

## Request for Exemption for Intending Immigrant's Affidavit of Support

USCIS Form I-864W

OMB No. 1615-0075 Expires 01/31/2026

## **Department of Homeland Security**

U.S. Citizenship and Immigration Services

For Government Use Only								
This Form I-864W		D. L. J.D.						
the requirements exemption		Reviewed By: Location:		Date (mm/dd/yyyy):				
To be completed by attorney or accred representative (if a	ited Form G-28 or	Attorney State Bar (if applicable)	· · · · · · · · · · · · · · · · · · ·					
► START HERE - Type or print in black ink.								
Part 1. Information About You or Your Adopted Child (Intending Immigrant)  Physical Address 4.a. Street Number								
17 6 D			and Name					
Name of Reques	tor	4.b.	Apt.	Ste. Flr.				
<b>1.a.</b> Family Name (Last Name)		4.c.	City or Tow	n				
<b>1.b.</b> Given Name (First Name)		4.d.	State	4.e. ZIP Code				
<b>1.c.</b> Middle Name		4.f.	Province					
Mailing Address	(USPS ZIP	Code Lookup) 4.g.	Postal Code					
2.a. In Care Of Nar	me	4.h.	Country					
<b>2.b.</b> Street Number and Name		Ott	her Informa	ntion				
<b>2.c.</b> Apt.	Ste. Flr.	5.	Date of Birt	h (mm/dd/yyyy)				
<b>2.d.</b> City or Town		6.	City or Tow	n of Birth				
2.e. State	2.f. ZIP Code							
2.g. Province		7.	State or Pro	vince of Birth (if applicable)				
<b>2.h.</b> Postal Code		8.	Country of 1	Birth				
2.i. Country								
		9.	Alien Regis	tration Number (A-Number)				
<b>3.</b> Is your current address?	mailing address the same as	your physical Yes No 10.	USCIS Onli	► A				
If you answere	ed "No" to <b>Item Number 3.</b> , p			• ( \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
physical addre	11.	U.S. Social	Security Number (Required)					
				<b>&gt;</b>				

Part 2. Reason for Exemption	Requestor's Contact Information				
I am EXEMPT from filing Form I-864, Affidavit of Support Under Section 213A of the INA, because:	3. Requestor's Daytime Telephone Number				
1.a. I have earned (or can be credited with) 40 quarters (credits) of coverage under the Social Security Act (SSA). (Attach SSA earnings statements. Do not count any quarters during which you received a means-tested public benefit.)	<ul><li>4. Requestor's Mobile Telephone Number (if any)</li><li>5. Requestor's Email Address (if any)</li></ul>				
<ul> <li>1.b.</li></ul>	Requestor's Declaration and Certification  Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that U.S. Citizenship and Immigration Services (USCIS) or the U.S. Department of State (DOS) may require that I submit original documents to USCIS or DOS at a later date. Furthermore, I authorize the release of any information from any and all of my records that USCIS or DOS may need to determine my eligibility for the immigration benefit that I seek				
Part 3. Requestor's (Intending Immigrant's) Contract, Statement, Contact Information, Declaration, Certification, and Signature	I furthermore authorize release of information contained in this request, in supporting documents, and in my USCIS or DOS records, to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.				
NOTE: Read the Penalties section of the Form I-864W Instructions before completing this part.	I certify, under penalty of perjury, that all of the information in my request and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my request, and				
Requestor's Statement	that all of this information is complete, true, and correct.				
<b>NOTE:</b> Select the box for either <b>Item Number 1.a.</b> or <b>1.b.</b> If applicable, select the box for <b>Item Number 2.</b>	In addition, I authorize the Social Security Administration (SSA) to release information about me in its records to USCIS				
<b>1.a.</b> I can read and understand English, and I have read and understand every question and instruction on this request and my answer to every question.	and DOS.  Requestor's Signature				
<b>1.b.</b> The interpreter named in <b>Part 4.</b> read to me every question and instruction on this request and my answer to every question in	6.a. Requestor's Signature				
a language in which I am fluent, and I understood everything.  2. At my request, the preparer named in Part 5.,  prepared this request for me based only upon	<b>NOTE TO ALL REQUESTORS:</b> If you do not completely fill out this request or fail to submit required documents listed in the Instructions, USCIS or DOS may deny your request.				
information I provided or authorized.					

## Part 4. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.

Inte	erpreter'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)						
Inte	erpreter'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						
Inte	erpreter's Contact Information						
4.	Interpreter's Daytime Telephone Number						
5.	Interpreter's Mobile Telephone Number (if any)						
6.	Interpreter's Email Address (if any)						
Inte	erpreter's Certification						
I cer	tify, under penalty of perjury, that:						
whic <b>1.b.</b> , every answ	fluent in English and, h is the same language specified in <b>Part 3., Item Number</b> and I have read to this requestor in the identified language of question and instruction on this request and his or her to every question. The requestor informed me that he or understands every instruction, question, and answer on the						

Inte	rpreter's Signature					
7.a.	Interpreter's Signature					
7.b.	Date of Signature (mm/dd/yyyy)					
Sign	t 5. Contact Information, Declaration, and nature of the Person Preparing this Request, ther Than the Requestor					
Provi	de the following information about the preparer.					
Prep	parer'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)					
Prep	parer'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					
_						
Prep	parer's Contact Information					
4.	Preparer's Daytime Telephone Number					
5.	Preparer's Mobile Telephone Number (if any)					
6.	Preparer's Email Address (if any)					

request, including the Requestor's Declaration and

**Certification**, and has verified the accuracy of every answer.

## Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Request, if Other Than the Requestor (continued)

Pre	parer's Statement						
7.a.	I am not an attorney or accredited representative but have prepared this request on behalf of the requestor and with the requestor's consent.						
7.b.	☐ I am an attorney or accredited representative and my representation of the requestor in this case ☐ extends ☐ does not extend beyond the preparation of this request.						
may Entry or G Outs	TE: If you are an attorney or accredited representative you be obliged to submit a completed Form G-28, Notice of y of Appearance as Attorney or Accredited Representative, -28I, Notice of Entry of Appearance as Attorney In Matters ide the Geographical Confines of the United States, with request.						
Pre	parer's Certification						
prepared to the prepared to th	ny signature, I certify, under penalty of perjury, that I ared this request at the request of the requestor. The estor then reviewed this completed request and informed nat he or she understands all of the information contained nd submitted with, his or her request, including the <b>nestor's Declaration and Certification</b> , and that all of this mation is complete, true, and correct. I completed this est based only on information that the requestor provided to r authorized me to obtain or use.						
Pre	parer's Signature						
8.a.	Preparer's Signature						
8.b.	Date of Signature (mm/dd/yyyy)						

Par	rt 6. Additio	nal Ir	nformation			5.a.	Page Number	5.b.	Part Number	5.c.	Item Number
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	Family Name (Last Name)										
1.b.	Given Name (First Name)										
1.c.	Middle Name										
2.	A-Number (if	-	A-			6.0	Page Number	6 h	Part Number	6.0	Item Number
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