Declaration of Financial Support

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-134
OMB No. 1615-0014
Expires 07/31/2023

► **START HERE - Type or print in black ink.**

Part 1. Basis for Filing

1. I am filing this form on behalf of: ☐ Myself as the beneficiary. ☐ Another individual who is the beneficiary.

Part 2. Information about the Beneficiary

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.

1. Beneficiary's Current Legal Name (**Do not** provide a nickname.)

Family Name (Last Name) _____ Given Name (First Name) _____ Middle Name _____

2. Other Names Used

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**.

Family Name (Last Name)	Given Name (First Name)	Middle Name

3. Date of Birth (mm/dd/yyyy) _____

4. Gender ☐ Male ☐ Female

5. Alien Registration Number (A-Number) (if any) ► **A-** _____

6. Place of Birth

City or Town _____ State or Province _____

Country _____

7. Country of Citizenship or Nationality _____

8. Marital Status

☐ Single, Never Married ☐ Married ☐ Divorced ☐ Widowed ☐ Legally Separated ☐ Marriage Annulled

☐ Other (Explain): _____

Part 2. Information about the Beneficiary (continued)

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

10. Are the beneficiary's mailing address and physical address the same? ☐ Yes ☐ No

If you answered "No" to **Item Number 10.**, provide your physical address in **Item Number 11.**

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

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

Part 2. Information about the Beneficiary (continued)

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.**

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? $

Part 2. Information about the Beneficiary (continued)

Beneficiary's Assets

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.

Full Name of Asset Holder (First, Middle, Last)	**Type of Asset**	**Amount (Cash Value)** (U.S. dollars)
	Current Cash Value (U.S. dollars) $	
	TOTAL (U.S. dollars) $	

Part 3. Information About the Individual Agreeing to Financially Support the Beneficiary Named in Part 2.

If you are not the beneficiary named in **Part 2.**, complete **Part 3.**

1. Current Legal Name (**Do not** provide a nickname.)

Family Name (Last Name) | Given Name (First Name) | Middle Name

2. Other Names Used

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**.

Family Name (Last Name)	Given Name (First Name)	Middle Name

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

Part 3. Information About the Individual Agreeing to Financially Support the Beneficiary Named in Part 2. (continued)

4. Is your current mailing address the same as your current physical address? ☐ Yes ☐ No

If you answered "No" to **Item Number 4.**, provide your current physical address in **Item Numbers 5.**

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

Other Information

6. Date of Birth (mm/dd/yyyy)

7. Place of Birth

City or Town | State or Province

Country

8. Alien Registration Number (A-Number) (if any)

► **A-**

9. USCIS Online Account Number (if any)

►

Immigration Status

10. What is your current immigration status? Provide documentation as provided in the instructions.

☐ U.S. Citizen

☐ U.S. National

☐ Lawful Permanent Resident A-Number

► **A-**

☐ Nonimmigrant Form I-94 Arrival-Departure Record Number

►

Other (Explain):

Part 3. Information About the Individual Agreeing to Financially Support the Beneficiary Named in Part 2. (continued)

Employment Information

11. Employment Status

☐ Employed (full-time, part-time, seasonal, self-employed) ☐ Unemployed or Not Employed ☐ Retired

☐ Other (Explain): _____

If you indicated that you are employed in **Item Number 11.**, provide the information requested in **Item Numbers 12. - 13.**

12. **A.** ☐ I am currently employed as a/an _____ Name of Employer _____

B. ☐ I am currently self-employed as a/an _____

13. Current Employer's Address

Street Number and Name _____ Apt. Ste. Flr. ☐ ☐ ☐ Number _____

City or Town _____ State _____ ZIP Code _____

Province _____ Postal Code _____ Country _____

Financial Information

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**.

Income

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.**

Full Name (First, Middle, Last) (do not include any individuals named in **Part 2.**)	**Date of Birth** (mm/dd/yyyy)	**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 **$**	

Part 3. Information About the Individual Agreeing to Financially Support the Beneficiary Named in Part 2. (continued)

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

16. If you answered "Yes" to **Item Number 15.**, what amount of income comes from an illegal activity? $

Assets

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.

Full Name of Asset Holder (you or your household member)	**Type of Asset**	**Amount (Cash Value)** (U.S. dollars)
	Current Cash Value (U.S. dollars) $	
	TOTAL (U.S. dollars) $	

Financial Responsibility for Other Beneficiaries

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

If you answered "Yes" to **Item Number 18.**, 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**.

19. Person 1

Family Name (Last Name) | Given Name (First Name) | Middle Name

A-Number ► **A-** | Date Submitted (mm/dd/yyyy)

20. Person 2

Family Name (Last Name) | Given Name (First Name) | Middle Name

A-Number ► **A-** | Date Submitted (mm/dd/yyyy)

Part 3. Information About the Individual Agreeing to Financially Support the Beneficiary Named in Part 2. (continued)

Intent to Provide Specific Contributions to the Beneficiary

21. I ☐ intend ☐ do not intend to make specific contributions to the support of the beneficiary named in **Part 2.**

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**.

Part 4. Statement, Contact Information, Certification, and Signature of the Beneficiary (if filing Form I-134 on his or her own behalf)

If you are the beneficiary and are filing Form I-134 on your own behalf, complete and sign **Part 4.**

NOTE: Read the **Penalties** section of the Form I-134 Instructions before completing this section.

Beneficiary's Statement

NOTE: Select the box for either **Item A.** or **B.** in **Item Number 1.** If applicable, select the box for **Item Number 2.**

1. I, as the beneficiary, certify the following:

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.

B. ☐ The interpreter named in **Part 6.** read to me every question and instruction on this declaration and my answer to every question in _____, a language in which I am fluent and I understood everything.

2. ☐ At my request, the preparer named in **Part 7.**, _____, prepared this declaration for me based only upon information I provided or authorized.

Beneficiary's Contact Information

3. Beneficiary's Daytime Telephone Number

4. Beneficiary's Mobile Telephone Number (if any)

5. Beneficiary's Email Address (if any)

Beneficiary's Certification

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.

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 laws.

Part 4. Statement, Contact Information, Certification, and Signature of the Beneficiary (if filing Form I-134 on his or her own behalf) (continued)

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:

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.

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.

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.

That I am willing and able to pay for necessary expenses for the duration of my temporary stay in the United States.

Beneficiary's Signature

6. Beneficiary's Signature ➡ _____ Date of Signature (mm/dd/yyyy) _____

Part 5. Statement, Contact Information, Certification, and Signature of the Individual Agreeing to Financially Support the Beneficiary

If you are filing Form I-134 on behalf of someone else (the beneficiary listed in **Part 2.**), complete and sign **Part 5.**

NOTE: Read the **Penalties** section of the Form I-134 Instructions before completing this section.

Statement of Individual Agreeing to Financially Support the Beneficiary

NOTE: Select the box for either **Item A.** or **B.** in **Item Number 1.** If applicable, select the box for **Item Number 2.**

1. I, as the individual agreeing to financially support the beneficiary, certify the following:

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.

B. ☐ The interpreter named in **Part 6.** read to me every question and instruction on this declaration and my answer to every question in _____, a language in which I am fluent and I understood

2. ☐ At my request, the preparer named in **Part 7.**, _____, prepared this declaration for me based only upon information I provided or authorized.

Contact Information of Individual Agreeing to Financially Support the Beneficiary

3. Daytime Telephone Number _____

4. Mobile Telephone Number (if any) _____

5. Email Address (if any) _____

Part 5. Statement, Contact Information, Certification, and Signature of the Individual Agreeing to Financially Support the Beneficiary (continued)

Certification of Individual Agreeing to Financially Support the Beneficiary

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.

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.

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:

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.

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.

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.

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.

I acknowledge that I have read this section, and I am aware of my responsibilities as an individual agreeing to financially support the beneficiary.

Signature of Individual Agreeing to Financially Support the Beneficiary

6. Signature ➡ _____ Date of Signature (mm/dd/yyyy) _____

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.

Part 6. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.

Interpreter's Full Name

1. Interpreter's Family Name (Last Name) _____ Interpreter's Given Name (First Name) _____

2. Interpreter's Business or Organization Name (if any) _____

Part 6. Interpreter's Contact Information, Certification, and Signature (continued)

Interpreter's Mailing Address

3. Street Number and Name

Apt. Ste. Flr. Number

City or Town

State ZIP Code

Province Postal Code Country

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number

5. Interpreter's Mobile Telephone Number (if any)

6. Interpreter's Email Address (if any)

Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and _____ 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.

Interpreter's Signature

7. Interpreter's Signature

Date of Signature (mm/dd/yyyy)

Part 7. Contact Information, Declaration, and Signature of the Person Preparing this Declaration, if Other Than the Individual Agreeing to Financially Support the Beneficiary

Provide the following information about the preparer.

Preparer's Full Name

1. Preparer's Family Name (Last Name)

Preparer's Given Name (First Name)

2. Preparer's Business or Organization Name (if any)

Part 7. Contact Information, Declaration, and Signature of the Person Preparing this Declaration, if Other Than the Individual Agreeing to Financially Support the Beneficiary (continued)

Preparer's Mailing Address

3. Street Number and Name

Apt. Ste. Flr. Number

City or Town

State ZIP Code

Province

Postal Code

Country

Preparer's Contact Information

4. Preparer's Daytime Telephone Number

5. Preparer's Mobile Telephone Number

6. Preparer's Email Address (if any)

Preparer's Statement

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.

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.

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.

Preparer's Certification

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 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.

Preparer's Signature

8. Preparer's Signature

Date of Signature (mm/dd/yyyy)

Part 8. Additional Information

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.

1. Family Name (Last Name) | Given Name (First Name) | Middle Name

2. A-Number (if any) ► **A-**

3. **A.** Page Number **B.** Part Number **C.** Item Number

D.

4. **A.** Page Number **B.** Part Number **C.** Item Number

D.

5. **A.** Page Number **B.** Part Number **C.** Item Number

D.

6. **A.** Page Number **B.** Part Number **C.** Item Number

D.