Form I-134, Affidavit of Support

(Answe	er all items.	Type o	or print in black ink.)					
I,	r	esiding	g at					
(Name)		Columb	(5	Street Number	et Number and Name)			
(City)	· · · · · ·	(State)	(Zip Code if in U.S.)		(Countr	y)		
certify under penalty of perjury under U.S. la	w, that:							
1. I was born on in	(City	·)	,(State)	· · · · · · · · · · · · · · · · · · ·	((Country)		
If you are not a U.S. citizen based on your birth in the Swains Island), answer the following as appropriate:	United States	s, or a n	on-citizen U.S. national bas	ed on your bi	rth in Ameri	ican Samoa	(including	
a. If a U.S.citizen through naturalization, give	e Certificate	of Natur	alization number					
b. If a U.S. citizen through parent(s) or marris	age, give Cer	tificate	of Citizenship number					
c. If U.S. citizenship was derived by some oth	ner method, a	ittach a	statement of explanation.					
d. If a Lawful Permanent Resident of the Uni	ted States, gi	ve A-Nı	umber					
e. If a lawfully admitted nonimmigrant, give	Form I-94, A	rrival-D	eparture Record, number					
2. I am years of age and have resided in the Un 3. This affidavit is executed on behalf of the following		since(Date [mm/dd/yyyy])	ddle Name)		Condon	T A ==	
Name (Family Name)	riist ivaine)		(IVII)	udic (vailie)		Gender	Age	
Citizen of (Country)			Marital Status	Relation	nship to Spo	nsor		
Presently resides at (Street Number and Name)	(City))		(State)	(Country))		
Name of spouse and children accompanying or fol	lowing to joi				I			
Spouse	Gender	Age	Child			Gender	Age	
Child	Gender	Age	Child			Gender	Age	
Child	Gender	Age	Child			Gender	Age	

- **4.** This affidavit is made by me for the purpose of assuring the U.S. Government that the person(s) named in **item (3)** will not become a public charge in the United States.
- 5. I am willing and able to receive, maintain, and support the person(s) named in **item 3**. I am ready and willing to deposit a bond, if necessary, to guarantee that such person(s) will not become a public charge during his or her stay in the United States, or to guarantee that the above named person(s) will maintain his or her nonimmigrant status, if admitted temporarily, and will depart prior to the expiration of his or her authorized stay in the United States.
- **6.** I understand that:
 - **a.** Form I-134 is an "undertaking" under section 213 of the Immigration and Nationality Act, and I may be sued if the person(s) named in **item 3** becomes a public charge after admission to the United States;
 - **b.** Form I-134 may be made available to any Federal, State, or local agency that may receive an application from the person(s) named in **item 3** for Food Stamps, Supplemental Security Income, or Temporary Assistance to Needy Families; and
 - **c.** If the person(s) named in **item 3** does apply for Food Stamps, Supplemental Security Income, or Temporary Assistance for Needy Families, my own income and assets may be considered in deciding the person's application. How long my income and assets may be attributed to the person(s) named in **item 3** is determined under the statutes and rules governing each specific program.

It derive an annual income of: (If self-employed, I have attached a copy of my last income tax return or regort of commercial rating concern which I certify to be true and correct to the best of my knowledge and belief. See instructions for nature of evidence of the vorth to be submitted.) I have on deposit in savings banks in the United States: I have on deposit in savings banks in the United States: I have on deposit in savings banks in the United States: I have on deposit in savings banks in the United States: I have on the personal property, the reasonable value of which is: I have sucks and bonds with the following market value, as indicated on the attached list, which I certify to the true and correct to the best of my knowledge and belief: I have life insurance in the sum of: S I have life insurance in the sum of: With a cash surrender value of: I with mortgage(s) or other encumbrance(s) thereon amounting to: S Which is located at: With mortgage(s) or other encumbrance(s) thereon amounting to: S Which is located at: (Sincet Number and Name) (City) (State) (City) (State) (Zip Code) The following persons are dependent upon me for support; (Check the box in the appropriate column to indicate whether the person named is wholly or partially dependent upon you for support.) Name of Person Wholly Dependent Partially Dependent Age Relationship to Me Date submitted Date submitted Date submitted		l as or engaged in the business of	(Type of Business)	with		(Name	of Concern)
I derive an annual income of: (If self-employed, I have attached a copy of my last income tax return or report of commercial rating concern which I certify to be true and correct to the best of my knowledge and belief. See instructions for nature of evidence of net worth to be submitted.) I have on deposit in savings banks in the United States: S	at	(C N. 1 . 1N		(6':)	,	(C+++-)	
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I have other personal property, the reasonable value of which is: I have stocks and bonds with the following market value, as indicated on the attached list, which I certify to be true and correct to the best of my knowledge and behef: S Thave life insurance in the sum of: S With a cash surrender value of: S With mortgage(s) or other encumbrance(s) thereon amounting to: With mortgage(s) or other encumbrance(s) thereon amounting to: Which is located at: (Street Number and Name) (City) (State) (Cipy Ocde) The following persons are dependent upon me for support: (Check the box in the appropriate column to indicate whether the person named is wholly or partially dependent upon you for support.) Name of Person Wholly Dependent Partially Dependent Age Relationship to Me The perviously submitted affidavit(s) of support for the following person(s). If none, state "None". Name of Person Date submitted I have previously submitted affidavit(s) of support for the following person(s). If none, state "None". Name of Person Relationship Date submitted (If you check "intend," indicate the exact nature and duration of the contributions. For example, if you intend to furnish room and board, state how long and, if 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. Oath or Affirmation of Sponsor Oath or Affirmation of Sponsor Oath or Affirmation for Sponsor of Stamp Act, as amended.	report of com	nercial rating concern which I certify to be t	true and correct to the best		\$		
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to be true and correct to the best of my knowledge and belief: Dave left insurance in the sum of:	I have other po	ersonal property, the reasonable value of whi	ich is:		\$		
With a cash surrender value of: I own real estate valued at: With mortgage(s) or other encumbrance(s) thereon amounting to: \$ Which is located at: (Street Number and Name) (City) (State) (Zip Code) The following persons are dependent upon me for support: (Check the box in the appropriate column to indicate whether the person named is wholly or partially dependent upon you for support.) Name of Person Wholly Dependent Partially Dependent Age Relationship to Me Partially Dependent Age Relationship to Me Date submitted I have previously submitted affidavit(s) of support for the following person(s). If none, state "None". Name of Person Date submitted I have submitted a visa petition(s) to U.S. Citizenship and Immigration Services on behalf of the following person(s). If none, state "None". Name of Person Relationship Date submitted I intend do not intend to make specific contributions to the support of the person(s) named in item 3. If you check "intend," indicate the exact nature and duration of the contributions. For example, if you intend to furnish room and board, state how long and, if 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. Oath or Affirmation of Sponsor acknowledge that I have read "Sponsor and Alien Liability" on Page 2 of the instructions for this form, and am aware of my sponsibilities as a sponsor under the Social Security Act, as amended, and the Food Stamp Act, as amended.				list, which I certify	\$		
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With mortgage(s) or other encumbrance(s) thereon amounting to: \$ Which is located at:	With a cash su	urrender value of:			\$		
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