



# Contract Between Sponsor and Household Member

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

USCIS  
Form I-864A  
OMB No. 1615-0075  
Expires 07/31/2017

## For Government Use Only

This Form I-864A relates to a household member who:

IS the intending immigrant       IS NOT the intending immigrant      Reviewed By: \_\_\_\_\_  
Location: \_\_\_\_\_ Date (mm/dd/yyyy): \_\_\_\_\_

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

### Part 1. Information About You (the Household Member)

#### Full Name

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

#### Mailing Address

2.a. In Care Of Name   
2.b. Street Number and Name   
2.c.  Apt.  Ste.  Fl.   
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.

#### Physical Address

4.a. Street Number and Name   
4.b.  Apt.  Ste.  Fl.   
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. Date of Birth (mm/dd/yyyy)   
Place of Birth  
6.a. City or Town   
6.b. State or Province   
6.c. Country   
7. U.S. Social Security Number (if any)   
▶   
8. USCIS ELIS Account Number (if any)   
▶

**Part 2. Your (the Household Member's) Relationship to the Sponsor**

Select **Item Number 1.a., 1.b., or 1.c.**

- 1.a.  I am the intending immigrant and also the sponsor's spouse.
- 1.b.  I am the intending immigrant and also a member of the sponsor's household.
- 1.c.  I am **not** the intending immigrant. I am the sponsor's household member. I am related to the sponsor as his/her:
  - Spouse
  - Son or daughter (at least 18 years of age)
  - Parent
  - Brother or sister
  - Other dependent (Specify)

**Part 3. Your (the Household Member's) Employment and Income**

**I am currently:**

- 1.a.  Employed as a/an
 
  - 1.a.1. Name of Employer Number 1 (if applicable)
  - 1.a.2. Name of Employer Number 2 (if applicable)
- 1.b.  Self employed as a/an
- 1.c.  Retired from (Company Name)
 

Since (mm/dd/yyyy)
- 1.d.  Unemployed since (mm/dd/yyyy)
- 2. **My current individual annual income is:**

\$

**Part 4. Your (the Household Member's) Federal Income Tax Information and Assets**

- 1.  I have filed a Federal income tax return for each of the three most recent tax years. I have attached the required photocopy or transcript of my Federal income tax return for only the most recent tax year.

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
2.a. Most Recent	\$	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
2.b. 2nd Most Recent	\$	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
2.c. 3rd Most Recent	\$	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>

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

**My assets (complete only if necessary).**

- 3.a. Enter the balance of all cash, savings, and checking accounts.
 

\$
- 3.b. Enter the net cash value of real-estate holdings. (Net value means assessed value minus mortgage debt.)
 

\$
- 3.c. Enter the cash value of all stocks, bonds, certificates of deposit, and other assets not listed on **Item Numbers 3.a. or 3.b.**

\$
- 3.d. Add together **Item Numbers 3.a., 3.b., and 3.c.** and enter the number here.
 

\$

**Part 5. Sponsor's Promise, Statement, Contact Information, Certification, and Signature**

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

**I, THE SPONSOR,**

(Print Name)

in consideration of the household member's promise to support the following intending immigrant(s) and to be jointly and severally liable for any obligations I incur under the affidavit of support, promise to complete and file an affidavit of support on behalf of the following named intending immigrant(s).

(Indicate Number)

**Intending Immigrant Number 1:**

**Name**

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

2. Date of Birth (mm/dd/yyyy)

3. A-Number (if any)  ▶ A-

4. U.S. Social Security Number (if any)

5. USCIS ELIS Account Number (if any)

**Intending Immigrant Number 2:**

**Name**

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

7. Date of Birth (mm/dd/yyyy)

8. A-Number (if any)  ▶ A-

9. U.S. Social Security Number (if any)

10. USCIS ELIS Account Number (if any)

**Intending Immigrant Number 3:**

**Name**

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

12. Date of Birth (mm/dd/yyyy)

13. A-Number (if any)  ▶ A-

14. U.S. Social Security Number (if any)

15. USCIS ELIS Account Number (if any)

**Intending Immigrant Number 4:**

**Name**

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

17. Date of Birth (mm/dd/yyyy)

18. A-Number (if any)  ▶ A-

19. U.S. Social Security Number (if any)

20. USCIS ELIS Account Number (if any)

**Intending Immigrant Number 5:**

**Name**

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

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

22. Date of Birth (mm/dd/yyyy)
23. A-Number  
▶ A-
24. U.S. Social Security Number (if any)  
▶
25. USCIS ELIS Account Number (if any)  
▶

**Sponsor's Statement**

**NOTE:** Select the box for either **Item Number 26.a.** or **26.b.** If applicable, select the box for **Item Number 27.**

- 26.a.  I can read and understand English, and have read and understand every question and instruction on this contract, as well as my answer to every question.
- 26.b.  The interpreter named in **Part 7.** has also read to me every question and instruction on this contract, as well as my answer to every question, in , a language in which I am fluent. I understand every question and instruction on this contract as translated to me by my interpreter, and have provided complete, true, and correct responses in the language indicated above.
27.  I have requested the services of and consented to , who  is  is not an attorney or accredited representative, preparing this contract for me.

**Sponsor's Contact Information**

28. Sponsor's Daytime Telephone Number
29. Sponsor's Mobile Telephone Number (if any)
30. 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 or the Department of State may require that I submit original documents to USCIS or the Department of State at a later date. Furthermore, I authorize the release of any information from any and all of my records that USCIS or the Department of State may need to determine my eligibility for the immigration benefit that I seek.

I furthermore authorize release of information contained in this contract, in supporting documents, and in my USCIS or Department of State 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 contract and any document submitted with my contract were provided by me and are complete, true, and correct.

**Sponsor's Signature**

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

**Part 6. Your (the Household Member's) Promise, Statement, Contact Information, Certification, and Signature**

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

**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 immigrants.

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

- A.** Promise to provide any and all financial support necessary to assist the sponsor in maintaining the sponsored immigrants at or above the minimum income provided for in section 213A(a)(1)(A) of the Immigration and Naturalization Act (INA) (not less than 125 percent of the Federal Poverty Guidelines) during the period in which the affidavit of support is enforceable;

**Part 6. Your (the Household Member's) Promise, Statement, Contact Information, Certification, and Signature (continued)**

- 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 immigrants, 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 benefits;
- 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;
- 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(a)(1)(A) of the INA (not less than 125 percent of the Federal Poverty Guideline) during the period which the affidavit of support is enforceable.
- E.** I understand that, if I am related to the sponsored immigrant or the sponsor 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-864A.
- F.** 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 (USCIS).

**Your (the Household Member'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 contract, 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 contract, as well as my answer to every question, in , a language in which I am fluent. I understand every question and instruction on this contract 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 contract for me.

**Your (the Household Member's) Contact Information**

- 3.** Your (the Household Member's) Daytime Telephone Number
- 4.** Your (the Household Member's) Mobile Telephone Number (if any)
- 5.** 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 or the Department of State may require that I submit original documents to USCIS or the Department of State at a later date. Furthermore, I authorize the release of any information from any and all of my records that USCIS or the Department of State may need to determine my eligibility for the immigration benefit that I seek.

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

**Part 6. Your (the Household Member's) Promise, Statement, Contact Information, Certification, and Signature** (continued)

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

**Your (the Household Member's) Signature**

6.a. Your (the Household Member's) Printed Name

6.b. Your (the Household Member's) Signature

6.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)

**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

**Interpreter's Contact Information**

4. Interpreter's Daytime Telephone Number

5. Interpreter's Email Address (if any)

**Interpreter's Certification**

I certify that:

I am fluent in English and , which is the same language provided in **Part 5., Item Number 26.b.**;

I have read to this sponsor and household member every question and instruction on this contract, as well as the answer to every question, in the language provided in **Part 5., Item Number 26.b.**; and

The sponsor and household member have informed me that he and/or she understands every instruction and question on the contract, as well as the answer to every question, and the sponsor and household member verified the accuracy of every answer.

**Interpreter'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 Contract, If Other Than the Household Member**

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)

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

**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 Fax Number
6. Preparer's Email Address (if any)

**Preparer's Statement**

- 7.a.  I am not an attorney or accredited representative but have prepared this contract 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 contract.

**NOTE:** If you are an attorney or accredited representative whose representation extends beyond preparation of this contract, you must submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this contract.

**Preparer's Certification**

By my signature, I certify, swear, or affirm, under penalty of perjury, that I prepared this contract on behalf of, at the request of, and with the express consent of the household member and sponsor. I completed this contract based only on responses the household member and sponsor provided to me. After completing the contract, 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 contract. If the household member or sponsor supplied additional information concerning a question on the contract, I recorded it on the contract.

**Preparer's Signature**

- 8.a. Preparer's Signature
- 8.b. Date of Signature (mm/dd/yyyy)

**Part 9. Additional Information**

If you need extra space to provide any additional information within this contract, 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 contract 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.

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

**2.** A-Number (if any) A- 

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**3.a.** Page Number  **3.b.** Part Number  **3.c.** Item Number

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