



# Affidavit of Support Under Section 213A of the INA

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

USCIS  
Form I-864EZ  
OMB No. 1615-0075  
Expires 03/31/2020

### For Government Use Only

### Adjusted Household Size

#### This Form I-864EZ:

- DOES NOT MEET the requirements of INA section 213A
- MEETS the requirements of INA section 213A

Reviewed By: \_\_\_\_\_  
 Location: \_\_\_\_\_ Date (mm/dd/yyyy): \_\_\_\_\_

To be completed by an attorney or accredited representative (if any).

- Select this box if Form G-28 or G-28I is attached.

Attorney State Bar Number (if applicable)

Attorney or Accredited Representative USCIS Online Account Number (if any)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

▶ **START HERE - Type or print in black ink.**

### Part 1. Qualifying to Use Form I-864EZ

- 1.a.** I am the petitioner of the family member sponsored on this affidavit.  Yes  No (Use Form I-864)
- 1.b.** I am using my own earned or retirement income, which is documented using Internal Revenue Service (IRS) Form W-2.  Yes  No (Use Form I-864)
- 1.c.** The sponsored immigrant is the only **individual** immigrating based on the underlying visa petition.  Yes  No (Use Form I-864)

### Part 2. Information About the Immigrant You Are Sponsoring (Intending Immigrant)

Name of Immigrant

- 1.a.** Family Name (Last Name)
- 1.b.** Given Name (First Name)
- 1.c.** Middle Name

### Mailing Address

[\(USPS ZIP Code Lookup\)](#)

- 2.a.** In Care Of Name (if any)
- 2.b.** Street Number and Name
- 2.c.**  Apt.  Ste.  Flr.
- 2.d.** City or Town
- 2.e.** State  **2.f.** ZIP Code
- 2.g.** Province
- 2.h.** Postal Code
- 2.i.** Country

### Other Information

- 3.** Daytime Telephone Number
- 4.** Date of Birth (mm/dd/yyyy)
- 5.** Gender  Male  Female
- 6.** Alien Registration Number (A-Number) (if any)  
▶ A-
- 7.** USCIS Online Account Number (if any)  
▶
- 8.** U.S. Social Security Number (if any)  
▶

### Part 3. Information About You (Sponsor)

- 1.a. Family Name (Last Name)
- 1.b. Given Name (First Name)
- 1.c. Middle Name

### Mailing Address

- 2.a. In Care Of Name (if any)
- 2.b. Street Number and Name
- 2.c.  Apt.  Ste.  Flr.
- 2.d. City or Town
- 2.e. State  2.f. ZIP Code
- 2.g. Province
- 2.h. Postal Code
- 2.i. Country
3. Is your current mailing address the same as your physical address?  
 Yes  No

If you answered "No" to **Item Number 3.**, provide your physical address below.

### Physical Address

- 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

### Other Information

5. Country of Domicile
6. Date of Birth (mm/dd/yyyy)
7. City or Town of Birth
8. State or Province of Birth (if applicable)
9. Country of Birth
10. U.S. Social Security Number (Required)
11. USCIS Online Account Number (if any)

### Citizenship or Nationality

12.  I am a U.S. citizen.
- 13.a.  I am a lawful permanent resident.
- 13.b. My alien registration number is:  
▶ A-
14.  I am a U.S. national.

### Military Service

15. I am currently on **active duty** in the United States Armed Forces, other than for active duty training.  
 Yes  No

### Sponsor's Bank Account Information

#### Sponsor's Bank Account Information

##### 16.a. Account Type

- Checking  Savings

##### 16.b. Account Holder's Name

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

**Part 3. Information About You (Sponsor)**  
(continued)

**16.c.** Name(s) of Joint Account Holders, if any

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

**16.d.** Institution Name

**16.e.** Account Number

**16.f.** Routing Number

**Part 4. Information About Your Household Size**

**NOTE:** Do not count any household member more than once.

- 1.a.** You and the individual you are sponsoring on this Form I-864EZ.
- 1.b.** Your spouse.
- 1.c.** Your dependent children under 21 years of age.
- 1.d.** If you have any other dependents listed on your most recent Federal income tax return, enter the number here.

**Part 5. Previously Submitted Affidavits of Support**

- 1.** Have you submitted Form I-864 or Form I-864EZ for any individuals other than those named on this form?  Yes  No
- 2.** If you answered "Yes" to **Item Number 1.**, enter the total number of individuals for whom you previously submitted Form I-864 or Form I-864EZ. You need not include any individual for whom your sponsorship obligation has ended, that is, if you know that: **1)** the individual became a United States citizen, **2)** the individual is currently a lawful permanent resident that has worked or can be credited with 40 qualifying quarters of coverage, **3)** the individual abandoned or lost his or her lawful permanent resident status, **4)** the individual is deceased, or **5)** the individual is obtaining a new grant of adjustment of status while in removal proceedings based on a new affidavit of support, if one is required.

Provide the following information for each individual for whom you previously submitted Form I-864 or Form I-864EZ. If you need more space to provide the information, use **Part 10. Additional Information.**

**3.a.** Sponsored Individual's Name

**3.b.** Date of Birth (mm/dd/yyyy)

**3.c.** Alien Registration Number (A-Number) (if any)

▶ A-

**Part 6. Information About Your Employment and Income**

- 1.** I am currently:  
 Employed (Complete **Item Numbers 2.a. - 2.c.**)  
 Retired (Complete **Item Numbers 3.a. - 3.b.**)
- 2.a.** Current Occupation
- 2.b.** Name of Employer 1
- 2.c.** Name of Employer 2 (if applicable)
- 3.a.** Name of Former Employer
- 3.b.** Date of Retirement (mm/dd/yyyy)
- 4.** My current individual annual income \$

**Federal Income Tax Information**

- 5.a.** Have you filed a Federal income tax return for each of the three most recent tax years?  Yes  No

**NOTE: You MUST attach a photocopy or transcript of your Federal income tax return for only the most recent tax year.**

- 5.b.**  (Optional) I have attached photocopies or transcripts of my Federal income tax returns for my second and third most recent tax years.

## Part 6. Information About Your Employment and Income (continued)

My total income (adjusted gross income on IRS Form 1040EZ) as reported on my Federal income tax returns for the most recent three years was:

	Tax Year	Total Income
6.a. Most Recent		\$
6.b. 2nd Most Recent		\$
6.c. 3rd Most Recent		\$

### Credit Report Information (Optional)

7.  I have attached a copy of a recent U.S. credit report.

## Part 7. Sponsor's Contract, Statement, Contact Information, Certification, and Signature

**NOTE:** Read the **Penalties** section of the Form I-864EZ Instructions before completing this part.

By signing this Form I-864EZ, 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-864EZ. If you do not understand the obligations, you may wish to consult an attorney or accredited representative.

### What Is the Legal Effect of Signing Form I-864EZ?

If you sign Form I-864EZ on behalf of any **individual** (intending immigrant) who is applying for an immigrant visa or adjustment of status to a lawful permanent resident, and that intending immigrant submits Form I-864EZ 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 foreign national likely to become a public charge, the U.S. Government can consider your **income available** for the support of the intending immigrant.

### What If I Choose Not to Sign Form I-864EZ?

You cannot be made to sign Form I-864EZ if you do not want to do so. But if you do not sign Form I-864EZ, the intending immigrant may not be able to become a lawful permanent resident in the United States.

### What Does Signing Form I-864EZ Require Me to Do?

If an intending immigrant becomes a lawful permanent resident of the United States based on a Form I-864EZ that you have signed, then, until your obligations under Form I-864EZ 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 (or 100 percent if you are the petitioning sponsor and are on active duty in the U.S. Armed Forces **other than active duty for training** and the **individual** 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. Please see the USCIS website at [www.uscis.gov/I-865](http://www.uscis.gov/I-865) for more information on filing a change of address as a sponsor.

### What Other Consequences Are There?

If an intending immigrant becomes a lawful permanent resident in the United States based on a Form I-864EZ that you have signed, then, until your obligations under Form I-864EZ terminate, your **income** may be considered available to that **individual**, 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 of your **income** as available to the **individual**.

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 **public benefits** 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 **individual** who becomes a lawful permanent resident based on the Form I-864EZ that you signed, that **individual** may sue you for this support.

If a Federal, state, local, or a private agency provides any covered means-tested public benefit to the **individual** who becomes a lawful permanent resident based on the Form I-864EZ that you signed, **you are responsible for reimbursing the agency** 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 fail to reimburse the benefit granting agency, you may become ineligible to sponsor anyone in the future.**

**Part 7. Sponsor's Contract, Statement, Contact Information, Certification, and Signature**  
(continued)

If you are sued, and the court enters a judgment against you, the individual 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. Please see the USCIS website at [www.uscis.gov/I-865](http://www.uscis.gov/I-865) for more information on filing a change of address as a sponsor.

**When Will These Obligations End?**

Your obligations under Form I-864EZ will end if the individual who becomes a lawful permanent resident based on a Form I-864EZ that you signed:

- A. Becomes a U.S. citizen;
- B. Has worked, or can receive credit for 40 quarters of coverage under the Social Security Act (SSA);
- C. Has abandoned or lost 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.

Your obligations under this Form I-864EZ also end if you die. Therefore, if you die, your estate will not be required to take responsibility for the individual's support after your death. However, your estate may be required to reimburse a public benefit-granting agency for any means-tested public benefits that the intending immigrant received before you died.

**NOTE:** Divorce does not terminate your obligations under this Form I-864EZ.

**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 **Part 8.** 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 **Part 9.**, , prepared this affidavit for me based only upon information I provided or authorized.

**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 I may be required to submit original documents to USCIS or the U.S. Department of State (DOS) at a later date. Furthermore, I authorize the release of any information from any of my records that USCIS or DOS may need to determine my eligibility for any benefit 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:

- A. I provided or authorized to have provided all of the information in my affidavit, I understand all of the information contained in, and submitted with, my affidavit, and that all of this information is complete, true, and correct;
- B. I am willing and able to receive, maintain, and provide support to the individual named in **Part 2.** at the applicable threshold set forth in the Poverty Guidelines and by statute;
- C. I understand that during the duration of my obligation as a sponsor, I may be sued if the individuals named in **Part 2.** receive means-tested public benefits after admission to the United States;
- D. I understand that Form I-864EZ may be made available to any Federal, State, or local agency that may receive an application from the individuals named in **Part 2.** for Supplemental Nutrition Assistance Program (SNAP) benefits (formerly called Food Stamps), Medicaid (other than Emergency Medicaid), Supplemental Security Income, Temporary Assistance to Needy Families, or other means-tested public benefits;

**Part 7. Sponsor's Contract, Statement, Contact Information, Certification, and Signature**  
(continued)

- E.** I understand that if the individual named in **Part 2.** does apply for SNAP/Food Stamps, Supplemental Security Income, Medicaid (other than Emergency Medicaid) or Temporary Assistance for Needy Families or other means-tested public benefits, my own income may be considered in deciding the individual's application. How long my income and may be attributed to the individuals named in **Part 3.** is determined under the statutes and rules governing each specific program;
- F.** I agree to submit to the personal jurisdiction of any Federal state, or local court that has subject matter jurisdiction of a lawsuit against me to enforce my obligations under this Form I-864EZ;
- G.** 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;
- H.** 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-864EZ;
- I.** I understand that if I fail to respond within 45 days to a request for reimbursement from a public benefit-granting agency or an appropriate government entity because the individual named in **Part 2.** received a means tested public benefit, an action may be brought against me pursuant to the affidavit of support;
- J.** I understand that I may be subject to a civil penalty if I fail to notify U.S. Citizenship and Immigration Services (USCIS) of any change in my address, within 30 days of the change, by filing Form I-865, Sponsor's Notice of Change of Address;
- K.** I authorize the Social Security Administration to release information about me in its records to USCIS and DOS; and
- L.** I acknowledge that if I fail to meet the obligations of sponsorship, I may become ineligible to sponsor anyone in the future.

**Sponsor's Signature**

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

Subscribed and sworn to (or affirmed) before me this

day of   
 (Month),  (Year) at

My commission expires on (mm/dd/yyyy)

Signature of Notary Public

**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 request.

**Part 8. 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)

**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
- 3.f.** Province
- 3.g.** Postal Code
- 3.h.** Country



**Part 8. Interpreter's Contact Information, Certification, and Signature** (continued)

**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)

**Interpreter's Certification**

I certify, under penalty of perjury, that:  
I am fluent in English and ,  
which is the same language specified in **Part 7., 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 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)

**Part 9. Contact Information, Declaration, and Signature of the Person Preparing this Affidavit, if Other Than the Sponsor**

Provide the following information about the preparer.

**Preparer's Full Name**

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

**Preparer'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
- 3.f. Province
- 3.g. Postal Code
- 3.h. Country

**Preparer's Contact Information**

- 4. Preparer's Daytime Telephone Number
- 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 and with the sponsor's consent.
- 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.

**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, or G-28I, Notice of Entry of Appearance as Attorney In Matters Outside the Geographical Confines of the United States, with this affidavit.

---

**Part 9. Contact Information, Declaration, and Signature of the Person Preparing this Affidavit, if Other Than the Sponsor** (continued)

***Preparer's Certification***

By my signature, I certify, under penalty of perjury, that I prepared this affidavit at the request of the sponsor. The sponsor then reviewed this completed affidavit and informed me that he or she understands all of the information contained in, and submitted with, his or her affidavit, including the **Sponsor's Certification**, and that all of this information is complete, true, and correct. I completed this affidavit based only on information that the sponsor provided to me or authorized me to obtain or use.

***Preparer's Signature***

**8.a.** Preparer's Signature

**8.b.** Date of Signature (mm/dd/yyyy)



**Part 10. Additional Information**

If you need extra space to provide any additional information within this affidavit, 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 affidavit or attach a separate sheet of paper. Type or print 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.

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

3.d. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4.a. Page Number  4.b. Part Number  4.c. Item Number

4.d. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5.a. Page Number  5.b. Part Number  5.c. Item Number

5.d. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6.a. Page Number  6.b. Part Number  6.c. Item Number

6.d. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7.a. Page Number  7.b. Part Number  7.c. Item Number

7.d. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_