

TABLE OF CHANGES – FORM
Form I-134, Declaration of Financial Support
OMB Number: 1615-0040
07/22/2024

Reason for Revision: Revision
Project Phase: 30Day

Legend for Proposed Text:

- Black font = Current text
- Red font = Changes

Expires 11/30/2026
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Current Page Number and Section	Current Text	Proposed Text
Page 1, Part 1. Basis for Filing	<p>[Page 1]</p> <p>START HERE – Type or print in black ink.</p> <p>Part 1. Basis for Filing</p> <p>1. I am filing this form on behalf of: <input type="checkbox"/> Myself as the beneficiary.</p> <p><input type="checkbox"/> Another individual who is the beneficiary.</p>	<p>[Page 1]</p> <p>START HERE – Type or print in black ink.</p> <p>Part 1. Basis for Filing</p> <p>1. I am filing this form on behalf of: <input type="checkbox"/> Myself as the beneficiary. (Complete Parts 2., 4., and 7 - 8. Skip Parts 3., 5., and 6.) <input type="checkbox"/> Another individual who is the beneficiary. (Complete Parts 2. - 3. and Parts 5. - 8. Skip Part 4.)</p>
Pages 1-4, Part 2. Information about the Beneficiary	<p>[Page 1]</p> <p>Part 2. Information about the Beneficiary</p> <p>Complete Part 2. regardless of whether you are filing this form on behalf of yourself as the beneficiary or on behalf of another individual who is the beneficiary.</p> <p>1. Beneficiary’s Current Legal Name (Do not provide a nickname.) Family Name (Last Name) Given Name (First Name) Middle Name</p> <p>2. Other Names Used</p> <p>Provide all other names the beneficiary has ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in Part 8. Additional Information.</p>	<p>[moved down to Part 3.]</p>

	<p>Family Name (Last Name) [x2] Given Name (First Name) [x2] Middle Name [x2]</p> <p>3. Date of Birth (mm/dd/yyyy)</p> <p>4. Gender Male/Female</p> <p>5. Alien Registration Number (A-Number) (if any)</p> <p>6. Place of Birth City or Town State or Province Country</p> <p>7. Country of Citizenship or Nationality</p> <p>8. Marital Status Single, Never Married Married Divorced Widowed Legally Separated Marriage Annulled Other (Explain):</p> <p>[Page 1]</p> <p>9. Beneficiary's Mailing Address In Care Of Name (if any) Street Number and Name Apt./Ste./Flr. Number City or Town State ZIP Code Province Postal Code Country</p> <p>10. Are the beneficiary's mailing address and physical address the same? Yes/No</p> <p>If you answered "No" to Item Number 10., provide the physical address in Item Number 11.</p> <p>11. Beneficiary's Physical Address In Care Of Name (if any) Street Number and Name (Do not provide a PO Box in this space unless it is your ONLY address.) Apt./Ste./Flr. Number City or Town State ZIP Code Province Postal Code Country</p>	
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Beneficiary's Anticipated Length of Stay

12. Beneficiary's Anticipated Period of Stay in the United States
From (mm/dd/yyyy)
To (select one):
 (mm/dd/yyyy)
 No End Date

[Page 3]

Beneficiary's Financial Information

Provide information about the beneficiary's income and assets. If you need additional space to complete any **Item Number** in this section, use the space provided in **Part 8. Additional Information.**

Beneficiary's Income

13. Provide all of the information requested in the table below about the beneficiary, all of the beneficiary's dependents, and any other individuals the beneficiary financially supports (do not include any individuals named in **Part 3.**). Information about assets that are not based on employment should be added in **Item Number 16.** and not in **Item Number 13.**

Table [4 columns, 8 rows] (See Word Doc for layout)

Individual's Full Name (First, Middle, Last)
(do not include any individuals named in **Part 3.**)

Date of Birth (mm/dd/yyyy)

Relationship to the Beneficiary (Type or print "Self" if you are filing for yourself as the beneficiary or "Beneficiary" if someone is agreeing to support you in **Part 3.**)

Income contribution to the beneficiary annually (if none, type or print \$0)

Total Number of Dependents

Total Income

14. 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 **Part 3.**) come from an illegal activity or source (such as proceeds from illegal gambling or illegal drug sales)?

Yes

No

15. If you answered "Yes" to **Item Number 14.**, what amount of the beneficiary's total income comes from an illegal activity or source? \$ _____

	<p>[Page 4]</p> <p>Beneficiary's Assets</p> <p>16. In the table below, provide the amounts of assets available to the beneficiary for the expected period of his or her stay (excluding assets from any individuals named in Part 3.). Attach evidence showing that the beneficiary has these assets.</p> <p>Table [3 columns, 10 rows] (See Word Doc for layout)</p> <p>Full Name of Asset Holder (First, Middle, Last)</p> <p>Type of Asset</p> <p>Amount (Cash Value) (U.S. dollars)</p> <p>Current Cash Value (U.S. dollars) \$</p> <p>TOTAL (U.S. dollars) \$</p>	
<p>Pages 4-8, Part 3. Information About the Individual Agreeing to Financially Support the Beneficiary Named in Part 2.</p>	<p>[Page 4]</p> <p>Part 3. Information About the Individual Agreeing to Financially Support the Beneficiary Named in Part 2.</p> <p>If you are not the beneficiary named in Part 2., complete Part 3.</p> <p>1. Current Legal Name (Do not provide a nickname.) Family Name (Last Name) Given Name (First Name) Middle Name</p> <p>2. Other Names Used</p> <p>Provide 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 8. Additional Information.</p> <p>Family Name (Last Name) [x2] Given Name (First Name) [x2] Middle Name [x2]</p> <p>3. Current Mailing Address In Care Of Name (if any) Street Number and Name Apt./Ste./Flr. Number City or Town State ZIP Code Province Postal Code Country</p> <p>[Page 5]</p>	<p>Part 2. Information About the Individual Agreeing to Financially Support the Beneficiary.</p> <p>All filers must complete Part 2.</p> <p>1. Current Legal Name (Do not provide a nickname.) Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)</p> <p>2. Other Names Used</p> <p>Provide 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 8. Additional Information.</p> <p>Family Name (Last Name) [x2] Given Name (First Name) [x2] Middle Name (if applicable) [x2]</p> <p>3. Current Mailing Address In Care Of Name (if any) Street Number and Name Apt./Ste./Flr. Number City or Town State ZIP Code Province Postal Code Country</p>

	<p>4. Is your current mailing address the same as your current physical address? Yes/No</p> <p>If you answered "No" to Item Number 4., provide your current physical address in Item Number 5.</p> <p>5. Physical Address In Care Of Name (if any) Street Number and Name Apt./Ste./Flr. Number City or Town State ZIP Code Province Postal Code Country</p> <p>Other Information</p> <p>6. Date of Birth (mm/dd/yyyy)</p> <p>7. Place of Birth City or Town State or Province Country</p> <p>8. Alien Registration Number (A-Number) (if any)</p> <p>9. USCIS Online Account Number (if any)</p> <p>Immigration Status</p> <p>10. What is your current immigration status? Provide documentation as provided in the instructions.</p> <p>U.S. Citizen U.S. National Lawful Permanent Resident A-Number Nonimmigrant Form I-94 Arrival/Departure Record Number Other (Explain): _____</p> <p>[new]</p> <p>[Page 6]</p> <p>Employment Information</p> <p>11. Employment Status [] Employed (full-time, part-time, seasonal, self-employed) [new]</p>	<p>4. Is your current mailing address the same as your current physical address? Yes/No</p> <p>If you answered "No" to Item Number 4., provide your current physical address in Item Number 5.</p> <p>5. Current Physical Address In Care Of Name (if any) Street Number and Name Apt./Ste./Flr. Number City or Town State ZIP Code Province Postal Code Country</p> <p>[deleted]</p> <p>6. Date of Birth (mm/dd/yyyy)</p> <p>7. Place of Birth City or Town State or Province Country</p> <p>8. Alien Registration Number (A-Number) (if any)</p> <p>9. USCIS Online Account Number (if any)</p> <p>[deleted]</p> <p>10. What is your current immigration status? <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> U.S. National <input type="checkbox"/> Lawful Permanent Resident <input type="checkbox"/> Nonimmigrant <input type="checkbox"/> Asylee <input type="checkbox"/> Refugee <input type="checkbox"/> Parolee <input type="checkbox"/> TPS holder <input type="checkbox"/> Beneficiary of deferred action (including DACA) or Deferred Enforced Departure <input type="checkbox"/> Other (Explain): _____</p> <p>11. What is your relationship to the beneficiary? [dropdown Reference List]</p> <p>[deleted]</p> <p>12. Employment Status [] Employed (full-time, part-time, seasonal) as a/an [Text box occupation] Name of Employer [Text box] <input type="checkbox"/> Self-Employed as a/an [Text box occupation]</p>
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	<p><input type="checkbox"/> Unemployed or Not Employed <input type="checkbox"/> Retired <input type="checkbox"/> Other (Explain):</p> <p>If you indicated that you are employed in Item Number 11., provide the information requested in Item Numbers 12. - 13.</p> <p>12.A. I am currently employed as a/an Name of Employer</p> <p>B. I am currently self-employed as a/an</p> <p>13. Current Employer's Address Street Number and Name Apt./Ste./Flr. Number City or Town State ZIP Code Province Postal Code Country</p> <p>Financial Information</p> <p>Provide information about your income and assets. If you need additional space to complete any Item Number in this section, use the space provided in Part 8. Additional Information.</p> <p>[new]</p> <p>Income</p> <p>14. 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 named in Part 2.). Information about assets that are not based on employment should be added in Item Number 17. and not in Item Number 14.</p> <p>Table [4 columns, 8 rows] (See Word Doc for layout) Full Name (First, Middle, Last) (do not include any individuals named in Part 2.) Date of Birth (mm/dd/yyyy)</p>	<p><input type="checkbox"/> Unemployed or Not Employed <input type="checkbox"/> Retired <input type="checkbox"/> Other (Explain):</p> <p>[deleted]</p> <p>Financial Information</p> <p>Provide information about your dependents, income, and assets. If you need additional space to complete any Item Number in this section, use the space provided in Part 8. Additional Information.</p> <p>13. How many other Form I-134, Form I-134A, Form I-864, Form I-864EZ, and Form I-864A have you previously submitted on behalf of a person (including yourself, if applicable) and your support obligation has not ended? Do not include the beneficiary named in Part 3. [Free text field]</p> <p>14. How many other dependents do you support (including yourself)? Do not include individuals in Item Number 13. and the beneficiary named in Part 3. [Free text field]</p> <p>[deleted]</p> <p>15. Provide the information requested in the table below about all of your dependents and any other individuals you financially support. Do not include yourself and the beneficiary named in Part 3.</p> <p>Table [5 columns, 9 rows] (See Word Doc for layout) Full Name Date of Birth (mm/dd/yyyy)</p>
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	<p>Relationship to the Individual Agreeing to Financially Support (Type or print "Self" for Individual Agreeing to Financially Support the Beneficiary) Income Contribution to the Beneficiary Annually (if none, type or print \$0) Total Number of Dependents Total Income</p> <p>[new]</p> <p>[Page 7]</p> <p>15. Does any of the income listed above come from an illegal activity or source (such as proceeds from illegal gambling or illegal drug sales)? Yes No</p> <p>16. If you answered "Yes" to Item Number 15., what amount of income comes from an illegal activity? \$ _____</p> <p>Assets</p> <p>[new]</p> <p>17. Fill out the table below regarding the assets available to you (do not include any assets from any individuals named in Part 2.). Attach evidence showing you have these assets.</p> <p>Table [3 columns, 10 rows] (See Word Doc for layout)</p> <p>Full Name of Asset Holder (your or your household member) Type of Asset Amount (Cash Value) (U.S. dollars) Current Cash Value (U.S. dollars) \$ TOTAL (U.S. dollars) \$</p> <p><i>Financial Responsibility for Other Beneficiaries</i></p> <p>18. Have you previously submitted a Form I-134 on behalf of a person other than the beneficiary listed on this Form I-134? Yes No</p> <p>If you answered "Yes" to Item Number 20., provide the information requested in Item Numbers 19. - 20. If you need additional space to complete this section, use the space provided in Part 8. Additional Information.</p>	<p>Relationship to you</p> <p>[deleted]</p> <p>A-Number (if any) Receipt Number (if any)</p> <p>[deleted]</p> <p>16. What is your current annual income? [Free text field]</p> <p>17. Provide information on the cash or assets available to you (do not include any assets from the individual named in Part 3.). Attach evidence showing you have these assets.</p> <p>Table [2 columns, 6 rows]</p> <p>[deleted]</p> <p>Type of Asset Amount (Cash Value)(U.S. dollars)</p> <p>[deleted] TOTAL (U.S. dollars) \$</p> <p>[deleted]</p>
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	<p>19. Person 1 Family Name (Last Name) Given Name (First Name) Middle Name A-Number Date Submitted (mm/dd/yyyy)</p> <p>20. Person 2 Family Name (Last Name) Given Name (First Name) Middle Name A-Number Date Submitted (mm/dd/yyyy)</p> <p>[Page 8]</p> <p><i>Intent to Provide Specific Contributions to the Beneficiary</i></p> <p>[new]</p> <p>21. I <input type="checkbox"/> intend <input type="checkbox"/> do not intend to make specific contributions to the support of the beneficiary named in Part 2.</p> <p>Explain the contribution. For example, if you intend to furnish room and board, state for how long. If you intend to provide 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. If you need additional space, use Part 8. Additional Information.</p>	<p><i>Intent to Provide Specific Contributions to the Beneficiary</i></p> <p>If you are filing this form on behalf of another individual who is the beneficiary, complete Item Numbers 18 - 19. If you are the beneficiary, proceed to Part 4.</p> <p>18. In addition to providing financial support, I intend to make specific contributions to cover the beneficiary’s basic living needs. Y/N</p> <p>19. Describe the specific contributions you will provide to cover the beneficiary’s basic living needs. This could include providing safe and appropriate housing; securing employment opportunities, once authorized to work; enrolling in school; and enrolling in any benefits for which they are eligible. If you intend to furnish room and board, provide the address where the beneficiary will reside. If you need additional space, use Part 8. Additional Information.</p>
	<p>[moved down from Part 2. above]</p>	<p>Part 3. Information about the Beneficiary</p> <p>Complete Part 3. if you are filing this form on behalf of another individual who is the beneficiary. If you are the beneficiary providing financial support for yourself, you do not need to complete Part 3. Proceed to Part 4.</p> <p>1. Beneficiary’s Current Legal Name (Do not provide a nickname.) Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)</p> <p>2. Other Names Used</p> <p>Provide all other names the beneficiary has ever used, including aliases, maiden name, and nicknames. If you need extra space to complete</p>

		<p>this section, use the space provided in Part 8. Additional Information.</p> <p>Family Name (Last Name) [x2] Given Name (First Name) [x2] Middle Name (if applicable) [x2]</p> <p>3. Date of Birth (mm/dd/yyyy)</p> <p>4. Gender Male/Female/Another Gender Identity</p> <p>5. Alien Registration Number (A-Number) (if any)</p> <p>6. Place of Birth City or Town State or Province Country</p> <p>7. Country of Citizenship or Nationality</p> <p>8. Marital Status Single, Never Married Married Divorced Widowed Legally Separated Marriage Annulled Other (Explain):</p> <p>9. Beneficiary's Current Mailing Address In Care Of Name (if any) Street Number and Name Apt./Ste./Flr. Number City or Town State ZIP Code Province Postal Code Country</p> <p>10. Are the beneficiary's mailing address and physical address the same? Yes/No</p> <p>If you answered "No" to Item Number 10., provide the physical address in Item Number 11.</p> <p>11. Beneficiary's Current Physical Address In Care Of Name (if any) Street Number and Name (Do not provide a PO Box in this space unless it is your ONLY address.) Apt./Ste./Flr. Number City or Town State ZIP Code Province Postal Code</p>
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		<p>Country</p> <p>Beneficiary's Anticipated Length of Stay</p> <p>12. Beneficiary's Anticipated Period of Stay in the United States From (mm/dd/yyyy) To (select one): <input type="checkbox"/> (mm/dd/yyyy) <input type="checkbox"/> No End Date</p>
<p>Pages 8-9, Part 4. Statement, Contact Information, Certification, and Signature of the Beneficiary (if filing Form I-134 on his or her own behalf)</p>	<p>[Page 8]</p> <p>Part 4. Statement, Contact Information, Certification, and Signature of the Beneficiary (if filing Form I-134 on his or her own behalf)</p> <p>If you are the beneficiary and are filing Form I-134 on your own behalf, complete and sign Part 4.</p> <p>NOTE: Read the Penalties section of the Form I-134 Instructions before completing this section.</p> <p>Beneficiary's Statement</p> <p>NOTE: Select the box for either Item A. or B. in Item Number 1. If applicable, select the box for Item Number 2.</p> <p>1. I, as the beneficiary, certify the following:</p> <p>A. I can read and understand English, and I have read and understand every question and instruction on this declaration and my answer to every question.</p> <p>B. The interpreter named in Part 6. read to me every question and instruction on this declaration and my answer to every question in [Fillable Field], a language in which I am fluent and I understood everything.</p> <p>2. At my request, the preparer named in Part 7., [Fillable Field], prepared this declaration for me based only upon information I provided or authorized.</p> <p>Beneficiary's Contact Information</p> <p>3. Beneficiary's Daytime Telephone Number 4. Beneficiary's Mobile Telephone Number (if any) 5. Beneficiary's Email Address (if any)</p> <p>Beneficiary's Certification</p> <p>Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS or the</p>	<p>Part 4. Statement, Contact Information, Certification, and Signature of the Beneficiary (if filing Form I-134 on his or her own behalf)</p> <p>If you are the beneficiary and are filing Form I-134 on your own behalf, complete and sign Part 4.</p> <p>NOTE: Read the Penalties section of the Form I-134 Instructions before completing this section.</p> <p>Beneficiary's Statement</p> <p>NOTE: Select the box for either Item A. or B. in Item Number 1. If applicable, select the box for Item Number 2.</p> <p>1. I, as the beneficiary, certify the following:</p> <p>A. I can read and understand English, and I have read and understand every question and instruction on this declaration and my answer to every question.</p> <p>B. The interpreter named in Part 6. read to me every question and instruction on this declaration and my answer to every question in [Fillable Field], a language in which I am fluent and I understood everything.</p> <p>2. At my request, the preparer named in Part 7., [Fillable Field], prepared this declaration for me based only upon information I provided or authorized.</p> <p>Beneficiary's Contact Information</p> <p>3. Beneficiary's Daytime Telephone Number 4. Beneficiary's Mobile Telephone Number (if any) 5. Beneficiary's Email Address (if any)</p> <p>Beneficiary's Certification</p> <p>Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS or the</p>

	<p>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 and all of my records that USCIS or the Department of State may need to determine my eligibility for the immigration benefit I seek.</p> <p>I further authorize release of information contained in this declaration, 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 law.</p> <p>[Page 9]</p> <p>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:</p> <ol style="list-style-type: none"> 1) I reviewed and provided or authorized all of the information in my declaration; 2) I understood all of the information contained in, and submitted with, my declaration; and 3) All of this information was complete, true, and correct at the time of filing. <p>I certify, under penalty of perjury, that I provided or authorized all of the information in my declaration, I understand all of the information contained in, and submitted with, my declaration, and that all of this information is complete, true, and correct.</p> <p>That this declaration is made by me to assure the U.S. Government that I will be able to financially support myself while in the United States.</p> <p>That I am willing and able to pay for necessary expenses for the duration of my temporary stay in the United States.</p> <p>Beneficiary's Signature 6. Beneficiary's Signature Date of Signature (mm/dd/yyyy)</p>	<p>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 and all of my records that USCIS or the Department of State may need to determine my eligibility for the immigration benefit I seek.</p> <p>I further authorize release of information contained in this declaration, 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 law.</p> <p>[Page 9]</p> <p>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:</p> <ol style="list-style-type: none"> 1) I reviewed and provided or authorized all of the information in my declaration; 2) I understood all of the information contained in, and submitted with, my declaration; and 3) All of this information was complete, true, and correct at the time of filing. <p>I certify, under penalty of perjury, that I provided or authorized all of the information in my declaration, I understand all of the information contained in, and submitted with, my declaration, and that all of this information is complete, true, and correct.</p> <p>That this declaration is made by me to assure the U.S. Government that I will be able to financially support myself while in the United States.</p> <p>That I am willing and able to pay for necessary expenses for the duration of my temporary stay in the United States.</p> <p>Beneficiary's Signature 6. Beneficiary's Signature Date of Signature (mm/dd/yyyy)</p>
<p>Pages 9-10, Part 5. Statement, Contact Information, Certification, and Signature of the Individual Agreeing to</p>	<p>[Page 9]</p> <p>Part 5. Statement, Contact Information, Certification, and Signature of the Individual Agreeing to Financially Support the Beneficiary</p>	<p>Part 5. Statement, Contact Information, Certification, and Signature of the Individual Agreeing to Financially Support the Beneficiary</p>

<p>Financially Support the Beneficiary</p>	<p>If you are filing Form I-134 on behalf of someone else (the beneficiary listed in Part 2.), complete and sign Part 5.</p> <p>NOTE: Read the Penalties section of the Form I-134 Instructions before completing this section.</p> <p><i>Statement of Individual Agreeing to Financially Support the Beneficiary</i></p> <p>NOTE: Select the box for either Item A. or B. in Item Number 1. If applicable, select the box for Item Number 2.</p> <p>1. I, as the individual agreeing to financially support the beneficiary, certify the following:</p> <p>A. I can read and understand English, and I have read and understand every question and instruction on this declaration and my answer to every question.</p> <p>B. The interpreter named in Part 6. read to me every question and instruction on this declaration and my answer to every question in [Fillable Field], a language in which I am fluent and I understood everything.</p> <p>2. At my request, the preparer named in Part 7., [Fillable Field], prepared this declaration for me based only upon information I provided or authorized.</p> <p><i>Contact Information for Individual Agreeing to Financially Support the Beneficiary</i></p> <p>3. Daytime Telephone Number 4. Mobile Telephone Number (if any) 5. Email Address (if any)</p> <p>[Page 10]</p> <p><i>Certification of Individual Agreeing to Financially Support the Beneficiary</i></p> <p>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 and all of my records that USCIS or the Department of State may need to determine my eligibility for the immigration benefit I seek.</p> <p>I further authorize release of information contained in this declaration, in supporting documents, and in my USCIS or the Department of State records, to other entities</p>	<p>If you are filing Form I-134 on behalf of someone else (the beneficiary listed in Part 3.), complete and sign Part 5.</p> <p>NOTE: Read the Penalties section of the Form I-134 Instructions before completing this section.</p> <p><i>Statement of Individual Agreeing to Financially Support the Beneficiary</i></p> <p>NOTE: Select the box for either Item A. or B. in Item Number 1. If applicable, select the box for Item Number 2.</p> <p>1. I, as the individual agreeing to financially support the beneficiary, certify the following:</p> <p>A. I can read and understand English, and I have read and understand every question and instruction on this declaration and my answer to every question.</p> <p>B. The interpreter named in Part 6. read to me every question and instruction on this declaration and my answer to every question in [Fillable Field], a language in which I am fluent and I understood everything.</p> <p>2. At my request, the preparer named in Part 7., [Fillable Field], prepared this declaration for me based only upon information I provided or authorized.</p> <p><i>Contact Information for Individual Agreeing to Financially Support the Beneficiary</i></p> <p>3. Daytime Telephone Number 4. Mobile Telephone Number (if any) 5. Email Address (if any)</p> <p><i>Certification of Individual Agreeing to Financially Support the Beneficiary</i></p> <p>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 and all of my records that USCIS or the Department of State may need to determine my eligibility for the immigration benefit I seek.</p> <p>I further authorize release of information contained in this declaration, in supporting documents, and in my USCIS or the Department of State records, to other entities</p>
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	<p>and persons where necessary for the administration and enforcement of U.S. immigration law.</p> <p>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:</p> <p>1) I reviewed and provided or authorized all of the information in my declaration; 2) I understood all of the information contained in, and submitted with, my declaration; and 3) All of this information was complete, true, and correct at the time of filing.</p> <p>I certify, under penalty of perjury, that I provided or authorized all of the information in my declaration, I understand all of the information contained in, and submitted with, my declaration, and that all of this information is complete, true, and correct.</p> <p>That this declaration is made by me to assure the U.S. Government that the person named in Part 2. will be financially supported while in the United States.</p> <p>That I am willing and able to receive, maintain, and support the person named in Part 2. to better ensure that such persons will have sufficient financial resources or financial support to pay for necessary expenses for the period of his or her temporary stay in the United States.</p> <p>I acknowledge that I have read this section, and I am aware of my responsibilities as an individual agreeing to financially support the beneficiary.</p> <p><i>Signature of Individual Agreeing to Financially Support the Beneficiary</i> 6. Signature Date of Signature (mm/dd/yyyy)</p> <p>NOTE TO ALL INDIVIDUALS AGREEING TO FINANCIALLY SUPPORT THE BENEFICIARY: If you do not completely fill out this declaration or if you fail to submit required documents listed in the Instructions, USCIS or the Department of State may deny or not consider your declaration.</p>	<p>and persons where necessary for the administration and enforcement of U.S. immigration law.</p> <p>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:</p> <p>1) I reviewed and provided or authorized all of the information in my declaration; 2) I understood all of the information contained in, and submitted with, my declaration; and 3) All of this information was complete, true, and correct at the time of filing.</p> <p>I certify, under penalty of perjury, that I provided or authorized all of the information in my declaration, I understand all of the information contained in, and submitted with, my declaration, and that all of this information is complete, true, and correct.</p> <p>That this declaration is made by me to assure the U.S. Government that the person named in Part 3. will be financially supported while in the United States.</p> <p>That I am willing and able to receive, maintain, and support the person named in Part 3. to better ensure that such persons will have sufficient financial resources or financial support to pay for necessary expenses for the period of his or her temporary stay in the United States.</p> <p>I acknowledge that I have read this section, and I am aware of my responsibilities as an individual agreeing to financially support the beneficiary.</p> <p><i>Signature of Individual Agreeing to Financially Support the Beneficiary</i> 6. Signature Date of Signature (mm/dd/yyyy)</p> <p>NOTE TO ALL INDIVIDUALS AGREEING TO FINANCIALLY SUPPORT THE BENEFICIARY: If you do not completely fill out this declaration or if you fail to submit required documents listed in the Instructions, USCIS or the Department of State may deny or not consider your declaration.</p>
<p>Pages 10-11, Part 6. Interpreter's Contact Information,</p>	<p>[Page 10] Part 6. Interpreter's Contact Information, Certification, and Signature</p>	<p>Part 6. Interpreter's Contact Information, Certification, and Signature</p>

<p>Certification, and Signature</p>	<p>Provide the following information about the interpreter.</p> <p><i>Interpreter's Full Name</i> 1. Interpreter's Family Name (Last Name) Interpreter's Given Name (First Name)</p> <p>2. Interpreter's Business or Organization Name (if any)</p> <p>[Page 11]</p> <p><i>Interpreter's Mailing Address</i></p> <p>3. Street Number and Name Apt./Ste./Flr. Number City or Town State ZIP Code Province Postal Code Country</p> <p><i>Interpreter's Contact Information</i> 4. Interpreter's Daytime Telephone Number 5. Interpreter's Mobile Telephone Number (if any) 6. Interpreter's Email Address (if any)</p> <p><i>Interpreter's Certification</i></p> <p>I certify, under penalty of perjury, that:</p> <p>I am fluent in English and [Fillable Field], which is the same language specified in Part 4. or in Part 5., Item B. in Item Number 1., and I have read to this individual agreeing to financially support the beneficiary in the identified language every question and instruction on this declaration and his or her answer to every question. The individual agreeing to financially support the beneficiary informed me that he or she understands every instruction, question, and answer on the declaration, including the Certification of the Individual Agreeing to Financially Support the Beneficiary, and has verified the accuracy of every answer.</p> <p><i>Interpreter's Signature</i> 7. Interpreter's Signature Date of Signature (mm/dd/yyyy)</p>	<p>[deleted]</p> <p><i>Interpreter's Full Name</i> 1. Interpreter's Family Name (Last Name) Interpreter's Given Name (First Name)</p> <p>2. Interpreter's Business or Organization Name</p> <p>[deleted]</p> <p><i>Interpreter's Contact Information</i> 3. Interpreter's Daytime Telephone Number 4. Interpreter's Mobile Telephone Number (if any) 5. Interpreter's Email Address (if any)</p> <p><i>Interpreter's Certification</i></p> <p>I certify, under penalty of perjury, that:</p> <p>I am fluent in English and [Fillable Field], and I have interpreted every question on the declaration and Instructions and interpreted the individual agreeing to financially support the beneficiary's answers to the questions in that language, and the individual agreeing to financially support the beneficiary informed me that they understood every instruction, question, and answer on the declaration.</p> <p>[deleted]</p> <p>6. Interpreter's Signature Date of Signature (mm/dd/yyyy)</p>
<p>Pages 11-12, Part 7. Contact Information, Declaration, and Signature of the Person Preparing this</p>	<p>[Page 11]</p> <p>Part 7. Contact Information, Declaration, and Signature of the Person Preparing this Declaration, if Other Than the Individual Agreeing to Financially Support the Beneficiary</p>	<p>Part 7. Contact Information, Certification, and Signature of the Person Preparing this Declaration, if Other Than the Individual Agreeing to Financially Support the Beneficiary</p>

<p>Declaration, if Other Than the Individual Agreeing to Financially Support the Beneficiary</p>	<p>Provide the following information about the preparer.</p> <p>Preparer's Full Name</p> <ol style="list-style-type: none"> 1. Preparer's Family Name (Last Name) Preparer's Given Name (First Name) 2. Preparer's Business or Organization Name (if any) <p>[Page 12]</p> <p>Preparer's Mailing Address</p> <ol style="list-style-type: none"> 3. Street Number and Name Apt./Ste./Flr. Number City or Town State ZIP Code Province Postal Code Country <p>Preparer's Contact Information</p> <ol style="list-style-type: none"> 4. Preparer's Daytime Telephone Number 5. Preparer's Mobile Telephone Number 6. Preparer's Email Address (if any) <p>Preparer's Statement</p> <p>7.A. I am not an attorney or accredited representative but have prepared this declaration on behalf of the individual agreeing to financially support the beneficiary (which is the beneficiary if filing on behalf of him or herself) and with that individual's consent.</p> <p>B. I am an attorney or accredited representative and my representation of the individual agreeing to financially support the beneficiary (which is the beneficiary if filing on behalf of him or herself) in this case extends/does not extend beyond the preparation of this declaration.</p> <p>NOTE: If you are an attorney or accredited representative, you may need to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this application.</p> <p>Preparer's Certification</p> <p>By my signature, I certify, under penalty of perjury, that I prepared this declaration at the request of the individual agreeing to financially support the beneficiary (which is the beneficiary if filing on behalf of him or herself). The individual agreeing to financially support the beneficiary (which is the beneficiary if filing on behalf of him or herself) then reviewed this</p>	<p>[deleted]</p> <p>Preparer's Full Name</p> <ol style="list-style-type: none"> 1. Preparer's Family Name (Last Name) Preparer's Given Name (First Name) 2. Preparer's Business or Organization Name <p>[deleted]</p> <p>Preparer's Contact Information</p> <ol style="list-style-type: none"> 3. Preparer's Daytime Telephone Number 4. Preparer's Mobile Telephone Number 5. Preparer's Email Address (if any) <p>[deleted]</p> <p>Preparer's Certification and Signature</p> <p>I certify, under penalty of perjury, that I prepared this declaration for the individual agreeing to financially support the beneficiary at their request and with express consent and that all of the responses and information contained in and submitted with the declaration are complete, true, and correct and reflects only information provided by the individual agreeing</p>
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	<p>completed declaration and informed me that he or she understands all of the information contained in, and submitted with, his or her declaration, including the Certification of the Individual Agreeing to Financially Support the Beneficiary, and that all of this information is complete, true, and correct. I completed this declaration based only on information that the individual agreeing to financially support the beneficiary provided to me or authorized me to obtain or use.</p> <p><i>Preparer's Signature</i> 8. Preparer's Signature Date of Signature (mm/dd/yyyy)</p>	<p>to financially support the beneficiary. The individual agreeing to financially support the beneficiary reviewed the responses and information and informed me that they understand the responses and information in or submitted with the declaration.</p> <p>[deleted] 6. Preparer's Signature Date of Signature (mm/dd/yyyy)</p>
<p>Page 13, Part 8. Additional Information</p>	<p>[Page 13]</p> <p>Part 8. Additional Information</p> <p>If you need extra space to provide any additional information within this declaration, 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 declaration 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.</p> <p><i>Your Full Name</i></p> <p>1. Family Name (Last Name) Given Name (First Name) Middle Name</p> <p>2. A-Number (if any)</p> <p>3.A. Page Number B. Part Number C. Item Number D.</p> <p>4.A. Page Number B. Part Number C. Item Number D.</p> <p>5.A. Page Number B. Part Number C. Item Number D.</p> <p>6.A. Page Number B. Part Number C. Item Number D.</p>	<p>Part 8. Additional Information</p> <p>If you need extra space to provide any additional information within this declaration, 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 declaration 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.</p> <p>[deleted]</p> <p>1. Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)</p> <p>2. A-Number (if any)</p> <p>3. Page Number Part Number Item Number [Fillable field]</p> <p>4. Page Number Part Number Item Number [Fillable field]</p> <p>5. Page Number Part Number Item Number [Fillable field]</p> <p>6. Page Number Part Number Item Number [Fillable field]</p>