



Online Request to be a Supporter and Declaration of Financial Support

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

USCIS
Form I-134A
OMB No. 1615-0014
Expires 12/31/2025

▶ **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.
2. I am filing this form under one of the following:

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
<input type="text"/>	<input type="text"/>	<input type="text"/>

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
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

3. Date of Birth (mm/dd/yyyy)
4. Sex M F X
5. Alien Registration Number (A-Number) ▶ A-

6. Place of Birth

City or Town	State or Province
<input type="text"/>	<input type="text"/>

Country

7. Country of Citizenship or Nationality

8. Passport Number of the beneficiary's most recently issued passport

Country that issued the most recently issued passport	Expiration date for the most recently issued passport (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>

9. Marital Status

Single, Never Married Married Divorced Widowed Legally Separated Marriage Annulled

Other (Explain):

Part 2. Information about the Beneficiary (continued)

10. Beneficiary's Mailing Address

In Care Of Name

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

Province

Postal Code

Country

11. Are the beneficiary's mailing address and physical address the same?

Yes No

If you answered "No" to **Item Number 11.**, provide your physical address in **Item Number 12.**

12. Beneficiary's Physical Address

In Care Of Name

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

13. Beneficiary's Daytime Telephone Number

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

15. Beneficiary's Email Address (if any)

Beneficiary's Anticipated Length of Stay

16. 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

17. 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 22.** and not in **Item Number 17.**

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			\$

18. 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

19. If you answered "Yes" to **Item Number 18.**, what amount of the beneficiary's total income comes from an illegal activity or source? (Type or print "N/A" if you answered "No" to **Item Number 18.**) \$

20. Does any of the beneficiary's total income come from means-tested public benefits as defined in 8 CFR 213a.1? Yes No

21. If you answered "Yes" to **Item Number 20.**, what amount of the beneficiary's total income comes from means-tested public benefits? \$

Part 2. Information about the Beneficiary (continued)

Beneficiary's Assets

22. 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)
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
<input type="text"/>	<input type="text"/>	<input type="text"/>

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
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

3. Provide the name of the organization, group, or entity that is providing support to the beneficiary with you (if any).

Organization, Group, Entity Name

4. Current Mailing Address

In Care Of Name

Street Number and Name	Apt. Ste. Flr.	Number
<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>

City or Town	State	ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Province	Postal Code	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

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

If you answered "No" to **Item Number 5.**, provide your current physical address in **Item Numbers 6.**

6. Physical Address

In Care Of Name

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

Province

Postal Code

Country

Other Information

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

8. Sex M F X

9. Place of Birth

City or Town

State or Province

Country

10. Alien Registration Number (A-Number)

▶ A-

11. USCIS Online Account Number

▶

12. Social Security Number

▶

13. What is your relationship to the beneficiary?

Immigration Status

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

U.S. Citizen

U.S. National

Lawful Permanent Resident

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

15. 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 15.**, provide the information requested in **Item Numbers 16. - 17.**

16. A. I am currently employed as a/an Name of Employer

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

17. 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

18. 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 23.** and not in **Item Number 18.**

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)

19. 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
20. If you answered "Yes" to **Item Number 19.**, what amount of income comes from an illegal activity? (Type or print "N/A" if you answered "No" to **Item Number 19.**) \$
21. Does any of the income listed above come from means-tested public benefits as defined in 8 CFR 213a.1? Yes No
22. If you answered "Yes" to **Item Number 21.**, what amount of income is from means-tested public benefits? \$

Assets

23. 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)
TOTAL (U.S. dollars)		\$ <input type="text"/>

Financial Responsibility for Other Beneficiaries

24. Have you previously submitted a Form I-134A on behalf of a person other than the beneficiary named in **Part 2**? Yes No

If you answered "Yes" to **Item Number 24.**, provide the information requested in **Item Numbers 25. - 26.** If you need additional space to complete this section, use the space provided in **Part 8. Additional Information.**

25. Person 1

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

A-Number Date Submitted (mm/dd/yyyy)

▶ A-

26. Person 2

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

A-Number Date Submitted (mm/dd/yyyy)

▶ A-

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

27. You are responsible for receiving, maintaining, and supporting the beneficiary for the duration of their temporary stay in the United States. Describe the resources you plan to use or provide to ensure the beneficiary has adequate financial support to cover their basic living needs.

28. You are responsible for ensuring that the beneficiary has safe and appropriate housing for the duration of their parole in the United States. Describe how you will ensure that the beneficiary's housing needs are met, including where the beneficiary will reside during their temporary stay in the United States, if known.

29. You are responsible for assisting the beneficiary's access to available services and benefits such as learning English, securing employment opportunities once authorized to work, enrolling children in school, and helping to enroll for benefits for which they are eligible. Describe what steps you plan to take as part of these responsibilities.

Part 4. Statement, Contact Information, Certification, and Signature of the Beneficiary (Only complete this section if Part 1. Basis for Filing selection is "Myself as the beneficiary", otherwise continued to Part 5.)

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

NOTE: Read the **Penalties** section of the Form I-134A 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 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.

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

3. 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-134A 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-134A 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)

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.

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

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)

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)

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

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)

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)

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 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 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 ▶ 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.