**Affidavit of Support PDF**

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**I. Affiant Information**

* **Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Relationship to Beneficiary: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Annual Income: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**II. Beneficiary Information**

* **Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Passport Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Relationship to Affiant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Purpose of Support: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**III. Declaration of Financial Support**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Affiant’s Full Name], hereby declare and affirm that I am financially able and willing to support \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Beneficiary’s Full Name], for the duration of their stay in the United States. I understand that I am legally obliged to support the Beneficiary and ensure that they will not become a public charge during their stay.

**Financial Evidence Attached (Tick as applicable):**

* **Bank Statements**
* **Employment Letter**
* **Tax Returns**
* **Property Documents**
* **Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**IV. Affiant’s Signature**

* **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**