

**Intending Immigrant's
Affidavit of Support (AOS)**

Part 1. Information about the intending immigrant. (AOS Processing Fee: \$420)

1. Name	Last Name		For Government Use Only <input type="checkbox"/> does not meet the requirements of exemption. <input type="checkbox"/> meets the requirements of exemption. <hr/> Reviewer <hr/> Location <hr/> Date (mm/dd/yyyy)
	First Name	Middle Name	
2. Address	Street Number and Name (include apartment number)		
	City	State or Province	
	Country	Zip/Postal Code	
3. Date of Birth	(mm/dd/yyyy)		
4. Country of Birth (city/country)			
5. Telephone Number	(Include area code or country and city codes)		
6. Social Security Number (if any)			
7. Alien Registration Number (if any)			

Part 2. Reason

- I have earned (or can be credited with) 40 quarters (credits) of coverage under the Social Security Act (SSA).
- I am under 18, unmarried, immigrating as the child of a U.S. citizen, and will automatically become a U.S. citizen under the Child Citizenship Act of 2000 upon my admission to the United States.
- I am filing for an immigrant visa or adjustment of status as a self-petitioning widow(er) using Form I-360.
- I am filing for an immigrant visa under the diversity visa program.

Part 3. Concluding provision.

I, _____, certify under penalty of perjury under the laws of the United States that:

- (a) I know the contents of this exemption request which I signed;
- (b) All the statements in this exemption request 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,

(Date--mm/dd/yyyy)