

# Affidavit of Support Under Section 213A of the INA

#### USCIS Form I-86

### **Department of Homeland Security**

U.S. Citizenship and Immigration Services

Form I-864 OMB No. 1615-0075 Expires 10/31/2021

|             |             | Affidavit of Support Submit   | ter Section              | 1 213A Rev          | view                    | Number of Support Affidavits in File   |
|-------------|-------------|---|--------------------------|---------------------|-------------------------|--|
| Fo          | ır          | ☐ Petitioner  | ☐ MEETS                  |                     | NOT MEET                | □ 1     □ 2  |
| USC         | C X 2937424 | ☐ 1st Joint Sponsor   | requirements             | requir              | ements                  | Remarks  |
| Us          |             | ☐ 2nd Joint Sponsor   | Reviewed By:             | "QUEEL              |                         |  |
| On          | ly          | ☐ Substitute Sponsor  | Office:                  | •                   |                         |  |
|             |             | ☐ 5% Owner  | Date (mm/dd/yy           | уу):                |                         |  |
| attor       | ney         | mpleted by an or accredited tative (if any).                                | 8 or (if applica         | State Bar :<br>ble) | Number                  | Attorney or Accredited Representative USCIS Online Account Number (if any)   |
| ► S         | TAI         | RT HERE - Type or print in b  | ack ink.                 |                     |                         |  |
| Part        | 1.          | Basis For Filing Affidavi   | t of Support             | Ma                  | iling Addre             | SS   |
| I. Jo       | hn          | SMART   |                          | 2.a.                | In Care Of N            | Jame   |
| am          |             | sponsor submitting this affidavi  | t of support because     |                     |                         |  |
| -           |             | <ul><li>only one box):</li><li>I am the petitioner. I filed or ar</li></ul> | a filing for the         | 2.b.                | Street Numb<br>and Name | er 111 Flower St   |
| 1.a.        |             | immigration of my relative.   | i ming for the           | 2.c.                | Apt.                    | Ste. Flr.  |
| 1.b.        |             | I filed an alien worker petition  |                          | 2.4                 | _                       |  |
|             |             | intending immigrant, who is rel   | ated to me as my         | 2.d.                | City or Town            |  |
|             |             | T   |                          | 2.e.                | State CA                | 2.f. ZIP Code 94010  |
| 1.c.        |             | I have an ownership interest of   | at least 5 percent in    | 2.g.                | Province                |  |
|             |             | which filed an alien worker peti  |                          | 2.h.                | Postal Code             |  |
|             |             | intending immigrant, who is rel   | ated to me as my         | 2.i.                | Country                 |  |
|             | ,           |   |                          |                     | USA                     | The second secon |
| 1.d.        |             | I am the only joint sponsor.  |                          |                     |                         |  |
| 1.e.        |             |   | l of two joint sponsors. | Oth                 | er Informa              | tion .   |
| 1.f.        |             | The original petitioner is deceas<br>substitute sponsor. I am the inte      |                          | 3.                  | Country of C            | Citizenship or Nationality   |
|             |             |   |                          |                     | Thailand                |  |
| NOTE        | E: I        | f you are filing this form as a s   | ponsor, you must         | 4.                  | Date of Birth           | (mm/dd/yyyy) 02/01/1990  |
|             |             | roof of your U.S. citizenship, U<br>permanent resident status.              | .S. national status,     | 5.                  | Alien Regist            | ration Number (A-Number) (if any)  • A-  |
|             |             |   | •                        |                     | LIGOIC Onlin            | ne Account Number (if any)   |
| Part<br>Imm |             | Information About the Pant  | гистрац                  | 6.                  |                         | Account Number (if any)  |
| 1.a. ]      | Fam<br>(Las | ily Name SMART  |                          | 7.                  |                         | ephone Number  |
| 1.b. (      | Give        | en Name Nittha  |                          |                     | 41599999                | 99   |
| 1.c. ]      | Mide        | dle Name  |                          |                     |                         |  |

| Pa   | rt 3. Information About the Immigrants You  | Family Member 3                                   |
|------|---|---|
| Ar   | e Sponsoring  | 14.a. Family Name (Last Name)                     |
| 1.   | I am sponsoring the principal immigrant named in Part 2.  | 14.b. Given Name                                  |
|      | Yes No (Applicable only if you are sponsoring   | (First Name)                                      |
|      | family members in <b>Part 3.</b> as the second joint sponsor or if you are sponsoring                           | 14.c. Middle Name                                 |
|      | family members who are immigrating  | 15. Relationship to Principal Immigrant           |
|      | more than six months after the principal immigrant)   |   |
| 2.   | I am sponsoring the following family members  | 16. Date of Birth (mm/dd/yyyy)                    |
|      | immigrating at the same time or within six months of<br>the principal immigrant named in <b>Part 2.</b> (Do not | 17. Alien Registration Number (A-Number) (if any) |
|      | include any relative listed on a separate visa petition.)   | ► A-  |
| 3.   | I am sponsoring the following family members who  | 18. USCIS Online Account Number (if any)          |
|      | are immigrating more than six months after the principal immigrant.   |   |
| Fam  | nily Member 1   | Family Member 4                                   |
|      | Family Name   | 19.a. Family Name (Last Name)                     |
|      | (Last Name)   | 19.b. Given Name                                  |
| 4.b. | Given Name (First Name)   | (First Name)                                      |
| 4.c. | Middle Name   | 19.c. Middle Name                                 |
| 5.   | Relationship to Principal Immigrant   | 20. Relationship to Principal Immigrant           |
|      |   |   |
| 6.   | Date of Birth (mm/dd/yyyy)  | 21. Date of Birth (mm/dd/yyyy)                    |
| 7.   | Alien Registration Number (A-Number) (if any)   | 22. Alien Registration Number (A-Number) (if any) |
| , •  | ► A-  | ► A-  |
| 8.   | USCIS Online Account Number (if any)  | 23. USCIS Online Account Number (if any)          |
|      | <b>&gt;</b>   |   |
| Fam  | ily Member 2  | Family Member 5                                   |
| 9.a. | Family Name   | 24.a. Family Name<br>(Last Name)                  |
| 9.b. | (Last Name) Given Name  | 24.b. Given Name                                  |
| 7.U. | (First Name)  | (First Name)                                      |
| 9.c. | Middle Name   | 24.c. Middle Name                                 |
| 10.  | Relationship to Principal Immigrant   | 25. Relationship to Principal Immigrant           |
|      |   | -   |
| 11.  | Date of Birth (mm/dd/yyyy)  | 26. Date of Birth (mm/dd/yyyy)                    |
| 12.  | Alien Registration Number (A-Number) (if any)   | 27. Alien Registration Number (A-Number) (if any) |
|      | ► A-  | ► A-  |
| 13.  | USCIS Online Account Number (if any)  | 28. USCIS Online Account Number (if any)          |
|      |   |   |

| 113     | 200         |      | W. 10 | 772      |             |         | 7772  |       | 2000  |              | 900     | 939 S |       | 77.00       | 7792 |      |      |         | 7779 |      | W.   |       |     | /////// |        |         |      |        | 390 B |      |               |
|---------|-------------|------|-------|----------|-------------|---------|-------|-------|-------|--------------|---------|-------|-------|-------------|------|------|------|---------|------|------|------|-------|-----|---------|--------|---------|------|--------|-------|------|---------------|
| B.      | 20          | 7%   | 12.7  | m 4      |             | 25      | z     | 260   | 200   | 977          | 777     | 22%   | rm    | 36. V       | 22   | 97   | 888  | 0.7%    | 25   | 7975 | 38 W | 777   |     | 100     |        | SS (27) | 76 7 | ₹3338  | am    | 76.3 |               |
| 2       | 11/1        | 28   | W. W  | ga 3     | <b>3000</b> | 83      | 8.83  | 338   | 3 3 3 | <b>9</b> 4.9 | 33.3    | 33    | 3 %   | 100         | 8.8  | 43.  | 883  |         | 33   | 3,3% | 33 K | 3.3.3 | 888 | 34      | 14 9   | 31      | 2.7  | - 2000 |       | 223  |               |
| 82      | 200         |      | 30000 |          |             |         |       |       |       |              |         |       |       |             |      |      |      |         |      |      |      |       |     |         | 2///// |         |      |        | 20000 |      | <i>9900</i> . |
| 22      | 27/2        |      | 9000  | WWW.     |             |         |       |       |       |              |         |       |       | <i>mun</i>  |      |      |      |         |      |      |      |       |     |         |        |         |      |        |       |      | <i>2000</i>   |
| 16      | 20/1        | 900  |       | V. 56    | )()         |         | 9714  |       |       |              |         |       |       |             |      |      |      |         |      |      |      |       |     |         |        |         |      |        |       |      | <i>9000</i>   |
| 1/2     | <b>2.</b> 3 | 1 00 | 2200  | m 3 :    | 3 3 3 7     | 2 2 2.7 | 48.   | 3 86  | 888   | 3 ////       | W. 6    | 4%    | 8 2 3 | <b>%3</b> 3 | 883  | 8870 | 40   | <i></i> |      |      |      | W 44  |     |         |        |         |      |        |       |      |               |
| $x_{i}$ | VIII.       | 2.32 | ZIII. | $x_{II}$ | A 160       |         | 20.24 | 2.39h | mass  | ~~~          | ellen i | mu    | ams   | etitika i   | am   | 2000 | mini |         |      |      |      | mmm.  |     |         |        |         |      |        |       | mm   |               |

29. Enter the total number of immigrants you are sponsoring on this affidavit which includes the principal immigrant listed in Part 2., any immigrants listed in Part 3., Item Numbers 1. - 28. and (if applicable), any immigrants listed for these questions in Part 11. Additional Information. Do not count the principal immigrant if you are only sponsoring family members entering more than 6 months after the principal immigrant.

1

| Pai  | t 4. Informa               | ntion About You (Sponsor)                              |
|------|----------------------------|--|
| Spe  | nsor's Full N              | Name ////////////////////////////////////              |
| 1.a. | Family Name (Last Name)    | SMART  |
| 1.b. | Given Name<br>(First Name) | John   |
| 1.c. | Middle Name                | _  |
| Spo  | nsor's Mailii              | ig Address   |
| 2.a. | In Care Of Nar             | me   |
|      |                            |  |
| 2.b. | Street Number and Name     | 111 Flower St  |
| 2.c. | ☐ Apt. ☐                   | Ste. Flr.  |
| 2.d. | City or Town               | Santa Rosa   |
| 2.e. | State CA                   | 2.f. ZIP Code 94010                                    |
| 2.g. | Province                   |  |
| 2.h. | Postal Code                |  |
| 2.i. | Country _                  |  |
|      | USA                        |  |
| 3.   | Is your current address?   | mailing address the same as your physical  X Yes No    |
|      |                            | to Item Number 3., provide your<br>em Numbers 4.a 4.h. |

| Spo        | nsor's Physical Address   |  |  |  |  |  |
|------------|---|--|--|--|--|--|
| 4.a.       | Street Number and Name  |  |  |  |  |  |
| 4.b.       | Apt. Ste. Flr.  |  |  |  |  |  |
| 4.c.       | City or Town  |  |  |  |  |  |
| 4.d.       | State 4.e. ZIP Code   |  |  |  |  |  |
| 4.f.       | Province  |  |  |  |  |  |
| 4.g.       | Postal Code   |  |  |  |  |  |
| 4.h.       | Country   |  |  |  |  |  |
|            |   |  |  |  |  |  |
| Oth        | er Information  |  |  |  |  |  |
| 5.         | Country of Domicile   |  |  |  |  |  |
|            | USA   |  |  |  |  |  |
| 6.         | Date of Birth (mm/dd/yyyy) 08/05/1975                                       |  |  |  |  |  |
| 7.         | City or Town of Birth   |  |  |  |  |  |
|            | Santa Rosa  |  |  |  |  |  |
| 8.         | State or Province of Birth  |  |  |  |  |  |
|            | CA  |  |  |  |  |  |
| 9.         | Country of Birth  |  |  |  |  |  |
|            | USA   |  |  |  |  |  |
| 10.        | U.S. Social Security Number (Required)                                      |  |  |  |  |  |
|            | <b>▶</b> 1 1 1 2 2 2 3 3 3 3  |  |  |  |  |  |
| Citize     | enship or Residency   |  |  |  |  |  |
| 11.a.      | X I am a U.S. citizen.  |  |  |  |  |  |
| 11.b.      | I am a U.S. national.   |  |  |  |  |  |
| 11.c.      | I am a lawful permanent resident.   |  |  |  |  |  |
| 12.        | Sponsor's A-Number (if any)   |  |  |  |  |  |
|            | ► A-  |  |  |  |  |  |
| 13.        | Sponsor's USCIS Online Account Number (if any)                              |  |  |  |  |  |
|            |   |  |  |  |  |  |
| Milita     | ary Service (To be completed by petitioner sponsors only.)                  |  |  |  |  |  |
| <b>14.</b> | I am currently on active duty in the U.S. Armed Forces or U.S. Coast Guard. |  |  |  |  |  |
|            | or U.S. Coast Guard. Yes No   |  |  |  |  |  |

| US<br>I    | For<br>SCIS<br>Usé<br>Only  |   |  |  |  |  |  |  |
|------------|---|---|--|--|--|--|--|--|
| Pa         | rt 5. Sponsor's Household Size  | 5.  | Retired Since (mm/dd/yyyy)                                 |  |  |  |  |  |
| NO'        | TE: Do not count any member of your household more  |   |  |  |  |  |  |  |
| thar       | n once.   | 6.  | Unemployed Since (mm/dd/yyyy)                              |  |  |  |  |  |
| Pers       | sons you are sponsoring in this affidavit:  |   |  |  |  |  |  |  |
| 1.         | Provide the number you entered in Part 3., Item Number 29.  | 7.  | My current individual annual income is:  \$ 100,000.00     |  |  |  |  |  |
| Pers       | sons NOT sponsored in this affidavit:   | Inco  |  |  |  |  |  |  |
| 2.         | Yourself. 1   | Income you are using from any other person who was counted in your household size, including, in certain conditions, the intending immigrant. (See Form I-864 |  |  |  |  |  |  |
| 3.         | If you are currently married, enter "1" for your spouse.  | Inst  | ructions.) Please indicate name, relationship, and income. |  |  |  |  |  |
|            |   | Pers  | son 1  |  |  |  |  |  |
| 4.         | If you have dependent children, enter the number here.  | 8.  | Name   |  |  |  |  |  |
|            | 1   |   |  |  |  |  |  |  |
| 5.         | If you have any other dependents, enter the number here.  | 9.  | Relationship   |  |  |  |  |  |
|            |   |   |  |  |  |  |  |  |
| 6.         | If you have sponsored any other persons on Form I-864 or Form I-864EZ who are now lawful permanent residents, | 10.   | Current Income \$  |  |  |  |  |  |
|            | enter the number here.  | Pers  | son 2  |  |  |  |  |  |
| 7.         | OPTIONAL: If you have siblings, parents, or adult   | 11.   | Name   |  |  |  |  |  |
|            | children with the same principal residence who are  |   |  |  |  |  |  |  |
|            | combining their income with yours by submitting Form I-864A, enter the number here.                           | 12.   | Relationship   |  |  |  |  |  |
| 3.         | Add together Part 5., Item Numbers 1 7. and enter the   | 4.0   |  |  |  |  |  |  |
|            | number here.  | 13.   | Current Income \$  |  |  |  |  |  |
|            | Household Size: 3   | Pers  | on 3   |  |  |  |  |  |
| Pai        | rt 6. Sponsor's Employment and Income   | 14.   | Name   |  |  |  |  |  |
| am         | currently:  | 15.   | Relationship   |  |  |  |  |  |
| l <b>.</b> | Employed as a/an  | 10.   | Televionomp  |  |  |  |  |  |
|            | HR Manager  | 16  | Current Income \$  |  |  |  |  |  |
| 2.         | Name of Employer 1  | 16.   | Current Income \$  |  |  |  |  |  |
|            | New Tech Inc  | Pers  | on 4   |  |  |  |  |  |
| 3. ·       | Name of Employer 2 (if applicable)  | 17.   | Name   |  |  |  |  |  |
| l.         | Self-Employed as a/an (Occupation)  | 18.   | Relationship   |  |  |  |  |  |
|            |   |   |  |  |  |  |  |  |
|            |   | 10  | Current Income   |  |  |  |  |  |

| For USCIS  | Year: 20 Poverty Line:  |  |  |  |  |  |
|--|---|--|--|--|--|--|
| Part 6. Sponsor's Employme (continued)   | nt and Income   | Part 7. Use of Assets to Supplement Income (Optional)  |  |  |  |  |
| 20. My Current Annual Househo from Part 6. Item Numbers 7. total will be compared to Feder Form I-864P.)   | , 10., 13., 16., and 19.; the                                     | If your income, or the total income for you and your household, from Part 6., Item Numbers 20. or 24.a 24.c., exceeds the Federal Poverty Guidelines for your household size, YOU ARE NOT REQUIRED to complete this Part 7. Skip to Part 8.  |  |  |  |  |
| 21. The people listed in Item N 17. have completed Form I with this affidavit all neces completed by these people.   | I-864A. I am filing along sary Form I-864As                       | Your Assets (Optional)  1. Enter the balance of all savings and checking accounts.  \$   |  |  |  |  |
| 22. One or more of the people 8., 11., 14., and 17. do not I-864A because he or she is and has no accompanying of Name   | need to complete Form s the intending immigrant                   | <ol> <li>Enter the net cash value of real-estate holdings. (Net value means current assessed value minus mortgage debt.)</li> <li>Enter the net cash value of all stocks, bonds, certificates of deposit, and any other assets not already included in Item Number 1. or Item Number 2.</li> </ol>                                       |  |  |  |  |
| Federal Income Tax Return Inform  23.a. Have you filed a Federal income three most recent tax years?  NOTE: You MUST attach a payour Federal income tax return | e tax return for each of the  X Yes No  hotocopy or transcript of | 4. Add together Item Numbers 1 3. and enter the number here. TOTAL: \$  Assets from Form I-864A, Part 4., Item Number 3.d., for:  5.a. Name of Relative  |  |  |  |  |
| tax year.  23.b. (Optional) I have attached pof my Federal income tax rethird most recent tax years.   | returns for my second and   | 5.b. Your household member's assets from Form I-864A (optional).   |  |  |  |  |
| My total income (adjusted gross income Service (IRS) Form 1040EZ) as report tax returns for the most recent three years.                                       | ted on my Federal income  | Assets of the principal sponsored immigrant (optional).  The principal sponsored immigrant is the person listed in Part  2., Item Numbers 1.a 1.c. Only include the assets if the principal immigrant is being sponsored by this affidavit of  |  |  |  |  |
| Tax Yea  |   | support.   |  |  |  |  |
| <b>24.a.</b> Most Recent <b>2019</b>   | \$ 98,968.00  | 6. Enter the balance of the principal immigrant's savings and checking accounts.   |  |  |  |  |
| <b>24.b.</b> 2nd Most Recent <b>2018</b>   | \$ 136,366.00   | checking accounts.   |  |  |  |  |
| <ul> <li>24.c. 3rd Most Recent 2017</li> <li>25.</li></ul>   | ne IRS required level and I                                       | <ol> <li>Enter the net cash value of all the principal immigrant's real estate holdings. (Net value means investment value minus mortgage debt.)</li> <li>Enter the current cash value of the principal immigrant's stocks, bonds, certificates of deposit, and other assets not included in Item Number 6. or Item Number 7.</li> </ol> |  |  |  |  |
|  |   | \$   |  |  |  |  |

|              | J | Hou | seho | ld S | Size | Poverty Guideline | Sponsor's Household Income               | Remarks   |
|--------------|---|-----|------|------|------|-------------------|--|---|
| For          |   | 1   |      | 2    | □ 3  | Year: 20          | (Page 5, Line 10)                        |   |
| USCIS<br>Use |   | 4   |      | 5    | □ 6  | 1 cai. <u>2 0</u> | \$                                       |   |
| Only         |   | 7   |      | 8    | □ 9  | Poverty Line:     |  | t equal 5 times (3 times for spouses and children of                        |
|              |   | Oth | ner  |      |      | \$                | poverty guidelines and the sponsor's hou | lly adopted in the U.S.) the difference between the sehold income, line 10. |

# Part 7. Use of Assets to Supplement Income (Optional) (continued)

| 9. | Add together Item | Numbers 6 | 8.  | and | enter | the | numbe | r |
|----|-------------------|-----------|-----|-----|-------|-----|-------|---|
|    | here.             | 9         | s [ |     |       |     |       |   |

#### **Total Value of Assets**

 Add together Item Numbers 4., 5.b., and 9. and enter the number here.

| TOTAL: | \$ |  |
|--------|----|--|
|        | 1  |  |

# Part 8. Sponsor's Contract, Statement, Contact Information, Declaration, Certification, and Signature

**NOTE:** Read the **Penalties** section of the Form I-864 Instructions before completing this part.

#### Sponsor's Contract

Please note that, by signing this Form I-864, you agree to assume certain specific obligations under the Immigration and Nationality Act (INA) and other Federal laws. The following paragraphs describe those obligations. Please read the following information carefully before you sign Form I-864. If you do not understand the obligations, you may wish to consult an attorney or accredited representative.

#### What is the Legal Effect of My Signing Form I-864?

If you sign Form I-864 on behalf of any person (called the intending immigrant) who is applying for an immigrant visa or for adjustment of status to a lawful permanent resident, and that intending immigrant submits Form I-864 to the U.S. Government with his or her application for an immigrant visa or adjustment of status, under INA section 213A, these actions create a contract between you and the U.S. Government. The intending immigrant becoming a lawful permanent resident is the consideration for the contract.

Under this contract, you agree that, in deciding whether the intending immigrant can establish that he or she is not inadmissible to the United States as a person likely to become a public charge, the U.S. Government can consider your income and assets as available for the support of the intending immigrant.

#### What If I Choose Not to Sign Form I-864?

The U.S. Government cannot make you sign Form 1-864 if you do not want to do so. But if you do not sign Form I-864, the intending immigrant may not become a lawful permanent resident in the United States.

#### What Does Signing Form I-864 Require Me To Do?

If an intending immigrant becomes a lawful permanent resident in the United States based on a Form I-864 that you have signed, then, until your obligations under Form I-864 terminate, you must:

- A. Provide the intending immigrant any support necessary to maintain him or her at an income that is at least 125 percent of the Federal Poverty Guidelines for his or her household size (100 percent if you are the petitioning sponsor and are on active duty in the U.S. Armed Forces or U.S. Coast Guard, and the person is your husband, wife, or unmarried child under 21 years of age); and
- **B.** Notify U.S. Citizenship and Immigration Services (USCIS) of any change in your address, within 30 days of the change, by filing Form I-865.

#### What Other Consequences Are There?

If an intending immigrant becomes a lawful permanent resident in the United States based on a Form I-864 that you have signed, then, until your obligations under Form I-864 terminate, the U.S. Government may consider (deem) your income and assets as available to that person, in determining whether he or she is eligible for certain Federal means-tested public benefits and also for state or local means-tested public benefits, if the state or local government's rules provide for consideration (deeming) of your income and assets as available to the person.

This provision does **not** apply to public benefits specified in section 403(c) of the Welfare Reform Act such as emergency Medicaid, short-term, non-cash emergency relief; services provided under the National School Lunch and Child Nutrition Acts; immunizations and testing and treatment for communicable diseases; and means-tested programs under the Elementary and Secondary Education Act.

#### What If I Do Not Fulfill My Obligations?

If you do not provide sufficient support to the person who becomes a lawful permanent resident based on a Form I-864 that you signed, that person may sue you for this support.

# Part 8. Sponsor's Contract, Statement; Contact Information, Declaration, Certification, and Signature (continued)

If a Federal, state, local, or private agency provided any covered means-tested public benefit to the person who becomes a lawful permanent resident based on a Form I-864 that you signed, the agency may ask you to reimburse them for the amount of the benefits they provided. If you do not make the reimbursement, the agency may sue you for the amount that the agency believes you owe.

If you are sued, and the court enters a judgment against you, the person or agency that sued you may use any legally permitted procedures for enforcing or collecting the judgment. You may also be required to pay the costs of collection, including attorney fees.

If you do not file a properly completed Form I-865 within 30 days of any change of address, USCIS may impose a civil fine for your failing to do so.

#### When Will These Obligations End?

Your obligations under a Form I-864 that you signed will end if the person who becomes a lawful permanent resident based on that affidavit:

- A. Becomes a U.S. citizen;
- **B.** Has worked, or can receive credit for, 40 quarters of coverage under the Social Security Act;
- No longer has lawful permanent resident status and has departed the United States;
- D. Is subject to removal, but applies for and obtains, in removal proceedings, a new grant of adjustment of status, based on a new affidavit of support, if one is required; or
- E. Dies.

**NOTE:** Divorce **does not** terminate your obligations under Form I-864.

Your obligations under a Form I-864 that you signed also end if you die. Therefore, if you die, your estate is not required to take responsibility for the person's support after your death. However, your estate may owe any support that you accumulated before you died.

#### Sponsor's Statement

NOTE: Select the box for either Item Number 1.a. or 1.b. If applicable, select the box for Item Number 2.

1.a. X I can read and understand English, and I have read and understand every question and instruction on this affidavit and my answer to every question.

| 1.b. | The interpreter named in <b>Part 9.</b> read to me every question and instruction on this affidavit and my answer to every question in |
|------|--|
| 2.   | a language in which I am fluent, and I understood everything.  At my request, the preparer named in Part 10.,                          |
|      | prepared this affidavit for me based only upon information I provided or authorized.   |
| Spe  | ousor's Contact Information  |
| 3.   | Sponsor's Daytime Telephone Number   |
|      | 4153333333   |
| 4.   | Sponsor's Mobile Telephone Number (if any)   |
|      | 4153333333   |

## Sponsor's Declaration and Certification

Sponsor's Email Address (if any)

johnsmart@gmail.com

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS or the U.S. Department of State (DOS) may require that I submit original documents to USCIS or DOS at a later date. Furthermore, I authorize the release of any information from any and all of my records that USCIS or DOS may need to determine my eligibility for the benefit that I seek.

I furthermore authorize release of information contained in this affidavit, in supporting documents, and in my USCIS or DOS records, to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

I certify, under penalty of perjury, that all of the information in my affidavit and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my affidavit and that all of this information is complete, true, and correct.

- A. I know the contents of this affidavit of support that I signed;
- B. I have read and I understand each of the obligations described in **Part 8.**, and I agree, freely and without any mental reservation or purpose of evasion, to accept each of those obligations in order to make it possible for the immigrants indicated in **Part 3.** to become lawful permanent residents of the United States;
- C. I agree to submit to the personal jurisdiction of any Federal or state court that has subject matter jurisdiction of a lawsuit against me to enforce my obligations under this Form I-864;

5.

| Info                  | rm     | Sponsor's Contract, Statement, Contact tion, Declaration, Certification, and re (continued)  | Inti<br>3.a.         | Street Number and Name  |
|-----------------------|--------|--|----------------------|---|
|                       | D.     | Each of the Federal income tax returns submitted in support of this affidavit are true copies, or are unaltered tax transcripts, of the tax returns I filed with the IRS;  | 3.b.<br>3.c.         | Apt. Ste. Flr.  |
|                       | E.     | I understand that, if I am related to the sponsored immigrant by marriage, the termination of the marriage (by divorce, dissolution, annulment, or other legal process) will not relieve me of my obligations under this Form I-864; and | 3.d.<br>3.f.<br>3.g. | State 3.e. ZIP Code Province Postal Code  |
|                       | F.     | I authorize the Social Security Administration to release information about me in its records to USCIS and DOS.  | 3.h.                 | Country   |
| Spo                   | nsor   | 's Signature   | Inte                 | erpreter's Contact Information  |
| 82./ <b>2</b> 6/66/66 |        | sor's Signature /  | 4.                   | Interpreter's Daytime Telephone Number  |
|                       |        | 1/12   |                      |   |
| 6.b.                  | Date   | of Signature (mm/dd/yyyy)  | 5.                   | Interpreter's Mobile Telephone Number (if any)  |
| out th                | is aff | ALL SPONSORS: If you do not completely fill idavit or fail to submit required documents listed in iions, USCIS or DOS may deny your affidavit.   | 6.                   | Interpreter's Email Address (if any)  |
| Cer                   | tific: | Interpreter's Contact Information, ation, and Signature of the interpreter.  | I cert               | crpreter's Certification  ify, under penalty of perjury, that:  fluent in English and  h is the same language specified in Part 8., Item Number                   |
| Inte                  | rpre   | er's Full Name   | 1.b.,                | and I have read to this sponsor in the identified language question and instruction on this affidavit and his or her  |
| 1.a.                  | Inter  | preter's Family Name (Last Name)   | answ<br>she u        | er to every question. The sponsor informed me that he or inderstands every instruction, question, and answer on the avit, including the Sponsor's Declaration and |
| 1.b.                  | Inter  | oreter's Given Name (First Name)   | Cert                 | ification, and has verified the accuracy of every answer.   |
| 2.                    | Inter  | preter's Business or Organization Name (if any)  | Inte<br>7.a.         | Interpreter's Signature  Interpreter's Signature  |
|                       |        |  | 7.b.                 | Date of Signature (mm/dd/yyyy)  |

# Part 10. Contact Information, Declaration, and Signature of the Person Preparing this Affidavit, if Other Than the Sponsor

Provide the following information about the preparer.

| Pre  | parer's Full Name                                 |  |  |  |  |  |  |
|------|---|--|--|--|--|--|--|
| 1.a. | Preparer's Family Name (Last Name)                |  |  |  |  |  |  |
| 1.b. | Preparer's Given Name (First Name)                |  |  |  |  |  |  |
| 2.   | Preparer's Business or Organization Name (if any) |  |  |  |  |  |  |
| Pre  | Preparer's Mailing Address                        |  |  |  |  |  |  |
| 3.a. | Street Number and Name                            |  |  |  |  |  |  |
| 3.b. | Apt. Ste. Flr.                                    |  |  |  |  |  |  |
| 3.c. | City or Town                                      |  |  |  |  |  |  |
| 3.d. | State 3.e. ZIP Code                               |  |  |  |  |  |  |
| 3.f. | Province  |  |  |  |  |  |  |
| 3.g. | Postal Code                                       |  |  |  |  |  |  |
| 3.h. | Country   |  |  |  |  |  |  |
| Pre  | parer's Contact Information                       |  |  |  |  |  |  |
| 4.   | Preparer's Daytime Telephone Number               |  |  |  |  |  |  |
| 5.   | Preparer's Mobile Telephone Number (if any)       |  |  |  |  |  |  |
| 6.   | Preparer's Email Address (if any)                 |  |  |  |  |  |  |

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| 7.a. | I am not an attorney or accredited representative but have prepared this affidavit on behalf of the sponsor and with the sponsor's consent.   |
|------|---|
| 7.b. | I am an attorney or accredited representative and my representation of the sponsor in this case  extends does not extend beyond the preparation of this affidavit.  |
|      | NOTE: If you are an attorney or accredited representative, you may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, or G-28I, Notice of Entry of Appearance as Attorney In Matters Outside the Geographical Confines of the United States, with this |

### Preparer's Certification

affidavit.

By my signature, I certify, under penalty of perjury, that I prepared this affidavit at the request of the sponsor. The sponsor then reviewed this completed affidavit and informed me that he or she understands all of the information contained in, and submitted with, his or her affidavit, including the **Sponsor's Declaration and Certification**, and that all of this information is complete, true, and correct. I completed this affidavit based only on information that the sponsor provided to me or authorized me to obtain or use.

## Preparer's Signature

| 8.a. | Preparer's Signature           |  |  |  |  |  |  |  |
|------|--------------------------------|--|--|--|--|--|--|--|
|      |                                |  |  |  |  |  |  |  |
| 8.b. | Date of Signature (mm/dd/yyyy) |  |  |  |  |  |  |  |

| Par  | t 11. Additi   | onal l                                     | Information   |  |  | 5.a. | Page Number  | 5.b.                                    | Part Number  | 5.c.                                    | Item Number  |
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| 1.a.   | Family Name (Last Name)  | SMAR                                       | T   |  |  |      |  | ******                                  |  |   |  |
| 1.b.   | Given Name<br>(First Name)   | John                                       | <b>L</b>  | ~~   |  |      | ***************************************  | ,/,                                     |  | ······································  |  |
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