSDYe4Pk9BNRAUIbtcXpoc8](#)
[t-](#)
[sFpHd901OHUGm9ALueCv3Zv2](#)
[Uad1SOitFU6mBo926bhubyfm8](#)
[xc866Kg?form_type=I-134\).](#)

Document Type Bank officer statement

Employer statement

Employer statement

Filename [Fairwords_Emplo...d.pdf](#)
[\(/forms/api/evidence/download](#)
[/9989070/Ay-](#)
[YTo7z4aV5GoDzsIxhHBC5fu3PW](#)
[4U_MlwG_gSVGUIf5qhPDXXXOH](#)
[mfKGQjQS2eliPn6FrbrFqoI_F](#)
[UP3Ew?form_type=I-134\)](#)

Document Type Employer statement

Income tax return

Income tax return

Filename

[TaxForms2022.pdf](#)
[\(/forms/api/evidence/download](#)
[/9989070/zYPqsBCC5Jj3BjngAF](#)
[uDmZF_8AyN9hcKcmibFmrgHb](#)
[OnTMKHyvRKL2VAbISY-](#)
[FM3QN3UNMhuCViMOpoyrDsw](#)
[hA?form_type=l-134\)](#)

Document Type

Income tax return

Bonds

Bonds

Proof of immigration status

Proof of immigration status

Filename

[20230124_083651.jpg](#)
[\(/forms/api/evidence/download](#)
[/9989070/FQ3s6LjAIkYIPZKo7pP](#)
[jrm9g4TwCR5ujQvUUO2x6YR-](#)
[1TeX9hW0a9cUnW1lunsuXgf3n](#)
[DpTialtBX3kKh302YQ?](#)
[form_type=l-134\)](#)

Document Type

Immigration status

Proof of immigration status

Filename

[20230124_083828.jpg](#)
[\(/forms/api/evidence/download](#)
[/9989070/ZPODUcFfrTW15eqCu](#)
[P-](#)
[1dSfQhTrPMBHqt_98WTlhW2m](#)
[mjzrxKnXtdCGrGy9d9doL1zxK9-](#)
[iROG4WgzfF5TMNkg?](#)
[form_type=l-134\)](#)

Document Type

Immigration status

Proof of assets of individual agreeing to financially support the beneficiary

Proof of assets of individual agreeing
to financially support the
beneficiary

Filename

[20230117_124723.jpg](#)
[\(/forms/api/evidence/download](#)
[/9989070/wJapmz5qgcFD_IVqp](#)
[_0yNVM8YhPw-](#)
[SnvONaBicBB5joZqHpl0zskIX3K](#)
[5ENB9fLcPWFFS0jYlgsellLVGbuV](#)
[Q?form_type=I-134\)](#)

Document Type

Assets

Proof of beneficiary's assets

Proof of beneficiary's assets

Additional Information

Additional information

Additional Information

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