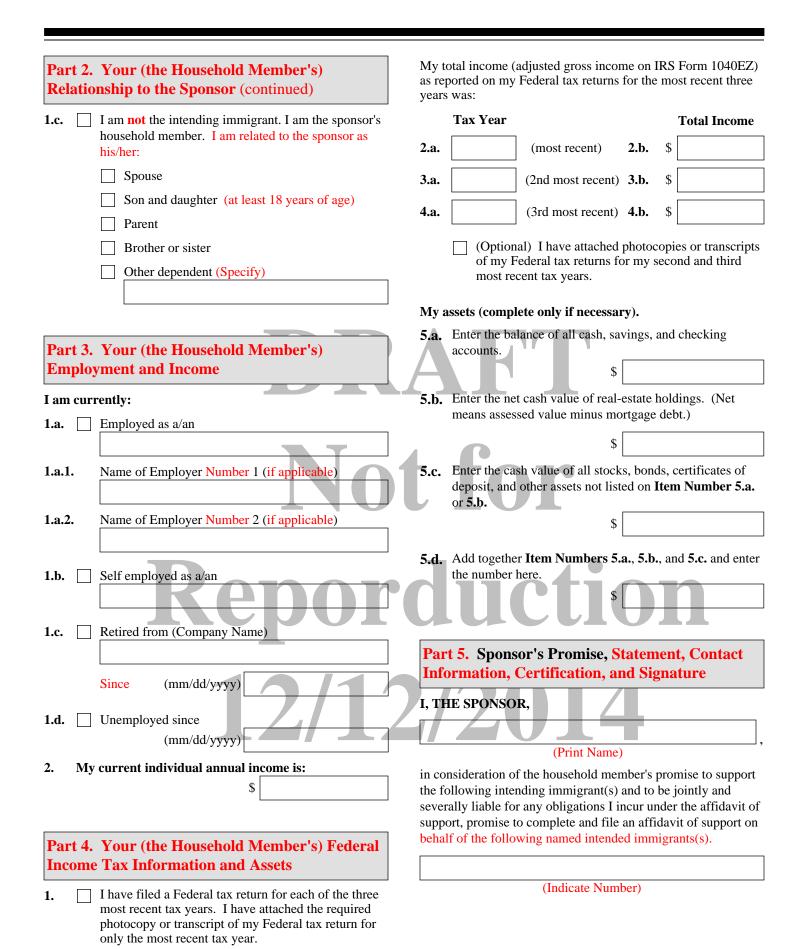


Contract Between Sponsor and Household Member

Department of Homeland Security

U.S. Citizenship and Immigration Services

For Gover	nment Use Only				
This Form I-864A relates to a household member who:					
\Box IS the intended \Box IS NOT the Reviewed By	:				
immigrant intended immigrant Location:	Date (mm/dd/yyyy):				
► START HERE. Type or print in black ink.					
Part 1. Information About You (the Household Member)	3.d. State 3.e. ZIP Code				
1.a. Family Name	3.f. Province				
(Last Name)	3.g. Postal Code				
1.b. Given Name (First Name)	3.h. Country				
1.c. Middle Name					
Mailing Address	Other Information				
2.a. Street Number	4. Date of Birth (mm/dd/yyyy)				
and Name	Place of Birth				
2.b. Apt. Ste. Flr.	5.a. City or Town				
2.c. City or Town					
2.d. State 2.e. ZIP Code	5.b. State or Province				
2.f. Province					
2.g. Postal Code	5.c. Country				
2.h. Country	6. U.S. Social Security Number (if any)				
2.i. Is your current mailing address the same as your physical address?	7. USCIS ELIS Account Number (if any) ►				
If you answered "No" to Item Number 2.i. , provide your					
physical address below.	Port 2 Nour (the Household Member's)				
Physical Address (Place of Residence) (if different	Part 2. Your (the Household Member's) Relationship to the Sponsor				
from the mailing address)	Select Item Number 1.a., 1.b., or 1.c.				
3.a. Street Number and Name	1.a. I am in the intending immigrant and also the				
3.b. Apt. Ste. Flr.	sponsor's spouse.1.b. I am the intending immigrant and also a member of				
3.c. City or Town	the sponsor's household.				



Par	t 5. Sponsor's Promise, Statement, Contact	3.e.	A-Number (if any)
	ormation, Certification, and Signature		► A-
(cor	ntinued)	3.f.	U.S. Social Security Number (if any)
Inter	nding Immigrant Number 1		
Nam	e	3.g.	USCIS ELIS Account Number (if any)
1.a.	Family Name (Last Name)		
1.b.	Given Name (First Name)		ding Immigrant Number 4
1.c.	Middle Name	Name	
1.4	Date of Birth (mm/dd/yyyy)		Family Name (Last Name)
	A-Number (if any)		Given Name (First Name)
1.0.	► A-	4.c.	Middle Name
1.f.	U.S. Social Security Number (if any)	4.d .	Date of Birth (mm/dd/yyyy)
		4.e.	A-Number (if any)
1.g.	USCIS ELIS Account Number (if any)		► A-
		4.f.	U.S. Social Security Number (if any)
Inter	nding Immigrant Number 2	4	
Nam	e	4.g.	USCIS ELIS Account Number (if any)
2.a.	Family Name (Last Name)		
2.b.	Given Name (First Name)	Inten	ding Immigrant Number 5
2.c.	Middle Name	Name	
2.0.	Wildle Walle		Family Name (Last Name)
2.d.	Date of Birth (mm/dd/yyyy)		Given Name
2.e.	A-Number (if any)		(First Name)
	► A-	5.c.	Middle Name
2.f.	U.S. Social Security Number (if any)	5.d.	Date of Birth (mm/dd/yyyy)
		5e.	A-Number
2.g.	USCIS ELIS Account Number (if any)		► A-
		5.f.	U.S. Social Security Number (if any)
Inter	nding Immigrant Number 3		
Nam	e	5.g.	USCIS ELIS Account Number (if any)
3.a.	Family Name (Last Name)		
3.b.			
3.c.	Middle Name		
3.d.	Date of Birth (mm/dd/yyyy)		

Part 5. Sponsor's Promise, Statement, Contact Information, Certification, and Signature (continued)

NOTE: Read the information on penalties in the **Penalties** section of the Form I-864A Instructions before completing this part.

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 have read and understand every question and instruction on this request, as well as my answer to every question.
- **1.b.** The interpreter named in **Part 7.** has also read to me every question and instruction on this request, as well as my answer to every question, in

a language in which I am fluent. I understand every question and instruction on this request as translated to me by my interpreter, and have provided complete, true, and correct responses in the language indicated above.

2. I have requested the services of and consented to

who is is not an attorney or accredited

representative, preparing this request for me.

Sponsor's Contact Information

- 3. Sponsor's Daytime Telephone Number
- **4. Sponsor's** Mobile Telephone Number (if any)
- 5. Sponsor's Email Address (if any)

Sponsor's Certification

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

I furthermore authorize release of information contained in this request, in supporting documents, and in my USCIS record to other entities and persons where necessary for the administration of U.S. immigration laws.

I certify, under penalty of perjury, that the information in my request and any document submitted with my request were provided by me and are complete, true, and correct.

Sponsor's Signature

- 6.a. Sponsor's Signature
- **6.b.** Date of Signature (mm/dd/yyyy)

Part 6. Your (the Household Member's) Promise

I, THE HOUSEHOLD MEMBER,

(Print Name)

in consideration of the sponsor's promise to complete and file an affidavit of support on behalf of the above named intending immigrant(s).

(Print number of intending immigrants noted in **Part 5. Sponsor's Promise, Statement, Contact Information, Certification, and Signature**.)

- 1.a. Promise to provide any and all financial support necessary to assist the sponsor in maintaining the sponsored immigrant(s) at or above the minimum income provided for in section 213A(a)(1)(A) of the INA (not less than 125 percent of the Federal Poverty Guidelines) during the period in which the affidavit of support is enforceable;
- **1.b.** Agree to be jointly and severally liable for payment of any and all obligations owed by the sponsor under the affidavit of support to the sponsored immigrant(s), to any agency of the Federal Government, to any agency of a State or local government, or to any other private entity that provides means-tested public benefit;
 - c. Certify under penalty under the laws of the United States that the Federal income tax returns submitted in support of the contract are true copies or unaltered tax transcripts filed with the Internal Revenue Service.
- **1.d.** Consideration where the household member is also the sponsored immigrant: I understand that if I am the sponsored immigrant and a member of the sponsor's household that this promise relates only to my promise to be jointly and severally liable for any obligation owed by the sponsor under the affidavit of support to any of my dependents, to any agency of the Federal Government, to any agency of a State or local government, and to provide any and all financial support necessary to assist the sponsor in maintaining any of my dependents at or above the minimum income provided for in section 213A(s)(1)(A) of the INA (not less than 125 percent of the Federal poverty line) during the period which the affidavit of support is enforceable.

Part 6. Your (the Household Member's) Promise (continued)

1.e. I authorize the Social Security Administration to release information about me in its records to the Department of State and U.S. Citizenship and Immigration Services.

NOTE: Read the information on penalties in the **Penalties** section of the Form I-864A Instructions before completing this part.

Your (the Household Member's) Statement

NOTE: Select the box for either **Item Number 2.a. or 2.b.** If applicable, select the box for **Item Number 3**.

- **2.a.** I can read and understand English, and have read and understand every question and instruction on this request, as well as my answer to every question.
- **2.b.** The interpreter named in **Part 7.** has also read to me every question and instruction on this request, as well as my answer to every question, in

a language in which I am fluent. I understand every question and instruction on this request as translated to me by my interpreter, and have provided complete, true, and correct responses in the language indicated above.

3. I have requested the services of and consented to

who is is is not an attorney or accredited representative, preparing this request for me.

Your (the Household Member's) Contact Information

- 4. Your (the Household Member's) Daytime Telephone Number
- 5. Your (the Household Member's) Mobile Telephone Number (if any)
- 6. Your (the Household Member's) Email Address (if any)

Your (the Household Member's) Certification

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

I furthermore authorize release of information contained in this request, in supporting documents, and in my USCIS record to other entities and persons where necessary for the administration and enforcement of U.S. immigration laws.

I certify, under penalty of perjury, that the information in my request and any document submitted with my request were provided by me and are complete, true, and correct.

Your (the Household Member's) Signature

- 7.a. Your (the Household Member's) Printed Name
- 7.b. Your (the Household Member's) Signature
- **7.c.** Date of Signature (mm/dd/yyyy)

Part 7. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.

Interpreter's Full Name

- **1.a.** Interpreter's Family Name (Last Name)
- **1.b.** Interpreter's Given Name (First Name)
- 2. Interpreter's Business or Organization Name (if any)

Part 7. Interpreter's Contact Information, Certification, and Signature (continued)Interpreter's Mailing Address		Part 8. Contact Information, Statement, Certification, and Signature of the Person Preparing this Request , If Other than the Household Member	
3.b.	Apt. Ste. Flr.	Pre	parer's Full Name
3.c.	City or Town	1.a.	Preparer's Family Name (Last Name)
3.d.	State 3.e. ZIP Code		
3.f.	Province	1.b.	Preparer's Given Name (First Name)
3.g.	Postal Code	2.	Preparer's Business or Organization Name (if any)
3.h.	Country		
		Pre	parer's Mailing Address
Inte	erpreter's Contact Information	3. a.	Street Number and Name
4.	Interpreter's Daytime Telephone Number	3.b.	Apt. Ste. Flr.
5.	Interpreter's Email Address (if any)	3.c.	City or Town
		3.d.	State 3.e. ZIP Code
Inte	erpreter's Certification	3.f.	Province
I certify that:		3.g.	Postal Code
I am fluent in English and		3.h.	Country
which is the same language provided in Part 5. , Item Number 2.b. ;			
quest every	te read to this requestor and household member every tion and instruction on this request, as well as the answer to a question, in the language provided in Part 5. , Item aber 2.b. ; and	Prej 4.	parer's Contact Information Preparer's Daytime Telephone Number
	requestor and household member have informed me that he or she understands every instruction and question on the	5.	Preparer's Fax Number
reque	est, as well as the answer to every question, and the	5.	
requestor and household member verified the accuracy of every answer.		6.	Preparer's Email Address (if any)
Inte	erpreter's Signature		
6.a.	Interpreter's Signature		
6.b.	Date of Signature (mm/dd/yyyy)		

Part 8. Contact Information, Statement, Certification, and Signature of the Person Preparing this Request, If Other than the Household Member (continued)

Preparer's Statement

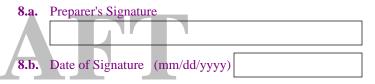
- **7.a.** I am not an attorney or accredited representative but have prepared this request on behalf of the household member and sponsor, and with the household member and sponsor's consent.
- **7.b.** I am an attorney or accredited representative and my representation of the household member and sponsor in this case extends does not extend beyond the preparation of this application.

NOTE: If you are an attorney or accredited representative whose representation extends beyond preparation of this request, you must 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, swear, or affirm, under penalty of perjury, that I prepared this request on behalf of, at the request of, and with the express consent of the household member and sponsor. I completed this request based only on responses the household member and sponsor provided to me. After completing the request, I reviewed it and all of the household member's and sponsor's responses with the household member and sponsor, who agreed with every answer on the request. If the household member or sponsor supplied additional information concerning a question on the request, I recorded it on the request.

Preparer's Signature



Reporduction 12/12/2014

Not for

Part 9. Additional Information	5.a.	Page Number 5.b. Part Number 5.c. Item Number
If you need extra space to provide any additional information within this application, 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 application or attach a separate sheet of paper. Include your name and A-Number (if any) 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.	5.d.	
1.a. Family Name (Last Name)		
1.b. Given Name (First Name)		
1.c. Middle Name		
2. A-Number (if any) A-		
3.a. Page Number 3.b. Part Number 3.c. Item Number	б.а.	Page Number 6.b. Part Number 6.c. Item Number
3.d.	6.d.	
Repor	ot ·d	for uction
4.a. Page Number 4.b. Part Number 4.c. Item Number 4.d.	27.a. 7.b.	Your (the Household Member's Signature Date of Signature (mm/dd/yyyy)