



SWORN STATEMENT

Instructions: This form should be filled out by a Petitioner or Joint Sponsor in response to a request from a consular officer adjudicating an immigrant visa application. After it is completed and notarized, please scan and email this document as an attachment to KingstonIVDocuments@state.gov as soon as possible. Please include the applicant's name and case number in the subject line. Please scan any multi-page document into *one* PDF file.

Name of Petitioner or Joint Sponsor: _____
Case number: KNG _____

Number of people living in your household: _____
Additional number of people for which you are financially responsible: _____

List each person living in your household, including their name, date of birth, occupation, and any income they make per annum.

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

If the above information differs from what you previously stated on the I864 form, explain the difference:

List all public assistance (whether federal, state, or local) used by anyone in your household (including food stamps/SNAP, WIC, supplemental social security, Medicaid, housing vouchers, or cash assistance) for the last three years, including the date ranges in which the funds were received:

If you are relying on a Joint Sponsor in this case, please describe your relationship with them, including how long known, how you know each other, and if the Joint Sponsor knows the Beneficiary personally.

State of _____
County of _____

Before me, the undersigned authority, personally appeared _____,
who, being by me duly sworn, deposed as follows:

My name is _____. I am of sound mind, capable of making
this affidavit, and personally acquainted with the facts stated in this affidavit.

I certify under penalty of perjury under the laws of the United States that all statements
that I made and facts contained in this affidavit are true and correct to the best of my
knowledge and belief.

Signed on this _____ day of _____, 20_____

Affiant Signature

SWORN TO AND SUBSCRIBED before me on the
_____ day of _____, 20_____

Notary Public, State of _____

My Commission Expires

Notary's Printed Name