

Affidavit of Support

State of _____, County of _____

Affiant Information

Name: _____

Address: _____

Phone: _____

Statement

I, _____, declare under penalty of perjury that the following is true and correct to the best of my knowledge:

Support Provided

Relationship To Applicant

Other Relevant Information

Signature of Affiant

Date

Notary Public

Date

Subscribed and sworn to (or affirmed) before me on this _____ day of _____, 20____.