

**Affidavit of Support**

*(Answer All Items: Fill in with Typewriter or Print in Block Letters in Ink.)*

I, \_\_\_\_\_ residing at \_\_\_\_\_  
(Name) (Street and Number)

\_\_\_\_\_  
(City) (State) (Zip Code if in U.S.) (Country)

**BEING DULY SWORN DEPOSE AND SAY:**

1. I was born on \_\_\_\_\_ at \_\_\_\_\_  
(Date) (City) (Country)

If you are **not** a native born United States citizen, answer the following as appropriate:

- a. If a United States citizen through naturalization, give certificate of naturalization number \_\_\_\_\_
- b. If a United States citizen through parent(s) or marriage, give citizenship certificate number \_\_\_\_\_
- c. If United States citizenship was derived by some other method, attach a statement of explanation.
- d. If a lawfully admitted permanent resident of the United States, give "A" number \_\_\_\_\_

2. That I am \_\_\_\_\_ years of age and have resided in the United States since (date) \_\_\_\_\_

3. That this affidavit is executed in behalf of the following person:

Name	Gender	Age
Citizen of (Country)	Marital Status	Relationship to Sponsor
Presently resides at (Street and Number)	(City)	(State) (Country)

Name of spouse and children accompanying or following to join person:

Spouse	Gender	Age	Child	Gender	Age
Child	Gender	Age	Child	Gender	Age
Child	Gender	Age	Child	Gender	Age

4. That this affidavit is made by me for the purpose of assuring the United States Government that the person(s) named in item 3 will not become a public charge in the United States.

5. That I am willing and able to receive, maintain and support the person(s) named in item 3. That I am ready and willing to deposit a bond, if necessary, to guarantee that such person(s) will not become a public charge during his or her stay in the United States, or to guarantee that the above named person(s) 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.

6. That I understand this affidavit will be binding upon me for a period of three (3) years after entry of the person(s) named in item 3 and that the information and documentation provided by me may be made available to the Secretary of Health and Human Services and the Secretary of Agriculture, who may make it available to a public assistance agency.

7. That I am employed as, or engaged in the business of \_\_\_\_\_ with \_\_\_\_\_  
(Type of Business) (Name of concern)  
at \_\_\_\_\_  
(Street and Number) (City) (State) (Zip Code)

I derive an annual income of *(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.)*

\$ \_\_\_\_\_

I have on deposit in savings banks in the United States

\$ \_\_\_\_\_

I have other personal property, the reasonable value of which is

\$ \_\_\_\_\_

OVER

I have stocks and bonds with the following market value, as indicated on the attached list, which I certify to be true and correct to the best of my knowledge and belief. \$ \_\_\_\_\_

I have life insurance in the sum of \$ \_\_\_\_\_

With a cash surrender value of \$ \_\_\_\_\_

I own real estate valued at \$ \_\_\_\_\_

With mortgage(s) or other encumbrance(s) thereon amounting to \$ \_\_\_\_\_

Which is located at \_\_\_\_\_  
 (Street and Number) (City) (State) (Zip Code)

8. That the following persons are dependent upon me for support: (*Place an "x" in the appropriate column to indicate whether the person named is wholly or partially dependent upon you for support.*)

Name of Person	Wholly Dependent	Partially Dependent	Age	Relationship to Me

9. That I have previously submitted affidavit(s) of support for the following person(s). If none, state "**None.**"

Name	Date submitted

10. That I have submitted visa petition(s) to the Immigration and Naturalization Service on behalf of the following person(s). If none, state none.

Name	Relationship	Date submitted

11. (*Complete this block only if the person named in the item 3 will be in the United States temporarily.*)

That I  intend  do not intend, to make specific contributions to the support of the person named in item 3. (*If you check "intend," indicate the exact nature and duration of the contributions. For example, if you intend to furnish room and board, state for how long and, if money, state the amount in United States dollars and state whether it is to be given in a lump sum, weekly or monthly, or for how long.*)

### Oath or Affirmation of Sponsor

*I acknowledge at that I have read Part III of the Instructions, Sponsor and Alien Liability, and am aware of my responsibilities as an immigrant sponsor under the Social Security Act, as amended, and the Food Stamp Act, as amended.*

**I swear (affirm) that I know the contents of this affidavit signed by me and the statements are true and correct.**

Signature of sponsor \_\_\_\_\_

Subscribed and sworn to (affirmed) before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

at \_\_\_\_\_ . My commission expires on \_\_\_\_\_

Signature of Officer Administering Oath \_\_\_\_\_ Title \_\_\_\_\_

**If affidavit prepared by other than sponsor, please complete the following: I declare that this document was prepared by me at the request of the sponsor and is based on all information of which I have knowledge.**

(Signature)

(Address)

(Date)

# Affidavit of Support

## INSTRUCTIONS

### **I. Execution of Affidavit.**

A separate affidavit must be submitted for each person. You, as the sponsor, must sign the affidavit in your full, true and correct name and affirm or make it under oath. If you are in the United States, the affidavit may be sworn to or affirmed before an immigration officer without the payment of fee, or before a notary public or other officer authorized to administer oaths for general purposes, in which case the official seal or certificate of authority to administer oaths must be affixed. If you are **outside the United States** the affidavit must be sworn to or affirmed before a United States consular or immigration officer.

### **II. Supporting Evidence.**

The sponsor must submit, in duplicate, evidence of income and resources, as appropriate.

An alien applying for SSI must make available to the Social Security Administration documentation concerning his or her income and resources and those of the sponsor, including information that was provided in support of the application for an immigrant visa or adjustment of status. An alien applying for AFDC or Food Stamps must make similar information available to the State public assistance agency. The Secretary of Health and Human Services and the Secretary of Agriculture are authorized to obtain copies of any such documentation submitted to INS or the Department of State and to release such documentation to a State public assistance agency.

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**Privacy Act Notice.**

We ask for the information on this form, and associated evidence, to determine if you have established eligibility for the immigration benefit you are seeking. Our legal right to ask for this information is in 8 USC 1203 and 1225. We may provide this information to other government agencies. Failure to provide this information and any requested evidence may delay a final decision or result in denial of your request.

**Paperwork Reduction Act Notice.**

We try to create forms and instructions that are accurate, can be easily understood and which impose the least possible burden on you to provide us with information. Often this is difficult because some immigration laws are very complex. The estimated average time to complete and file this application is 20 minutes per application. If you have comments regarding the accuracy of this estimate or suggestions for making this form simpler, you can write to the Immigration and Naturalization Service, HQPDI, 425 I Street, N.W., Room 4034, Washington, D.C. 20536; OMB No. 1115-0005. **DO NOT MAIL YOUR COMPLETED APPLICATION TO THIS ADDRESS.**