

# 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:** \_\_\_\_\_