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

I-864W, Intending Immigrant's Affidavit of Support Exemption

. Name	Last Name		For Government
			Use Only
	First Name	Middle Name	This I-864W:
2. Address	Street Number and Name <i>(include apartment number)</i>		does not meet the
	City	State or Province	requirements of exemption.
	Country	Zip/Postal Code	_
Date of Birth	(mm/dd/yyyy)		meets the requirements of exemption.
. Country of Birth <i>(city/country)</i>			
. Telephone Number	(Include area code or country and city codes)		Reviewer
Social Security Number <i>(if any)</i>	ny)		Location
Alien Registration			
Number (if any)			Date (mm/dd/yyyy)
Part 2. Reason for e	xemption.		_
am EXEMPT from f	lling a Form I-864 Affidav	it of Support because:	
Security Act (SS		ters (credits) of coverage under the Social tements. Do not count any quarters during efft.)	
		child of a U.S. citizen, and will automatically hip Act of 2000 upon my admission to the	
I am filing for ar using Form I-36		t of status as a self-petitioning widow(er)	
I am filing for an Form I-360.	i immigrant visa or adjustment	t of status as a battered spouse or child using	
Part 3. Concluding	provision.		
I,		, certify under penalty	
of perjury under the law	vs of the United States that:	, , , , , , , , , , , , , , , , ,	
(a) I know the cont	ents of this exemption requ	est which I signed;	
(b) All the stateme	nts in this exemption reques	st are true and correct; and	
(c) 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.			

(Signature of intending immigrant, or of U.S. citizen parent if intending immigrant is less than 14 years old)

(Date--mm/dd/yyyy)