

(Answer all items. Type or print in black 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-mm/dd/yyyy) (City) (Country)

If you are **not** a native born U.S. citizen, answer the following as appropriate:

- a. If a U.S. citizen through naturalization, give certificate of naturalization number \_\_\_\_\_
- b. If a U.S. citizen through parent(s) or marriage, give citizenship certificate number \_\_\_\_\_
- c. If U.S. 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. I am \_\_\_\_\_ years of age and have resided in the United States since (date) \_\_\_\_\_

3. This affidavit is executed on behalf of the following person:

Name (Family Name)	(First Name)	(Middle Name)	Gender	Age
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Citizen of (Country)	Marital Status	Relationship to Sponsor
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Presently resides at (Street and Number)	(City)	(State)	(Country)
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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. This affidavit is made by me for the purpose of assuring the U.S. Government that the person(s) named in item (3) will not become a public charge in the United States.

5. 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. 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. 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:

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

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. 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
_____	<input type="checkbox"/>	<input type="checkbox"/>		
_____	<input type="checkbox"/>	<input type="checkbox"/>		
_____	<input type="checkbox"/>	<input type="checkbox"/>		

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

Name	Date submitted
_____	_____
_____	_____

10. I have submitted a visa petition(s) to U.S. Citizenship and Immigration Services (USCIS) on behalf of the following person(s). If none, state none.

Name	Relationship	Date submitted
_____	_____	_____
_____	_____	_____

11. I  intend  do not intend to make specific contributions to the support of the person(s) 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 U.S. dollars and state whether it is to be given in a lump sum, weekly or monthly, and for how long.)

### Oath or Affirmation of Sponsor.

*I acknowledge that I have read Part III of the Instructions, Sponsor and Alien Liability, and am aware of my responsibilities as a 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 that 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 the affidavit is prepared by someone other than the 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)