

FORM 4 - BENEFICIARY SUPPORTING DOCUMENTS

PLEASE COMPLETE AND SUBMIT THIS FORM WITH SUPPORTING DOCUMENTS FOR THE BENEFICIARY.

Please **COLLECT** all the requested documents and **SUBMIT** at the **SAME TIME** rather than a little at a time. This will cut down on the number of duplicate documents and ensure that items are not missed or misplaced.

For each document listed, please provide the filename under which you are submitting the document. If there is no document for that item, please check either “Does not apply” if the item is not relevant, or “Not Available” if relevant, but you are unable to provide a copy.

IF A REQUESTED DOCUMENT HAS ALREADY BEEN **SUBMITTED UNDER THE PETITIONER**, please note the name of the file where it may be found. PLEASE DO NOT SUBMIT DUPLICATES.

If you are submitting a document that is not in English, you must provide translation (see instructions for obtaining a **Certification of Translation**)

I. Basic Identifying Information/Military/Education Record:

Item	Does not apply	Not Available	Filename of Document
Birth Certificate	<input type="checkbox"/>	<input type="checkbox"/>	
Passport and Visas for the U.S.	<input type="checkbox"/>	<input type="checkbox"/>	
Birth Certificates of any minor non-U.S. Citizen children Beneficiary seeks to bring to U.S.	<input type="checkbox"/>	<input type="checkbox"/>	
Judgments of Divorce for any prior marriages	<input type="checkbox"/>	<input type="checkbox"/>	
Child Custody/Support Agreements from any prior marriages	<input type="checkbox"/>	<input type="checkbox"/>	
Military Service Record	<input type="checkbox"/>	<input type="checkbox"/>	
Post-Secondary Degrees, Certifications	<input type="checkbox"/>	<input type="checkbox"/>	
Professional Licenses	<input type="checkbox"/>	<input type="checkbox"/>	
Copy of U.S. Embassy Denial Forms	<input type="checkbox"/>	<input type="checkbox"/>	

II. Evidence of Rehabilitation:

Item	Does not apply	Not Available	Filename of Document
Criminal History Background Check from Country of Origin (if available)	<input type="checkbox"/>	<input type="checkbox"/>	
Letters of Recommendation from Family, Friends, Clergy, Employer/co-workers, Community Members attesting to Beneficiary's good moral character	<input type="checkbox"/>	<input type="checkbox"/>	
Certificates/Awards/Commendations for volunteer/community activities	<input type="checkbox"/>	<input type="checkbox"/>	

III. Economic Hardship Information (INCOME/ASSETS):

Is Beneficiary is living with the Petitioner with the Petitioner. ☐ Yes ☐ No

If **YES**, **do not** complete Income/Assets items below for any shared Income/Asset (such as home/Bank Accounts) already listed on Petitioner's worksheet.

Item	Does not apply	Not Available	Filename of Document
BENEFICIARY			
BENEFICIARY'S last two pay stubs	<input type="checkbox"/>	<input type="checkbox"/>	
BENEFICIARY'S employment contract	<input type="checkbox"/>	<input type="checkbox"/>	
BENEFICIARY'S most recent tax return	<input type="checkbox"/>	<input type="checkbox"/>	
Documentation of other sources of income for BENEFICIARY (e.g., Social Security, Disability or Workman's Comp. benefits, alimony, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
Documentation of BENEFICIARY'S Savings/Checking/Cash assets, Stocks, Bonds, other investments	<input type="checkbox"/>	<input type="checkbox"/>	
Documentation of other significant assets of BENEFICIARY'S (e.g., ownership of rental property, ownership of interest in a business, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	

IV. Economic Hardship Information (EXPENSES/DEBT):

Is Beneficiary living with the Petitioner with the Petitioner. ☐ Yes ☐ No

If **YES, do not** complete Expense items below for any shared Expense (Mortgage or Rent) already listed on Petitioner's worksheet.

For MONTHLY bills and statements please provide ONLY THE **TWO MOST RECENT** **BILLS/STATEMENTS**

Item	Does not apply	Not Available	Filename of Document
BENEFICIARY			
Documentation of Long-Term Debt (mortgages, student/car loans, credit card refinancing, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
Credit Card Statements	<input type="checkbox"/>	<input type="checkbox"/>	
Mortgage/Rent payments (copy of lease)	<input type="checkbox"/>	<input type="checkbox"/>	
Property Taxes	<input type="checkbox"/>	<input type="checkbox"/>	
Monthly Car payments	<input type="checkbox"/>	<input type="checkbox"/>	
Car Insurance	<input type="checkbox"/>	<input type="checkbox"/>	
Homeowners/Renter's Insurance	<input type="checkbox"/>	<input type="checkbox"/>	
Life Insurance	<input type="checkbox"/>	<input type="checkbox"/>	
Health Insurance Premiums	<input type="checkbox"/>	<input type="checkbox"/>	
Utilities (gas, water/sewer, electric)	<input type="checkbox"/>	<input type="checkbox"/>	
Telephone/Cable/Internet	<input type="checkbox"/>	<input type="checkbox"/>	
Child care	<input type="checkbox"/>	<input type="checkbox"/>	
School Tuition/Fees/Books	<input type="checkbox"/>	<input type="checkbox"/>	
Provide an estimate for each of the following typical monthly expenses: Groceries Auto Fuel Car Maintenance Household Clothing Other _____ Other _____	<input type="checkbox"/>	<input type="checkbox"/>	