



# 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)

نام خانوادگی برنده

Given Name (First Name)

نام برنده

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)

01/01/2000

4. Gender

Male

Female

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

► A-

6. Place of Birth

City or Town

شهر محل سکونت

State or Province

استان

Country

کشور

7. Country of Citizenship or Nationality

ملیت

8. Marital Status

وضعیت تاهل

Single, Never Married

Married

Divorced

Widowed

Legally Separated

Marriage Annulled

Other (Explain):

**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 <b>Part 3.</b> )	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 <b>Part 3.</b> )	Income contribution to the beneficiary annually (if none, type or print \$0)
مشخصات برنده		Beneficiary	\$ 0
مشخصات همراه ( همسر)		Spouse	\$ 0
فرزند		Child	\$ 0
			\$
			\$
<b>Total Number of Dependents</b>			<b>2</b>
<b>Total Income \$</b>			<b>0</b>

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)**

**9. Beneficiary's Mailing Address**

In Care Of Name (if any)

خالی گذاشته بشه

Street Number and Name

آدرس محل سکونت

Apt. Ste. Flr. Number

پلاک یا شماره واحد

City or Town

شهر

State

ZIP Code

خالی

Province

استان

Postal Code

کد پستی

Country

کشور

**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**

اگر آدرس محل سکونت

و آدرس قسمت قبل یکسان هست **yes** بزنید و قسمت بعد را پر نکنید

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)

زمان حضور خود در آمریکا را در قسمت اول بنویسید و **no end date** تاریخ اول را ترجیحا دو هفته تا ۳ ماه بعد از مصاحبه بزنید

To (select one):

(mm/dd/yyyy)

No End Date



**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)

اگر ادرس محل سکونت و ادرس قسمت قبل یکی هست yes بزنید و این قسمت را خالی بگذارید

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)

تاریخ تولد اسپانسر

7. Place of Birth

City or Town

State or Province



Country

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

9. USCIS Online Account Number (if any)

▶ A-

▶

**Immigration Status**

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

U.S. Citizen

U.S. National

وضعیت اقامت اسپانسر

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**

وضعیت اشتغال

11. Employment Status بیکار  
 استخدام به کار قول تایم یا خود اشتغال  
 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 <b>Part 2.</b> )	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)
اسپانسر		Self	\$ حقوق سال
همسر اسپانسر		Wife or husband	\$ حقوق سال
فرزندان		Child	\$ 0
اگر عضو دیگر خانواده دارند			\$ 0
			\$
<b>Total Number of Dependents</b>			افراد زیر مجموعه اسپانسر
<b>Total Income \$</b>			مجموع درآمد

**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**

این قسمت دارای های اسپانسر هست نمونه پر شده زیر برای یک زوج که ملک شخصی دارند پر شده

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)
اسپانسر	Savings - Bank Account	
همسر اسپانسر	Savings - Bank Account	
اسپانسر و همسر	Real Estate Holdings	
اسپانسر	Retirement or Educational Account	
همسر	Retirement or Educational Account	
Retirment and educational بیمه بازنشستگی اسپانسر هست		
Current Cash Value (U.S. dollars) \$		
<b>TOTAL (U.S. dollars) \$</b>		

**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  
اگر قبلا اسپانسر شخص دیگری شده اینجا وارد کنید

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  Date Submitted (mm/dd/yyyy)

20. Person 2

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

A-Number  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 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 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)