



# Affidavit of Support Under Section 213A of the INA

# **Department of Homeland Security**

U.S. Citizenship and Immigration Services

**Form I-864** OMB No. 1615-0075 Expires 12/31/2023

**USCIS** 

		it of Support Submitter	Section 213A Review			Number of Support Affidavits in File		
For	□ Peti	tioner	□ MEETS		NOT MEET			
USC	IS 🗆 1st.	Joint Sponsor	requirements	require	ements	Remarks		
Use	e 🗆 2nd	Joint Sponsor	Reviewed By:			According to		
Onl	y □ Sub	stitute Sponsor	Office:					
	□ 5%	Owner	Date (mm/dd/yy					
			Bute (IIIII) day y	7 7 7 7				
To be completed by an attorney or accredited G-28I is attache			(if applica	State Bar l	Number	Attorney or Accredited Representative USCIS Online Account Number (if any)		
repre	<b>sentative</b> (if a	nny).	licu.					
► S7	TART HERE	- Type or print in black	ink.		L			
Part	1. Basis Fo	or Filing Affidavit of	Support	Ma	iling Addre	(USPS ZIP Code Lookup)		
, F	TULL LEGA	L NAME OF PETITION	IER	2.a.	In Care Of N	ame		
1,		abmitting this affidavit of		,	BENEFIC	TIARY FULL LEGAL NAME		
(Sel	lect only one	box):		2.b.		CURRENT ADDRESS		
1.a.		etitioner. I filed or am fil on of my relative.	ing for the	2.c.	and Name  Apt.	Ste.   Flr.		
1.b.	I filed an	alien worker petition on b	ehalf of the	2.0.		J. Sec Th.		
1.0.		immigrant, who is related		2.d.	City or Town	CITY		
				2.e.	State	2.f. ZIP Code ZIPCODE		
1.c. [	I have an	ownership interest of at le	ast 5 percent in	2.g.	Province			
		ed an alien worker petition immigrant, who is related		2.h.	Postal Code			
	Intending	miningram, who is related	to me as my	2.i.	Country			
1.d. [	I am the o	only joint sponsor.		_				
1.e. [	I am the	first second of	two joint sponsors	Oth	er Informa	tion		
1.f.	The origin	nal petitioner is deceased.	I am the		<b>V</b>			
_		sponsor. I am the intendi		3.		Citizenship or Nationality		
					BENEFICI	ARY'S COUNTRY OF NATIONALITY		
	-	filing this form as a spon		4.	Date of Birth	(mm/dd/yyyy) DATE OF BIRTH		
		ur U.S. citizenship, U.S.	national status,	5.	Alien Regist	ration Number (A-Number) (if any)		
or law	or lawful permanent resident status.				C	► A- USCIS # ON EAD		
Part 2. Information About the Principal			6.	USCIS Onlin	ne Account Number (if any)			
	igrant	and involvement in			•	IT'S ON YOUR RECEIPTS, IF ANY		
	Family Name (Last Name)	LAST NAME(S) OF B	ENEFICIARY	7.		ephone Number		
1.b. (	Given Name (First Name)	FIRST NAME(S) OF B	ENEFICIARY		BENEFICI	ARY'S PHONE NUMBER		
1.c. N	Middle Name	MIDDLE NAME OF B	ENEFICIARY					

	t 3. Information About the Immigrants You	Family Member 3				
Are	Sponsoring	14.a. Family Name (Last Name) USUALLY, NOT FOR YOU				
1.	I am sponsoring the principal immigrant named in <b>Part 2.</b>	14.b. Given Name (First Name)				
	Yes No (Applicable only if you are sponsoring family members in <b>Part 3.</b> as the second joint sponsor or if you are sponsoring	14.c. Middle Name				
	family members who are immigrating	15. Relationship to Principal Immigrant				
	more than six months after the principal immigrant)					
2.	I am sponsoring the following family members	<b>16.</b> Date of Birth (mm/dd/yyyy)				
	immigrating at the same time or within six months of the principal immigrant named in <b>Part 2.</b> (Do not	17. Alien Registration Number (A-Number) (if any)				
	include any relative listed on a separate visa petition.)	► A-				
3.	I am sponsoring the following family members who are immigrating more than six months after the principal	18. USCIS Online Account Number (if any)				
	immigrant.					
Fami	ily Member 1	Family Member 4				
	Family Name LISUALLY NOT FOR YOU	19.a. Family Name (Last Name) USUALLY, NOT FOR YOU				
4.b.	(East Hame)	19.b. Given Name				
	(First Name)	(First Name)  19.c. Middle Name				
4.c.	Middle Name					
5.	Relationship to Principal Immigrant	20. Relationship to Principal Immigrant				
		21 Data of Birth (mm/dd/mm)				
6.	Date of Birth (mm/dd/yyyy)	21. Date of Birth (mm/dd/yyyy)				
7.	Alien Registration Number (A-Number) (if any)	22. Alien Registration Number (A-Number) (if any)  ▶ A-				
	► A-	23. USCIS Online Account Number (if any)				
8.	USCIS Online Account Number (if any)	> Use is diffine recount runner in any				
		Family Mambay 5				
Fami	ily Member 2	Family Member 5  24.a. Family Name LISHALLY NOT FOR YOUR				
9.a.	Family Name (Last Name) USUALLY, NOT FOR YOU	(Last Name)				
9.b.	Given Name (First Name)	24.b. Given Name (First Name)				
9.c.	Middle Name	24.c. Middle Name				
10.	Relationship to Principal Immigrant	25. Relationship to Principal Immigrant				
11.	Date of Birth (mm/dd/yyyy)	26. Date of Birth (mm/dd/yyyy)				
12.	Alien Registration Number (A-Number) (if any)	27. Alien Registration Number (A-Number) (if any)				
	► A-	► A-				
13.	USCIS Online Account Number (if any)	28. USCIS Online Account Number (if any)				

# Part 3. Information About the Immigrants You **Are Sponsoring** (continued)

29. Enter the total number of immigrants you are sponsoring on this affidavit which includes the principal immigrant listed in Part 2., any immigrants listed in Part 3., Item Numbers 1. - 28. and (if applicable), any immigrants listed for these questions in Part 11. Additional Information. Do not count the principal immigrant if you are only sponsoring family members entering more than 6 months after the principal immigrant.



### Part 4. Information About You (Sponsor)

### Sponsor's Full Name

**1.a.** Family Name (Last Name)

PETITIONER'S LAST NAME(S)

Given Name (First Name)

PETITIONER'S FIRST NAME

1.c. Middle Name PETITIONER'S MIDDLE NAME

# Sponsor's Mailing Address

**2.a.** In Care Of Name

### PETITIONER'S FULL LEGAL NAME

Street Number and Name

**CURRENT ADDRESS** 

Apt. Ste. Flr.

2.d. City or Town

CITY

State

2.f. ZIP Code | ZIPCODE

Province 2.g.

2.h. Postal Code

2.i. Country

USA

Is your current mailing address the same as your physical address? X Yes No

If you answered "No" to Item Number 3., provide your physical address in Item Numbers 4.a. - 4.h.

### Sponsor's Physical Address

4.a.	Street Number and Name	ONLY IF YOUR ADDRESS IS DIFFIRENT THAN MAILING

**4.b.** Apt. Ste. Flr.

4.c. City or Town

4.d. State **4.e.** ZIP Code

Province

Postal Code

4.h. Country

# Other Information

Country of Domicile

USA

Date of Birth (mm/dd/yyyy)

DATE OF BIRTH

USUALLY, IF YOU **BECAME A NATURALIZED** 

CITIZEN YOU DO HAVE

7. City or Town of Birth

PETITIONER'S CITY OF BIRTH

State or Province of Birth 8.

PETITIONER'S STATE OF BIRTH

9. Country of Birth

PETITIONER'S COUNTRY OF BIRTH

U.S. Social Security Number (Required)

PETITIONER'S SSN

### Citizenship or Residency

**11.a.** I am a U.S. citizen.

**11.b.** I am a U.S. national.

**11.c.** I am a lawful permanent resident.

**12.** Sponsor's A-Number (if any) ► A-

Sponsor's USCIS Online Account Number (if any)

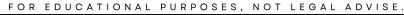


Military Service (To be completed by petitioner sponsors only.)

I am currently on **active duty** in the U.S. Armed Forces or U.S. Coast Guard. | Yes | No







US U	or CIS se nly					
Par	t 5. Sponsor's Household Size	5.	Reti	red Since (mm/dd/yy)	yy)	
	E: Do not count any member of your household more	IF PET		IS RETIRED, CLICK HEI		
	once.	6.	Une	employed Since (mm/o	 dd/yyyy)	
Pers	ons you are sponsoring in this affidavit:	IF PET		IS UNEMPLOYED CLIC		
1.	Provide the number you entered in Part 3., Item Number	7.	My curi	rent individual annual	income is:	
	29.		-	ANNUAL INCOME, YOU WILL HENT YEAR YOU ARE FILING		
Pers	ons NOT sponsored in this affidavit:			are using from any o		NOC.
2.	Yourself.			our household size, in		
3.	If you are currently married, enter "1" for your spouse.			e intending immigran Please indicate name		
YOU	WILL NOT LIST YOUR SPOUSE TWICE,	Pers		This is where you	"COMBINE" or use	ilicome.
4.	IS IS WHO YOU ARE PETITIONING.  If you have dependent children, enter the number here.	8.	Name		earned WITH	
7.	if you have dependent emidren, emer the number nere.	<b>0.</b>		FICIARY'S FULL LE	EGAL NAME	_
5.	If you have any other dependents, enter the number here.	9 <b>.</b>				
٥.	if you have any other dependents, enter the number here.	<b>9.</b>	Relation	TIONSHIP (SPOU	SE, HUSBAND, V	VIFE)
6.	If you have sponsored any other persons on Form I-864 or	10	C	4 To a cons	Φ.	•
	Form I-864EZ who are now lawful permanent residents,	10.		t Income  BENEFICIARY'S CURI	\$ BENT ANNUAL	<del></del>
	enter the number here.	Pers	on 2	INCOME TO USED T	O MEET THE -	
7.	<b>OPTIONAL:</b> If you have siblings, parents, or adult	11.	Name	PROVERTY GUII	DELINES.	
	children with the same principal residence who are combining their income with yours by submitting Form I-864A, enter the number here.	12.	Relation	nship		
	1-804A, enter the number here.					
8.	Add together <b>Part 5.</b> , <b>Item Numbers 1 7.</b> and enter the number here.	13.	Curren	t Income	\$	
	Household Size: 2	Pers	on 3			
		14.	Name			
Par	t 6. Sponsor's Employment and Income	1	Tunic			
I am	currently:	15.	Relation	nshin		
1.	Employed as a/an	10.	Relation	nomp		
	PETITIONER'S JOB TITLE	16			Φ.	
2.	Name of Employer 1	16.	Curren	t Income	\$	
	PETITIONER'S EMPLOYER	Pers	on 4			
3.	Name of Employer 2 (if applicable)	17.	Name			
	IF PETITIONER HAS A SECOND JOB					
4.	Self-Employed as a/an (Occupation)	18.	Relation	nship		
	IF PETITIONER IS SELF EMPLOYED, CLICK HERE.					
		19.	Curren	at Income	\$	

For USCIS	HOULD BE A COMBINATION OF LINE #7 (IF ANY INCOME ) AND G INCOME OF THE BENEFICIARY OBTAINING GREENCARD) AS COME IS EARNED WITH AUTHORIZATION, THEY CAN INCLUDE, IF NEEDED TO MEET THE PROVERTY GUIDELINES. RE SHOULD UPDATE AUTOMATICALLYIF YOU USE ADOBE PDF.					
Part 6. Sponsor's Employment and Income (continued)	Part 7. Use of Assets to Supplement Income (Optional)					
20. My Current Annual Household Income (Total all lines from Part 6. Item Numbers 7., 10., 13., 16., and 19.; the total will be compared to Federal Powerty Guidelines on Form I-864P.)	If your income, or the total income for you and your household, from <b>Part 6.</b> , <b>Item Numbers 20.</b> or <b>24.a 24.c.</b> , exceeds the Federal Poverty Guidelines for your household size, <b>YOU ARE NOT REQUIRED</b> to complete this <b>Part 7.</b> Skip to <b>Part 8.</b>					
21. The people listed in <b>Item Numbers 8., 11., 14.</b> , and	Your Assets (Optional)					
<b>17.</b> have completed Form I-864A. I am filing along with this affidavit all necessary Form I-864As	1. Enter the balance of all savings and checking accounts.					
completed by these people.	2. Enter the net cash value of real-estate holdings. (Net					
22. One or more of the people listed in <b>Item Numbers</b> 8., 11., 14., and 17. do not need to complete Form	value means current assessed value minus mortgage debt.)					
I-864A because he or she is the intending immigrant	\$					
and has no accompanying dependents.	3. Enter the net cash value of all stocks, bonds, certificates					
Name	of deposit, and any other assets not already included in <b>Item Number 1.</b> or <b>Item Number 2.</b>					
	tiem Number 1. of Item Number 2.					
Federal Income Tax Return Information	A Allegarder Ham Nambarr 1 2 and according makes					
<b>23.a.</b> Have you filed a Federal income tax return for each of the	4. Add together <b>Item Numbers 1 3.</b> and enter the number here. <b>TOTAL:</b> \$					
three most recent tax years? Yes No						
NOTE: You MUST attach a photocopy or transcript of	Assets from Form I-864A, Part 4., Item Number 3.d., for:					
your Federal income tax return for only the most recent	5.a. Name of Relative					
tax year.						
23.b. (Optional) I have attached photocopies or transcripts	<b>5.b.</b> Your household member's assets from Form I-864A					
of my Federal income tax returns for my second and third most recent tax years.	(optional). \$					
unita most recent das years.	Assets of the principal sponsored immigrant (optional).					
My total income (adjusted gross income on Internal Revenue	The princip You will find the Total the person listed in Part					
Service (IRS) Form 1040EZ) as reported on my Federal income tax returns for the most recent three years was:	2., Item Nu Income on your Form 1040, lude the assets if the					
Tax Year Total Income	principal in Page 1, Line 9, TOTAL l by this affidavit of support.					
24.a. Most Recent 2023 \$	<b>6.</b> Enter You fill the Total Income on 1 immigrant's savings and					
24.b. 2nd Most Recent 2022 \$	check your Transcripts on page 3, it is listed under Income on					
	page 3 it says Total Income					
<b>24.c.</b> 3rd Most Recent <b>2021</b> \$	7. Enter Adjusted By Computer. e principal immigrant's real estate notdings. (Net value means investment value					
25.	minus mortgage debt.) \$					
as my income was below the IRS required level and I have attached evidence to support this.	8. Enter the current cash value of the principal immigrant's					
have attached evidence to support this.	stocks, bonds, certificates of deposit, and other assets not					
	included in <b>Item Number 6.</b> or <b>Item Number 7.</b>					
	\$					

0

I		Household Size	Poverty Guideline	Sponsor's Household Income	Remarks			
	For USCIS		Year: 20	(Page 5, Line 10)				
	Use Only		Poverty Line:		t equal 5 times (3 times for spouses and children of lly adopted in the U.S.) the difference between the			
١		☐ Other	\$	poverty guidelines and the sponsor's household income, line 10.				

# Part 7. Use of Assets to Supplement Income (Optional) (continued)

9. Add together **Item Numbers 6. - 8.** and enter the number here.

#### **Total Value of Assets**

**0.** Add together **Item Numbers 4.**, **5.b.**, and **9.** and enter the number here.

TOTAL: \$

# Part 8. Sponsor's Contract, Statement, Contact Information, Declaration, Certification, and Signature

**NOTE:** Read the **Penalties** section of the Form I-864 Instructions before completing this part.

### Sponsor's Contract

Please note that, by signing this Form I-864, you agree to assume certain specific obligations under the Immigration and Nationality Act (INA) and other Federal laws. The following paragraphs describe those obligations. Please read the following information carefully before you sign Form I-864. If you do not understand the obligations, you may wish to consult an attorney or accredited representative.

#### What is the Legal Effect of My Signing Form I-864?

If you sign Form I-864 on behalf of any person (called the intending immigrant) who is applying for an immigrant visa or for adjustment of status to a lawful permanent resident, and that intending immigrant submits Form I-864 to the U.S. Government with his or her application for an immigrant visa or adjustment of status, under INA section 213A, these actions create a contract between you and the U.S. Government. The intending immigrant becoming a lawful permanent resident is the consideration for the contract.

Under this contract, you agree that, in deciding whether the intending immigrant can establish that he or she is not inadmissible to the United States as a person likely to become a public charge, the U.S. Government can consider your income and assets as available for the support of the intending immigrant.

### What If I Choose Not to Sign Form I-864?

The U.S. Government cannot make you sign Form 1-864 if you do not want to do so. But if you do not sign Form I-864, the intending immigrant may not become a lawful permanent resident in the United States.

### What Does Signing Form I-864 Require Me To Do?

If an intending immigrant becomes a lawful permanent resident in the United States based on a Form I-864 that you have signed, then, until your obligations under Form I-864 terminate, you must:

- A. Provide the intending immigrant any support necessary to maintain him or her at an income that is at least 125 percent of the Federal Poverty Guidelines for his or her household size (100 percent if you are the petitioning sponsor and are on active duty in the U.S. Armed Forces or U.S. Coast Guard, and the person is your husband, wife, or unmarried child under 21 years of age); and
- **B.** Notify U.S. Citizenship and Immigration Services (USCIS) of any change in your address, within 30 days of the change, by filing Form I-865.

### What Other Consequences Are There?

If an intending immigrant becomes a lawful permanent resident in the United States based on a Form I-864 that you have signed, then, until your obligations under Form I-864 terminate, the U.S. Government may consider (deem) your income and assets as available to that person, in determining whether he or she is eligible for certain Federal means-tested public benefits and also for state or local means-tested public benefits, if the state or local government's rules provide for consideration (deeming) of your income and assets as available to the person.

This provision does **not** apply to public benefits specified in section 403(c) of the Welfare Reform Act such as emergency Medicaid, short-term, non-cash emergency relief; services provided under the National School Lunch and Child Nutrition Acts; immunizations and testing and treatment for communicable diseases; and means-tested programs under the Elementary and Secondary Education Act.

### What If I Do Not Fulfill My Obligations?

If you do not provide sufficient support to the person who becomes a lawful permanent resident based on a Form I-864 that you signed, that person may sue you for this support.



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# Part 8. Sponsor's Contract, Statement, Contact Information, Declaration, Certification, and Signature (continued)

If a Federal, state, local, or private agency provided any covered means-tested public benefit to the person who becomes a lawful permanent resident based on a Form I-864 that you signed, the agency may ask you to reimburse them for the amount of the benefits they provided. If you do not make the reimbursement, the agency may sue you for the amount that the agency believes you owe.

If you are sued, and the court enters a judgment against you, the person or agency that sued you may use any legally permitted procedures for enforcing or collecting the judgment. You may also be required to pay the costs of collection, including attorney fees.

If you do not file a properly completed Form I-865 within 30 days of any change of address, USCIS may impose a civil fine for your failing to do so.

### When Will These Obligations End?

Your obligations under a Form I-864 that you signed will end if the person who becomes a lawful permanent resident based on that affidavit:

- A. Becomes a U.S. citizen;
- **B.** Has worked, or can receive credit for, 40 quarters of coverage under the Social Security Act;
- C. No longer has lawful permanent resident status and has departed the United States;
- **D.** Is subject to removal, but applies for and obtains, in removal proceedings, a new grant of adjustment of status, based on a new affidavit of support, if one is required; or
- E. Dies.

**NOTE:** Divorce **does not** terminate your obligations under Form I-864.

Your obligations under a Form I-864 that you signed also end if you die. Therefore, if you die, your estate is not required to take responsibility for the person's support after your death. However, your estate may owe any support that you accumulated before you died.

### 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 <b>Part 9.</b> 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 <b>Part 10.</b> ,  prepared this affidavit for me based only upon information I provided or authorized.	],

### Sponsor's Contact Information

3. Sponsor's Daytime Telephone Number

### PETITIONER'S PHONE NUMBER

**4.** Sponsor's Mobile Telephone Number (if any)

PETITIONER'S PHONE NUMBER

5. Sponsor's Email Address (if any)

PETITIONER'S EMAIL ADDRESS

### Sponsor's Declaration and Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS or the U.S. Department of State (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 benefit that I seek.

I furthermore authorize release of information contained in this affidavit, 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 affidavit 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 affidavit and that all of this information is complete, true, and correct.

- **A.** I know the contents of this affidavit of support that I signed;
- **B.** I have read and I understand each of the obligations described in **Part 8.**, and I agree, freely and without any mental reservation or purpose of evasion, to accept each of those obligations in order to make it possible for the immigrants indicated in **Part 3.** to become lawful permanent residents of the United States;
- C. I agree to submit to the personal jurisdiction of any Federal or state court that has subject matter jurisdiction of a lawsuit against me to enforce my obligations under this Form I-864;



# Part 8. Sponsor's Contract, Statement, Contact Information, Declaration, Certification, and **Signature** (continued)

- Each of the Federal income tax returns submitted in support of this affidavit are true copies, or are unaltered tax transcripts, of the tax returns I filed with the IRS;
- I understand that, if I am related to the sponsored immigrant by marriage, the termination of the marriage (by divorce, dissolution, annulment, or other legal process) will not relieve me of my obligations under this Form I-864; and
- F. I authorize the Social Security Administration to release information about me in its records to USCIS and DOS.

### Sponsor's Signature

Sponsor's Signature

# PETITIONER'S SIGNATURE by HAND

**6.b.** Date of Signature (mm/dd/yyyy)

DATE OF SIGNATURE

**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 DOS may deny your affidavit.

# Part 9. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.

### Interpreter's Full Name

- Interpreter's Family Name (Last Name)
- Interpreter's Given Name (First Name)
- 2. Interpreter's Business or Organization Name (if any)

# Interpreter's Mailing Address

- Street Number and Name
- 3.b. Apt. Ste. Flr.
- City or Town
- 3.d. State **3.e.** ZIP Code
- Province
- Postal Code
- 3.h. Country

# Interpreter's Contact Information

- 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 specified in Part 8., 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 Declaration and

Certification, and has verified the accuracy of every answer.

### Interpreter's Signature

7.a. Interpreter's Signature

USUALLY NOT FOR YOU

n/dd/yyyy)



	ct 10. Contact Information, Declaration, and	Preparer's Statement					
if C	nature of the Person Preparing this Affidavit, Other Than the Sponsor ide the following information about the preparer.	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.				
Pre	parer's Full Name Preparer's Family Name (Last Name)	7.b.	I am an attorney or accredited representative and my representation of the sponsor in this case  extends does not extend beyond the				
1.b. 2.	Preparer's Given Name (First Name)  Preparer's Business or Organization Name (if any)		preparation of this affidavit.  NOTE: If you are an attorney or accredited representative, you may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, or G-28I, Notice of Entry of Appearance as Attorney In Matters Outside the Geographical Confines of the United States, with this				
Pre	parer's Mailing Address USUALLY NO	T FC	The state of the s				
3.a.	Street Number	Pre	eparer's Certification				
3.b.	and Name Apt. Ste. Flr.	•	my signature, I certify, under penalty of perjury, that I pared this affidavit at the request of the sponsor. The				
3.c.	City or Town	spon me ti in, a	nsor then reviewed this completed affidavit and informed that he or she understands all of the information contained and submitted with, his or her affidavit, including the				
3.d. 3.f.	State 3.e. ZIP Code Province	infor affid	onsor's Declaration and Certification, and that all of this ormation is complete, true, and correct. I completed this davit based only on information that the sponsor provided to or authorized me to obtain or use.				
3.g.	Postal Code						
3.h.	Country		eparer's Signature				
		<b>8.a.</b>	Preparer's Signature				
Pre	parer's Contact Information	8.b.	Date of Signature (mm/dd/yyyy)				
4.	Preparer's Daytime Telephone Number	0.0.	Date of Signature (min/dd/yyyy)				
5.	Preparer's Mobile Telephone Number (if any)						
6.	Preparer's Email Address (if any)						

Part 11. Additional Information						5.a.	Page Number	5.b.	Part Number	5.c.	Item Number
If you need extra space to provide any additional information within this affidavit, 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 affidavit 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 <b>Page Number</b> , <b>Part Number</b> , and <b>Item Number</b> to which your answer refers; and sign and date each sheet.					5.d.						
1.a.	Family Name (Last Name)	PETITIONE	ER'S LAST N	NAME(S	3)						
1.b.	Given Name (First Name)	PETITIONE	R'S FIRST I	NAME							
1.c.	Middle Name	PETITIONE	R'S MIDDLE	E NAME							
2.	A-Number (if	т. Г	(= 1.10¢								
3.a.	Page Number	3.b. Part	Number	3.c.		6.a.	Page Number	6.b.	Part Number	6.c.	Item Number
3.d.	USE THIS F	PAGE TO	PROVID	E AN	Y ADDITION	IAL 6.d.					
	LIKE: WHY EX: GOING				ES A BREAK, E	ETC					
4.a.	Page Number	<b>4.b.</b> Part	Number	4.c.	Item Number	7.a.	Page Number	7.b.	Part Number	7.c.	Item Number
4.d.						7.d.					