

STATE OF _____
COUNTY OF _____

IN THE MATTER OF THE AFFIDAVIT OF SUPPORT

BY _____

FOR _____

Case No. _____

AFFIDAVIT OF SUPPORT

I, _____, being duly sworn, depose and state as follows:

1. My full legal name is _____. I reside at the following address:

Street Address: _____

Unit Number (if applicable): _____

City: _____

State: _____

Zip Code: _____

My date of birth is _____. My telephone number is _____, and my email address is _____.

2. I am a citizen/lawful permanent resident of the United States. My relationship to the Beneficiary named herein is _____.

3. I am submitting this Affidavit of Support on behalf of _____ (hereinafter "the Beneficiary"), whose date of birth is _____. The Beneficiary resides at the following address:

Street Address: _____

Unit Number (if applicable): _____

City: _____

State: _____

Zip Code: _____

4. I am currently employed as a _____ at _____
(Employer Name), located at _____ (Employer Address). My annual
income from all sources is \$ _____. I have attached documentation of
my income and assets, including _____.

5. I possess sufficient financial resources and assets to provide financial support to the
Beneficiary. My total assets include:

6. I understand and agree to accept legal responsibility for the financial support of the
Beneficiary named in this Affidavit. I commit to providing financial support to the Beneficiary to
ensure that they will not become a public charge in the United States.

7. I understand that this financial responsibility will continue until the Beneficiary becomes a
U.S. citizen, has worked for 40 qualifying quarters of coverage under the Social Security Act,
departs the United States permanently, or dies.

8. I declare under penalty of perjury under the laws of the State of _____ that the
foregoing is true and correct to the best of my knowledge, information, and belief.

Dated: _____ day of _____, 20 _____

(Signature of Affiant)

Printed Name: _____

Address: _____

Phone: _____

Email: _____

NOTARY ACKNOWLEDGMENT

STATE OF _____)

COUNTY OF _____) ss.

Subscribed and sworn to before me this _____ day of _____, 20_____, by
_____, who is personally known to me or who produced
_____ as identification.

Notary Public

My Commission Expires: _____