(Please tear off this sheet before submitting Affidavit)

U. S. Department of Justice
Immigration and Naturalization Service

Affidavit of Support

INSTRUCTIONS

I. EXECUTION OF AFFIDAVIT. A separate affidavit must be submitted for each person. You 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 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 deponent must submit in duplicate evidence of income and resources, as appropriate:

A. Statement from an officer of the bank or other financial institution in which you have deposits giving the following details regarding your account:

1. Date account opened.
2. Total amount deposited for the past year.
3. Present balance.

B. Statement of your employer on business stationery, showing:

1. Date and nature of employment.
2. Salary paid.
3. Whether position is temporary or permanent.

C. If self-employed:

1. Copy of last income tax return filed or,
2. Report of commercial rating concern.

D. List containing serial numbers and denominations of bonds and name of record owner(s).

III. SPONSOR AND ALIEN LIABILITY. Effective October 1, 1980, amendments to section 1614(f) of the Social Security Act and Part A of Title XVI of the Social Security Act establish certain requirements for determining the eligibility of aliens who apply for the first time for Supplemental Security Income (SSI) benefits. Effective October 1, 1981, amendments to section 415 of the Social Security Act establish similar requirements for determining the eligibility of aliens who apply for the first time for Aid to Families with Dependent Children (AFDC) benefits. Effective December 22, 1981, amendments to the Food Stamp Act of 1977 affect the eligibility of alien participation in the Food Stamp Program. These amendments require that the income and resources of any person who, as the sponsor of an alien's entry into the United States, executes an affidavit of support or similar agreement on behalf of the alien, and the income and resources of the sponsor's spouse (*if living with the sponsor*) shall be deemed to be the income and resources of the alien under formulas for determining eligibility for SSI, AFDC, and Food Stamp benefits during the three years following the alien's entry into the United States.

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 which 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.

Sections 1621(e) and 415(d) of the Social Security Act and subsection 5(i) of the Food Stamp Act also provide that an alien and his or her sponsor shall be jointly and severably liable to repay any SSI, AFDC, or Food Stamp benefits which are incorrectly paid because of misinformation provided by a sponsor or because of a sponsor's failure to provide information. Incorrect payments which are not repaid will be withheld from any subsequent payments for which the alien or sponsor are otherwise eligible under the Social Security Act or Food Stamp Act, except that the sponsor was without fault or where good cause existed.

These provisions do not apply to the SSI, AFDC or Food Stamp eligibility of aliens admitted as refugees, granted political asylum by the Attorney General, or Cuban/Haitian entrants as defined in section 501(e) of P.L. 96-422 and of dependent children of the sponsor or sponsor's spouse. They also do not apply to the SSI or Food Stamp eligibility of an alien who becomes blind or disabled after admission into the United States for permanent residency.

IV. AUTHORITY/USE/PENALTIES. Authority for the collection of the information requested on this form is contained in 8 U.S.C. 1182(a)(15), 1184(a), and 1258. The information will be used principally by the Service, or by any consular officer to whom it may be furnished, to support an alien's application for benefits under the Immigration and Nationality Act and specifically the assertion that he or she has adequate means of financial support and will not become a public charge. Submission of the information is voluntary. It may also, as a matter of routine use, be disclosed to other federal, state, local and foreign law enforcement and regulatory agencies, including the Department of Health and Human Services, the Department of Agriculture, the Department of State, the Department of Defense and any component thereof (if the deponent has served or is serving in the armed forces of the United States), the Central Intelligence Agency, and individuals and organizations during the course of any investigation to elicit further information required to carry out Service functions. Failure to provide the information may result in the denial of the alien's application for a visa, or his or her exclusion from the United States.

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OMB No. 1115-0062

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(ANSWER ALL ITEMS: FILL IN WITH TYPEWRITER OR PRINT IN BLOCK LETTERS IN INK.)

I, _____ (Name), *residing at* _____ (Street and Number)

_____
(City) (State) (ZIP Code if in U.S.) (Country)

BEING DULY SWORN DEPOSE AND SAY:

1. I was born on _____ (Date) at _____ (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			Sex	Age
Citizen of--(Country)	Marital Status	Relationship to Deponent		
Presently resides at--(Street and Number)	(City)	(State)	(Country)	

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

Spouse	Sex	Age	Child	Sex	Age
Child	Sex	Age	Child	Sex	Age
Child	Sex	Age	Child	Sex	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 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 _____ (Type of Business) with _____ (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 instruction 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 $_____

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 mortgages or other encumbrances 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 item 3 will be in the United States temporarily.)***
That I ☐ do intend ☐ do not intend, to make specific contributions to the support of the person named in item 3. (*If you check "do 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 DEPONENT

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 deponent _____

Subscribed and sworn to (affirmed) before me this _____ ***day of*** _____, 19_____

at _____. ***My commission expires on*** _____

Signature of Officer Administering Oath _____ ***Title*** _____

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

_____

(Signature) ***(Address)*** ***(Date)***