

START HERE - Please Type or Print

## Part 1. Information on Sponsor (You)

Last Name		First Name		Middle Name	
Mailing Address (Street Number and Name)				Apt/Suite Number	
City				State or Province Maryland	
Country USA				ZIP/Postal Code	
				Telephone Number	
Place of Residence if different from above (Street Number and Name)				Apt/Suite Number	
City				State or Province	
Country		ZIP/Postal Code		Telephone Number	
Date of Birth (Month, Day, Year) 8/7/00		Place of Birth (City, State, Country) B.H., MD, USA		Are you a U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Social Security Number		A-Number (If any)			

## Part 2. Basis for Filing Affidavit of Support

I am filing this affidavit of support because (check one):

- a. ☒ I filed/am filing the alien relative petition.
- b. ☐ I filed/am filing an alien worker petition on behalf of the intending immigrant, who is related to me in my \_\_\_\_\_ (relationship)
- c. ☐ I have ownership interest of at least 5% \_\_\_\_\_ (name of entity which filed visa petition) which filed an alien worker petition on behalf of the intending immigrant, who is related to me as my \_\_\_\_\_ (relationship)
- d. ☐ I am a joint sponsor willing to accept the legal obligations with any other sponsor(s).

## FOR AGENCY USE ONLY

This Affidavit Receipt

☐ Meets☐ Does not meetRequirements of  
Section 213AOfficer or I.J.  
Signature

Location

Date

## Part 3. Information on the Immigrant(s) You Are Sponsoring

Last Name Rogers		First Name Roiselle Gay		Middle Name Arnao	
Date of Birth (Month, Day, Year) .. ..		Sex <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		Social Security Number (If any)	
Country of Citizenship Philippines		A-Number (If any)			
Current Address (Street Number and Name)		Apt/Suite Number		City	
State/Province Maryland		Country USA		ZIP/Postal Code	
				Telephone Number	

List any spouse and/or children immigrating with the immigrant named above in this Part: (Use additional sheets of paper if necessary.)

Name	Relationship to Sponsored Immigrant			Date of Birth			A-Number (If any)	Social Security (If any)
	Spouse	Son	Daughter	Mo	Day	Yr		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					