

# Affidavit of Support Under Section 213A of the INA

### **Department of Homeland Security**

U.S. Citizenship and Immigration Services

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

|   |         | Affidavit                      | of Support Submitter                                   | Section  | 1 213A Rev  | view .                 | Number of Support Affidavits in   | File |
|---|---------|--------------------------------|--|--|---|------------------------|-----------------------------------|------|
|   |         | □ Petiti                       |  | □ MEETS  |   | NOT MEET               |                                   |      |
| Fo  | _       |                                |  | requirements                                     |   | ements                 |                                   |      |
| US  |         |                                | oint Sponsor   | 1  |   |                        | Remarks                           |      |
| U   |         | $\square$ 2nd .                | Joint Sponsor  | Reviewed By:                                     |   |                        |                                   |      |
| Or  | ıly     | ☐ Subs                         | titute Sponsor   | Office:  |   |                        |                                   |      |
|   |         | □ 5% 0                         | Owner  | Date (mm/dd/yy                                   |   |                        |                                   |      |
|   |         |                                |  | Date (IIIII/dd/yy                                | уу)   |                        |                                   |      |
| To be completed by an attorney or accredited representative (if any).  Select this box if Form G-28 or G-28I is attached.  Attorney S (if applicab) |         |                                |  | Number   | Attorney or Accredited Representat<br>USCIS Online Account Number (if |                        |                                   |      |
| <b>▶</b> S  | STAR'   | T HERE                         | - Type or print in black                               | ink.   |   |                        |                                   |      |
| Par   | t 1. l  | Basis Fo                       | r Filing Affidavit of                                  | Support  | Ma  | iling Addre            | SS                                |      |
| I. R  | ahul    | Ram Gup                        | ota  |  | 2.a.  | In Care Of N           | ame                               |      |
| an  | n the s | ponsor sul                     | bmitting this affidavit of                             | support because                                  |   | Rahul Ram              | Gupta                             |      |
| •   |         | only one b                     |  | C 4  | 2.b.  | Street Number and Name | 456 Laurel St                     |      |
| 1.a.  |         |                                | etitioner. I filed or am fili<br>on of my relative.    | ing for the                                      | 2.c.  | ☐ Apt. 区               | Ste. Flr. 45                      |      |
| 1.b.  |         |                                | lien worker petition on be<br>mmigrant, who is related |  |   | City or Town           |                                   |      |
|   | Γ.      | intending i                    | minigram, who is related                               | to me as my                                      | 2.u.  | City of Town           | Mumbai                            |      |
|   | _ L     |                                |  | <del>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</del> | 2.e.  | State                  | 2.f. ZIP Code                     |      |
| 1.c.  | ∐ I     | have an o                      | wnership interest of at le                             | ast 5 percent in                                 | 2.g.  | Province               | Maharashtra                       |      |
|   |         |                                | l an alien worker petition                             |  | 2.h.  | Postal Code            | 400 001                           |      |
|   | 11      | ntending i                     | mmigrant, who is related                               | to me as my                                      | 2.i.  | Country                |                                   |      |
|   | _ L     |                                |  |  | ]   | India                  |                                   |      |
| 1.d.  | I       | am the or                      | nly joint sponsor.                                     |  |   |                        |                                   |      |
| 1.e.  | _       | am the                         | _  | wo joint sponsors                                | Oth   | er Informa             | tion                              |      |
| 1.f.  |         |                                | al petitioner is deceased. sponsor. I am the intendir  |  | 3.  | Country of C           | Sitizenship or Nationality        |      |
|   | Ī       |                                | Fencer 1 min une monten                                | <u>8</u>   | ]   | India                  |                                   |      |
| NOT   | E: If   | you are fi                     | iling this form as a spon                              | sor, you must                                    | 4.  | Date of Birth          | (mm/dd/yyyy) 11/24/197            | 5    |
| inclu   | de pro  | oof of you                     | r U.S. citizenship, U.S. 1                             |  | 5.  | Alien Regist           | ration Number (A-Number) (if any) |      |
| or la   | wful p  | ermanen                        | t resident status.                                     |  | J.  | Tillell Regist         | ► A-                              |      |
| Part 2. Information About the Principal   |         |                                | 6.   | USCIS Onlin                                      | ne Account Number (if any)  |                        |                                   |      |
|   | nigra   |                                |  |  |   | •                      |                                   |      |
| 1.a.  |         | ly Name                        | AGRAWAL  |  | 7.  | Daytime Tel            | ephone Number                     |      |
| 1.b.  | Giver   | Name) L<br>n Name [<br>: Name) | Manisha  |  | ]   |                        |                                   |      |
| 1.c.  | ,       | lle Name                       | Devi   |  |   |                        |                                   |      |

| Par          | t 3. Information About the Immigrants You   | Fami  | lly Member 3                                  |
|--------------|---|-------|---|
| Are          | Sponsoring  | 14.a. | Family Name                                   |
| 1.           | I am sponsoring the principal immigrant named in <b>Part 2</b> .  | 14.b. | (Last Name) Given Name (First Name)           |
|              | Yes No (Applicable only if you are sponsoring 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 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          | ily Member 1  | Fami  | ly Member 4                                   |
|              | Family Name   |       | Family Name (Last Name)                       |
|              | (Last Name)   |       | Given Name                                    |
| 4.b.         | Given Name (First Name) Jay   |       | (First Name)                                  |
| 4.c.         | Middle Name   | 19.c. | Middle Name                                   |
| 5.           | Relationship to Principal Immigrant   | 20.   | Relationship to Principal Immigrant           |
|              | Son   |       |   |
| 6.           | Date of Birth (mm/dd/yyyy) 05/01/2003   | 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  | Fami  | ly Member 5                                   |
|              | Family Name   | 24.a. | Family Name (Last Name)                       |
| 9.b.         | (Last Name) Given Name  | 24.b. | Given Name                                    |
| <i>7.</i> D. | (First Name)  | 2.4   | (First Name)                                  |
| 9.c.         | Middle Name   |       | 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)          |
|              |   |       |   |

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|      | rt 3. Informa<br>e Sponsoring   | ation About the Immigrants You (continued) |
|------|---|--|
| Pa   | this affidavit wh<br>in <b>Part 2.</b> , any in<br><b>Numbers 1.</b> - 28<br>for these question<br>Do not count the<br>sponsoring familiafter the principal | ation About You (Sponsor)                  |
| 1.a. | Family Name (Last Name)   | GUPTA                                      |
| 1.b. | ,   | Rahul                                      |
| 1.c. | Middle Name   | Ram  |
| Sp   | onsor's Mailii  | ng Address                                 |
| 2.a. | In Care Of Na   | me   |
|      | Rahul Ram (   | Gupta                                      |
| 2.b. | Street Number and Name  | 123 Park Avenue                            |

Apt. X Ste. Flr.

Edison

If you answered "No" to Item Number 3., provide your

physical address in Item Numbers 4.a. - 4.h.

2.f. ZIP Code 08837

Is your current mailing address the same as your physical

X Yes No

2.d. City or Town

State NJ

Province

2.h. Postal Code

Country

address?

2.g.

2.i.

3.

| 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) 12/22/1973  |  |  |  |  |
| 7.    | City or Town of Birth  |  |  |  |  |
|       | Budd Lake  |  |  |  |  |
| 8.    | State or Province of Birth   |  |  |  |  |
|       | NJ   |  |  |  |  |
| 9.    | Country of Birth   |  |  |  |  |
|       | USA  |  |  |  |  |
| 10.   | U.S. Social Security Number (Required)   |  |  |  |  |
|       | <b>▶</b> 1 2 3 4 5 6 7 8 9   |  |  |  |  |
| Citiz | 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)                                     |  |  |  |  |
|       | <b>&gt;</b>  |  |  |  |  |
| Milit | ary Service (To be completed by petitioner sponsors only.)                         |  |  |  |  |
| 14.   | I am currently on <b>active duty</b> in the U.S. Armed Forces or U.S. Coast Guard. |  |  |  |  |

Sponsor's Physical Address

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| US   | Cor<br>CCIS<br>Use<br>nly  |             |  |
|------|--|-------------|--|
| Pai  | rt 5. Sponsor's Household Size   | 5.          | Retired Since (mm/dd/yyyy)   |
|      | ΓΕ: Do not count any member of your household more once.   | 6.          | Unemployed Since (mm/dd/yyyy)  |
| Pers | ons 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:  \$\begin{align*} 75,000.00 \end{align*}                   |
| Pers | ons NOT sponsored in this affidavit:   | Inco        | me you are using from any other person who was   |
| 2.   | Yourself. 1  | coun        | ted in your household size, including, in certain itions, the intending immigrant. (See Form I-864 |
| 3.   | If you are currently married, enter "1" for your spouse.   | Instr       | uctions.) Please indicate name, relationship, and income.  |
|      | 0  | Pers        | on 1   |
| 4.   | If you have dependent children, enter the number here.   | 8.          | Name   |
| _    |  |             |  |
| 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, enter the number here.   | 10.<br>Pers | Current Income \$ on 2   |
| 7.   | OPTIONAL: If you have siblings, parents, or adult children with the same principal residence who are combining their income with yours by submitting Form I-864A, enter the number here. | 11.         | Name Relationship  |
| 8.   | Add together <b>Part 5.</b> , <b>Item Numbers 1.</b> - <b>7.</b> and enter the number here.  | 13.         | Current Income \$  |
|      | Household Size: 3  | Pers        | on 3   |
| Pai  | rt 6. Sponsor's Employment and Income  | 14.         | Name   |
|      | 1 1 1  |             |  |
| 1 am | a currently:   | 15.         | Relationship   |
|      | Software Engineer  | 16.         | Current Income \$  |
| 2.   | Name of Employer 1   | 10.         | Current income   |
|      | Star Inc   | Pers        | on 4   |
| 3.   | Name of Employer 2 (if applicable)   | 17.         | Name   |
| 4.   | Self-Employed as a/an (Occupation)   | 18.         | Relationship   |
|      |  | 19.         | Current Income \$  |

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|                  | н 1116   | .   D           |                  | D 1              |   |  |  |  |
|------------------|--|-----------------|------------------|------------------|---|--|--|--|
| For              | Household S  |                 | ty Guideline     | Remarks          |   |  |  |  |
| USCIS            |  | ☐ 6 Year        | r: <u>2 0</u>    |                  |   |  |  |  |
| Use<br>Only      | □ 7 □ 8  | □ 9 Pov         | erty Line:       |                  |   |  |  |  |
|                  | □ Other  | \$              |                  |                  |   |  |  |  |
| Part 6.          | Sponsor's En   | nployment :     | and Income       |                  |   | t 7. Use of Assets to Supplement Income  |  |  |
|                  | Current Annua  | l Household 1   | ncome (Total     | all lines        | ` 1   | ur income, or the total income for you and your household,   |  |  |
| fro              | m <b>Part 6. Item N</b>  | umbers 7., 10   | ., 13., 16., and | <b>19.</b> ; the | from Part 6., Item Numbers 20. or 24.a 24.c., exceeds the |  |  |  |
|                  | l will be compared to Federal Poverty Guidelines on m I-864P.) |                 |                  |                  |   | ral Poverty Guidelines for your household size, <b>YOU ARE REQUIRED</b> to complete this <b>Part 7.</b> Skip to <b>Part 8.</b> |  |  |
| 1 01             | 11111 0041.)   | \$ [            | 75,000.00        |                  |   | r Assets (Optional)  |  |  |
| 21.              | The people listed  |                 |                  |                  |   | •  |  |  |
|                  | <b>17.</b> have comple with this affidav                       |                 |                  |                  | 1.  | Enter the balance of all savings and checking accounts.  |  |  |
|                  | completed by the   | ese people.     |                  |                  | 2.  |  |  |  |
| 22.              | One or more of   |                 |                  |                  | 2.  | Enter the net cash value of real-estate holdings. (Net value means current assessed value minus mortgage debt.)                |  |  |
|                  | <b>8.</b> , <b>11.</b> , <b>14.</b> , and I-864A because       |                 |                  |                  |   | \$   |  |  |
|                  | and has no accor   |                 | _                | C                | 3.  | Enter the net cash value of all stocks, bonds, certificates  |  |  |
|                  | Name   |                 |                  |                  | $\mathbf{a}$  | of deposit, and any other assets not already included in   |  |  |
|                  |  |                 |                  |                  |   | Item Number 1. or Item Number 2.   |  |  |
| Federal 1        | Income Tax Retu  | ırn Informati   | on               |                  |   |  |  |  |
|                  | ve you filed a Fed   |                 |                  | ch of the        | 4.  | Add together <b>Item Numbers 1 3.</b> and enter the number here.   |  |  |
|                  | ee most recent tax   |                 | X Yes            | No               |   | TOTAL: \$  |  |  |
| NC               | TE: You MUST   | Fattach a nhot  |                  | erint of         |   | ts from Form I-864A, Part 4., Item Number 3.d., for:   |  |  |
|                  | ir Federal income  |                 |                  |                  | 5.a.  | Name of Relative   |  |  |
| tax              | year.  |                 |                  | NX               |   |  |  |  |
| 23.b.            | (Optional) I have of my Federal in                             |                 |                  |                  | 5.b.  | Your household member's assets from Form I-864A (optional).  |  |  |
|                  | third most recen   |                 | rns for my seco  | ond and          |   | (optional).  |  |  |
| 3.5 1            |  |                 |                  |                  | Asset   | ts of the principal sponsored immigrant (optional).  |  |  |
|                  | income (adjusted IRS) Form 1040E                               |                 |                  |                  | -   | principal sponsored immigrant is the person listed in Part   |  |  |
|                  | ns for the most rec  |                 |                  |                  |   | <b>em Numbers 1.a 1.c.</b> Only include the assets if the ipal immigrant is being sponsored by this affidavit of               |  |  |
|                  |  | Tax Year        | Total Inc        | ome              | suppo   |  |  |  |
| <b>24.a.</b> Mo  | ost Recent   | 2011            | \$ 75,000        | .00              | 6.  | Enter the balance of the principal immigrant's savings and   |  |  |
| <b>24.b.</b> 2nd | d Most Recent  | 2010            | \$ 70,000        | .00              | checking accounts.  |  |  |  |
| <b>24.c.</b> 3rd | Most Recent  | 2009            | \$ 63,000        | .00              | 7.  | Enter the net cash value of all the principal immigrant's  |  |  |
| 25 🗆             | I was not receive  | ad to file a E- | laral income 4-  | v ratum          |   | real estate holdings. (Net value means investment value minus mortgage debt.)  |  |  |
| 25.              | I was not require as my income w                               |                 |                  |                  |   | Ψ  |  |  |
|                  | have attached ev   |                 |                  |                  | 8.  | Enter the current cash value of the principal immigrant's  |  |  |
|                  |  |                 |                  |                  |   | stocks, bonds, certificates of deposit, and other assets not included in <b>Item Number 6.</b> or <b>Item Number 7.</b>        |  |  |

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|              | Hou     | sehold | 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 car. <u>2 0</u> | \$                                       |   |
| Only         | □ 7     | □ 8    | □ 9  | Poverty Line:     |  | t equal 5 times (3 times for spouses and children of<br>lly adopted in the U.S.) the difference between the |
|              | □ Other |        |      | \$                | poverty guidelines and the sponsor's hou |   |

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

| 9. | Add together | ltem Numbers ( | <b>6.</b> - 8 | . and | enter | the nun | ıber |
|----|--------------|----------------|---------------|-------|-------|---------|------|
|    | here.        |                | \$            |       |       |         |      |

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

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

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

# 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.

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# 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;
- C. 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.** 

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 |
|------|-----|--|
|      |     | a language in which I am fluent, and I understood everything.  |
| 2.   |     | At my request, the preparer named in <b>Part 10.</b> ,   |
|      |     | prepared this affidavit for me based only upon information I provided or authorized.   |
| Spo  | nso | r's Contact Information  |
| 3.   | Spo | nsor's Daytime Telephone Number  |
|      |     |  |
| 4.   | Spo | nsor's Mobile Telephone Number (if any)  |
|      |     |  |
| 5.   | Spo | nsor's Email Address (if any)  |
|      |     |  |

#### Sponsor's Declaration and Certification

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;

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| Info  | orma  | Sponsor's Contract, Statement, Contact ation, Declaration, Certification, and re (continued)  |  |  |  |  |
|---|---|---|--|--|--|--|
|   | 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; |  |  |  |  |
|   | 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 |   |  |  |  |  |
| ~   | F. I authorize the Social Security Administration to release information about me in its records to USCIS and DOS.  |   |  |  |  |  |
| Spo   | nsor  | 's Signature  |  |  |  |  |
| 6.a.  | Spor  | nsor's Signature  |  |  |  |  |
|   |   |   |  |  |  |  |
| 6.b.  | Date  | e of Signature (mm/dd/yyyy)   |  |  |  |  |
| NOTE TO ALL SPONSORS: If you do not completely fill out this affidavit or fail to submit required documents listed in the Instructions, USCIS or DOS may deny your affidavit. |   |   |  |  |  |  |
| Part 9. Interpreter's Contact Information,<br>Certification, and Signature  |   |   |  |  |  |  |
| Provi   | Provide the following information about the interpreter.  |   |  |  |  |  |
| Interpreter's Full Name   |   |   |  |  |  |  |

Interpreter's Family Name (Last Name)

Interpreter's Business or Organization Name (if any)

**1.b.** Interpreter's Given Name (First Name)

2.

# Interpreter'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 Province 3.f. 3.g. Postal Code **3.h.** Country Interpreter's Contact Information Interpreter's Daytime Telephone Number Interpreter's Mobile Telephone Number (if any) 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 8., Item Number 1.b., and I have read to this sponsor in the identified language every question and instruction on this affidavit and his or her answer to every question. The sponsor informed me that he or she understands every instruction, question, and answer on the affidavit, including the Sponsor's Declaration and Certification, and has verified the accuracy of every answer. Interpreter's Signature **7.a.** Interpreter's Signature **7.b.** Date of Signature (mm/dd/yyyy)

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

| Prov                    | ide the following information about the preparer. | and with the sponsor's consent.   |
|-------------------------|---|---|
| <i>Pre</i> <sub>2</sub> | Preparer's Family Name (Last Name)                | 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.       |
| 1.b.                    | Preparer's Given Name (First Name)                | <b>NOTE:</b> 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 |
| 2.                      | Preparer's Business or Organization Name (if any) | Representative, or G-28I, Notice of Entry of Appearance as Attorney In Matters Outside the Geographical Confines of the United States, with this                              |
| Pre                     | parer's Mailing Address                           | affidavit.  |
| -                       | Street Number                                     | Preparer's Certification  |
| 3.b.                    | and Name  Apt. Ste. Flr.                          | By my signature, I certify, under penalty of perjury, that I prepared this affidavit at the request of the sponsor. The   |
| 3.c.                    | City or Town                                      | sponsor then reviewed this completed affidavit and informed me that he or she understands all of the information contained  |
| 3.d.                    | State 3.e. ZIP Code                               | in, and submitted with, his or her affidavit, including the <b>Sponsor's Declaration and Certification</b> , and that all of this   |
| 3.f.                    | Province  | information is complete, true, and correct. I completed this affidavit based only on information that the sponsor provided to   |
| 3.g.                    | Postal Code                                       | me or authorized me to obtain or use.   |
| 3.h.                    | Country   | Preparer's Signature  |
|                         |   | 8.a. Preparer's Signature   |
| Pro                     | parer's Contact Information                       |   |
| 4.                      | Preparer's Daytime Telephone Number               | 8.b. Date of Signature (mm/dd/yyyy)   |
|                         | Co <sup>V</sup>                                   |   |
| 5.                      | Preparer's Mobile Telephone Number (if any)       |   |
| 6.                      | Preparer's Email Address (if any)                 |   |
|                         |   |   |

Preparer's Statement

**7.a.** 

I am not an attorney or accredited representative but

have prepared this affidavit on behalf of the sponsor

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| Part 11. Additional Information       |   |  |      | Page Number | 5.b. | Part Number | 5.c. | Item Number |
|---------------------------------------|---|--|------|-------------|------|-------------|------|-------------|
| withis space to co of partop of and I | In this affidavit,<br>than what is p<br>implete and file<br>per. Type or p<br>if each sheet; in | ace to provide any additional information, use the space below. If you need more provided, you may make copies of this page with this affidavit or attach a separate sheet with your name and A-Number (if any) at the adicate the <b>Page Number</b> , <b>Part Number</b> , to which your answer refers; and sign and |      |             |      |             |      |             |
| 1.a.                                  | Family Name (Last Name)   | GUPTA  |      |             |      |             |      |             |
| 1.b.                                  | Given Name<br>(First Name)  | Rahul  |      |             |      |             |      |             |
| 1.c.                                  | Middle Name   | Ram  |      |             |      |             |      |             |
| 2.                                    | A-Number (if  | Pany)  ► A-  |      |             |      |             |      |             |
| 3.a.                                  | Page Number   | 3.b. Part Number 3.c. Item Number  | 6.a. | Page Number | 6.b. | Part Number | 6.c. | Item Number |
| 3.d.                                  |   |  | 6.d. |             |      |             |      |             |
|                                       |   |  |      |             |      |             |      |             |
|                                       |   |  |      |             |      |             |      |             |
|                                       |   |  |      |             |      |             |      |             |
| 4.a.                                  | Page Number   | 4.b. Part Number 4.c. Item Number  | 7.a. | Page Number | 7.b. | Part Number | 7.c. | Item Number |
| 4.d.                                  |   |  | 7.d. |             |      |             |      |             |
|                                       |   |  |      |             |      |             |      |             |
|                                       |   |  |      |             |      |             |      |             |
|                                       |   |  | -    |             |      |             |      |             |
|                                       |   |  |      |             |      |             |      |             |
|                                       |   |  | -    |             |      |             |      |             |
|                                       |   |  | -    |             |      |             |      |             |

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