

U. S. Department of Justice  
Immigration and Naturalization Service

Affidavit of Support

(ANSWER ALL ITEMS: FILL IN WITH TYPEWRITER OR PRINT IN BLOCK LETTERS IN INK.)

1. VAN NGO T residing at \_\_\_\_\_  
(Name) (Street and Number)

\_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (ZIP Code if in U.S.) \_\_\_\_\_ (Country)

BEING DULY SWORN DEPOSE AND SAY:

1. I was born on 03 - 01. 56 at \_\_\_\_\_  
(Date) (City) (Country) VIET NAM

If you are not a native born United States citizen, answer the following as appropriate:

- If a United States citizen through naturalization, give certificate of naturalization number 13829972
- If a United States citizen through parent(s) or marriage, give citizenship certificate number \_\_\_\_\_
- If United States citizenship was derived by some other method, attach a statement of explanation.
- If a lawfully admitted permanent resident of the United States, give "A" number \_\_\_\_\_

2. That I am 34 years of age and have resided in the United States since (date) 11-26-80

3. That this affidavit is executed in behalf of the following person:

Name <u>NGUYEN THI ANH DAO</u>	Sex <u>F</u>	Age <u>30</u>
Citizen of-(Country) <u>VIET NAM</u>	Marital Status <u>SINGLE</u>	Relationship to Deponent <u>SISTER IN LAW</u>
Presently resides at-(Street and Number) <u>5 PHAM THAI BUIENG, P4. VINH LONG, Cuu LONG, VIET NAM</u>	(City)	(State)
		(Country)

Name of spouse and children accompanying or following to join person:

Spouse <u>None</u>	Sex	Age	Child	Sex	Age
Child <u>None</u>	Sex	Age	Child	Sex	Age
Child <u>None</u>	Sex	Age	Child	Sex	Age

4. That this affidavit is made by me for the purpose of assuring the United States Government that the person(s) named in item 3 will not become a public charge in the United States.

5. That I am willing and able to receive, maintain and support the person(s) named in item 3. That I am ready and willing to deposit a bond, if necessary, to guarantee that such person(s) will not become a public charge during his or her stay in the United States, or to guarantee that the above named will maintain his or her nonimmigrant status if admitted temporarily and will depart prior to the expiration of his or her authorized stay in the United States.

6. That I understand this affidavit will be binding upon me for a period of three (3) years after entry of the person(s) named in item 3 and that the information and documentation provided by me may be made available to the Secretary of Health and Human Services and the Secretary of Agriculture, who may make it available to a public assistance agency.

7. That I am employed as, or engaged in the business of PRODUCTION WORKER with SOLA OPTICAL  
(Type of Business) (Name of concern)

at -  
(Street and Number) (City) (State) (Zip Code)

I derive an annual income of (if self-employed, I have attached a copy of my last income tax return or report of commercial rating concern which I certify to be true and correct to the best of my knowledge and belief. See instruction for nature of evidence of net worth to be submitted.)

\$ 19,200.00

I have on deposit in savings banks in the United States

\$ 5,000

I have other personal property, the reasonable value of which is

\$ \_\_\_\_\_

I have stocks and bonds with the following market value, as indicated on the attached list which I certify to be true and correct to the best of my knowledge and belief.

\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

I have life insurance in the sum of

\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

With a cash surrender value of

I own real estate valued at

With mortgages or other encumbrances thereon amounting to \$ N/A

Which is located at

(Street and Number)

(City)

(State)

(Zip Code)

8. That the following persons are dependent upon me for support: (Place an "X" in the appropriate column to indicate whether the person named is *wholly or partially* dependent upon you for support.)

Name of Person	Wholly Dependent	Partially Dependent	Age	Relationship to Me
<u>N/A</u>				

9. That I have previously submitted affidavit(s) of support for the following person(s). If none, state "None"

Name \_\_\_\_\_

Date submitted \_\_\_\_\_

N/A

10. That I have submitted visa petition(s) to the Immigration and Naturalization Service on behalf of the following person(s). If none, state none.

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Date submitted \_\_\_\_\_

N/A

11. (Complete this block only if the person named in item 3 will be in the United States temporarily.)

That I  do intend  do not intend, to make specific contributions to the support of the person named in item 3. (If you check "do intend", indicate the exact nature and duration of the contributions. For example, if you intend to furnish room and board, state for how long and, if money, state the amount in United States dollars and state whether it is to be given in a lump sum, weekly, or monthly, or for how long.)

#### OATH OR AFFIRMATION OF DEPONENT

I acknowledge that I have read Part III of the Instructions, Sponsor and Alien Liability, and am aware of my responsibilities as an immigrant sponsor under the Social Security Act, as amended, and the Food Stamp Act, as amended.

I swear (affirm) that I know the contents of this affidavit signed by me and the statements are true and correct.

Signature of deponent \_\_\_\_\_

V. Z. M. D.

Subscribed and sworn to (affirmed) before me this 25 day of July 1990  
at Petaluma, California. My commission expires on 8-6-93

Signature of Officer Administering Oath \_\_\_\_\_ Title \_\_\_\_\_ Notary

If affidavit prepared by other than deponent, please complete the following: I declare that this document was prepared by me at the request of the deponent and is based on all information of which I have knowledge.

U. S. Department of Justice  
Immigration and Naturalization Service

## Affidavit of Support

(ANSWER ALL ITEMS: FILL IN WITH TYPEWRITER OR PRINT IN BLOCK LETTERS IN INK.)

I, MINH TRAN T. residing at \_\_\_\_\_  
(Name) \_\_\_\_\_ (Street and Number)

\_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (ZIP Code if in U.S.) \_\_\_\_\_ (Country)

## BEING DULY SWORN DEPOSE AND SAY:

1. I was born on 04-26-56 at MINH HAI VIETNAM  
(Date) (City) (Country)

If you are *not* a native born United States citizen, answer the following as appropriate:

- If a United States citizen through naturalization, give certificate of naturalization number 12967750
- If a United States citizen through parent(s) or marriage, give citizenship certificate number \_\_\_\_\_
- If United States citizenship was derived by some other method, attach a statement of explanation.
- If a lawfully admitted permanent resident of the United States, give "A" number \_\_\_\_\_

2. That I am 34 years of age and have resided in the United States since (date) 06-20-81

3. That this affidavit is executed in behalf of the following person:

Name	Sex	Age
<u>NGUYEN THI ANH DAO</u>	<u>F</u>	<u>30</u>
Citizen of-(Country)		
<u>VIETNAM</u>		
Presently resides at-(Street and Number)	Marital Status	Relationship to Deponent
	<u>SINGLE</u>	<u>Friend</u>
	(City)	(State)
	(Country)	

5 PHAM THAI BUONG P4, VINH LONG, COOLONG, VIETNAM

Name of spouse and children accompanying or following to join person:

Spouse	Sex	Age	Child	Sex	Age
<u>NONE</u>					
Child	Sex	Age	Child	Sex	Age
<u>NONE</u>					
Child	Sex	Age	Child	Sex	Age

4. That this affidavit is made by me for the purpose of assuring the United States Government that the person(s) named in item 3 will not become a public charge in the United States.

5. That I am willing and able to receive, maintain and support the person(s) named in item 3. That I am ready and willing to deposit a bond, if necessary, to guarantee that such person(s) will not become a public charge during his or her stay in the United States, or to guarantee that the above named will maintain his or her nonimmigrant status if admitted temporarily and will depart prior to the expiration of his or her authorized stay in the United States.

6. That I understand this affidavit will be binding upon me for a period of three (3) years after entry of the person(s) named in item 3 and that the information and documentation provided by me may be made available to the Secretary of Health and Human Services and the Secretary of Agriculture, who may make it available to a public assistance agency.

7. That I am employed as, or engaged in the business of ELECTRONIC TECHNICIAN with Kaiser Electronics  
(Type of Business) (Name of concern)

at \_\_\_\_\_ (Street and Number) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code)

I derive an annual income of (if self-employed, I have attached a copy of my last income tax return or report of commercial rating concern which I certify to be true and correct to the best of my knowledge and belief. See instruction for nature of evidence of net worth to be submitted.)

\$ 26,000.00

\$ 17,600.15

\$ 3500.00

I have on deposit in savings banks in the United States

I have other personal property, the reasonable value of which is

I have stocks and bonds with the following market value, as indicated on the attached list which I certify to be true and correct to the best of my knowledge and belief.

\$ N/A  
\$ 150,000.00 face amount  
\$ 00  
\$ N/A

I have life insurance in the sum of

With a cash surrender value of

I own real estate valued at

With mortgages or other encumbrances thereon amounting to \$ N/A

Which is located at

(Street and Number)

(City)

(State)

(Zip Code)

8. That the following persons are dependent upon me for support: (Place an "X" in the appropriate column to indicate whether the person named is *wholly* or *partially* dependent upon you for support.)

Name of Person	Wholly Dependent	Partially Dependent	Age	Relationship to Me
<u>N/A</u>				

9. That I have previously submitted affidavit(s) of support for the following person(s). If none, state "None"

Name

Date submitted

NONE

10. That I have submitted visa petition(s) to the Immigration and Naturalization Service on behalf of the following person(s). If none, state none.

Name

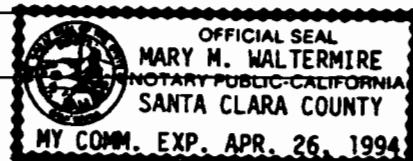
Relationship

Date submitted

NONE

11. (Complete this block only if the person named in item 3 will be in the United States temporarily.)

That I  do intend  do not intend, to make specific contributions to the support of the person named in item 3. (If you check "do intend", indicate the exact nature and duration of the contributions. For example, if you intend to furnish room and board, state for how long and, if money, state the amount in United States dollars and state whether it is to be given in a lump sum, weekly, or monthly, or for how long.)



#### OATH OR AFFIRMATION OF DEPONENT

I acknowledge that I have read Part III of the Instructions, Sponsor and Alien Liability, and am aware of my responsibilities as an immigrant sponsor under the Social Security Act, as amended, and the Food Stamp Act, as amended.

I swear (affirm) that I know the contents of this affidavit signed by me and the statements are true and correct.

Signature of deponent

Mary M. WALTERMIRE

Subscribed and sworn to (affirmed) before me this 9th day of July, 1990

at San Jose, CA. My commission expires on 4/26/94

Signature of Officer Administering Oath Mary M. WALTERMIRE Title Notary Public

If affidavit prepared by other than deponent, please complete the following: I declare that this document was prepared by me at the request of the deponent and is based on all information of which I have knowledge.

U. S. Department of Justice  
Immigration and Naturalization Service

## Affidavit of Support

(ANSWER ALL ITEMS: FILL IN WITH TYPEWRITER OR PRINT IN BLOCK LETTERS IN INK.)

I, TRAN L NGUYEN, residing at \_\_\_\_\_  
(Name) \_\_\_\_\_ (Street and Number)

(City)

(State)

(ZIP Code if in U.S.)

(Country)

## BEING DULY SWORN DEPOSE AND SAY:

1. I was born on 3-16-51 at SAIGON VIET NAM  
(Date) (City) (Country)

If you are *not* a native born United States citizen, answer the following as appropriate:

- If a United States citizen through naturalization, give certificate of naturalization number 12316397
- If a United States citizen through parent(s) or marriage, give citizenship certificate number \_\_\_\_\_
- If United States citizenship was derived by some other method, attach a statement of explanation.
- If a lawfully admitted permanent resident of the United States, give "A" number \_\_\_\_\_

2. That I am 38 years of age and have resided in the United States since (date) 9-31-79

3. That this affidavit is executed in behalf of the following person:

Name <u>NGUYEN THI ANH DAO</u>	Sex <u>F</u>	Age <u>30</u>
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Citizen of-(Country) <u>VIET NAM</u>	Marital Status <u>SINGLE</u>	Relationship to Deponent <u>SISTER</u>
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Presently resides at-(Street and Number)

(City) (State) (Country)

5 PHAM THAI BUNG- P4 VINH LONG- CLOUD LONG VIET NAM

Name of spouse and children accompanying or following to join person:

Spouse <u>None</u>	Sex	Age	Child	Sex	Age
Child <u>None</u>	Sex	Age	Child	Sex	Age
Child	Sex	Age	Child	Sex	Age

4. That this affidavit is made by me for the purpose of assuring the United States Government that the person(s) named in item 3 will not become a public charge in the United States.

5. That I am willing and able to receive, maintain and support the person(s) named in item 3. That I am ready and willing to deposit a bond, if necessary, to guarantee that such person(s) will not become a public charge during his or her stay in the United States, or to guarantee that the above named will maintain his or her nonimmigrant status if admitted temporarily and will depart prior to the expiration of his or her authorized stay in the United States.

6. That I understand this affidavit will be binding upon me for a period of three (3) years after entry of the person(s) named in item 3 and that the information and documentation provided by me may be made available to the Secretary of Health and Human Services and the Secretary of Agriculture, who may make it available to a public assistance agency.

7. That I am employed as, or engaged in the business of PRODUCTION WORKER with SOLA OPTICAL  
(Type of Business) (Name of concern)

at -  
(Street and Number) (City) (State) (Zip Code)

I derive an annual income of (if self-employed, I have attached a copy of my last income tax return or report of commercial rating concern which I certify to be true and correct to the best of my knowledge and belief. See instruction for nature of evidence of net worth to be submitted.)

\$ 15,000.00

I have on deposit in savings banks in the United States

\$ 17,456.94

I have other personal property, the reasonable value of which is

\$ \_\_\_\_\_

I have stocks and bonds with the following market value, as indicated on the attached list  
which I certify to be true and correct to the best of my knowledge and belief. \$ \_\_\_\_\_

I have life insurance in the sum of \$ \_\_\_\_\_

With a cash surrender value of \$ \_\_\_\_\_

I own real estate valued at \$ \_\_\_\_\_

With mortgages or other encumbrances thereon amounting to \$ \_\_\_\_\_

Which is located at \_\_\_\_\_

(Street and Number)

(City)

(State)

(Zip Code)

8. That the following persons are dependent upon me for support: (Place an "X" in the appropriate column to indicate whether the person named is *wholly or partially* dependent upon you for support.)

Name of Person	Wholly Dependent	Partially Dependent	Age	Relationship to Me
CAROLYN NGUYEN	X		6 1/2	Daughter
DAVID NGUYEN	X		3 1/2	Son

9. That I have previously submitted affidavit(s) of support for the following person(s). If none, state "None"

Name \_\_\_\_\_

Date submitted \_\_\_\_\_

10. That I have submitted visa petition(s) to the Immigration and Naturalization Service on behalf of the following person(s). If none, state none.

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Date submitted \_\_\_\_\_

11. (Complete this block only if the person named in item 3 will be in the United States temporarily.)

That I  do intend  do not intend, to make specific contributions to the support of the person named in item 3. (If you check "do intend", indicate the exact nature and duration of the contributions. For example, if you intend to furnish room and board, state for how long and, if money, state the amount in United States dollars and state whether it is to be given in a lump sum, weekly, or monthly, or for how long.)

#### OATH OR AFFIRMATION OF DEPONENT

I acknowledge that I have read Part III of the Instructions, Sponsor and Alien Liability, and am aware of my responsibilities as an immigrant sponsor under the Social Security Act, as amended, and the Food Stamp Act, as amended.

I swear (affirm) that I know the contents of this affidavit signed by me and the statements are true and correct.

Signature of deponent Hung Nguyen

Subscribed and sworn to (affirmed) before me this 19th day of July 1990  
at Petaluma, California. My commission expires on 8-6-93

Signature of Officer Administering Oath S. J. Orchid Title Notary Public  
If affidavit prepared by other than deponent, please complete the following: I declare that this document was prepared by me at the request of the deponent and is based on all information of which I have knowledge.



OFFICIAL SEAL  
S. J. ORCHID  
NOTARY PUBLIC - CALIFORNIA

PRINCIPAL OFFICE IN  
SONOMA COUNTY

(Signature)

(Address)

(Date)