

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. MINH TRAN T. residing at \_\_\_\_\_  
 (Name) (Street and Number)  
Sunnyvale CA 94086 U.S.A  
 (City) (State) (ZIP Code if in U.S.) (Country)

## BEING DULY SWEORN DEPOSE AND SAY:

1. I was born on 04-26-50 at 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 i296775C
- 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	<u>NGUYEN THI NHUT</u>			Sex	Age
Citizen of-(Country)	<u>VIETNAM</u>			<u>WIDOW</u>	<u>Friend</u>
Presently resides at-(Street and Number)	(City)	(State)	(Country)		
<u>5 PHAM THAI BUNG, P4, VINH LONG, CUOLONG, VIETNAM</u>					

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

Spouse	Sex	Age	Child	Sex	Age
<u>NONE</u>			<u>NGUYEN TUAN KIET</u>	<u>M</u>	<u>31</u>
Child	Sex	Age	Child	Sex	Age
<u>NGUYEN THI TUYET ANH</u>	<u>F</u>	<u>33</u>	<u>NGUYEN THI ANH DAO</u>	<u>F</u>	<u>30</u>
Child	Sex	Age	Child	Sex	Age
<u>NGUYEN ANH TUAN</u>	<u>M</u>	<u>32</u>			

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 2701 Orchard, parkway San Jose, CA 95134  
 (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

\$ 17,602.15

\$ 3,500.00

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  
\$ 0.00  
\$ 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

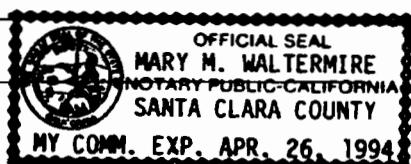
Relationship

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

Mark Th. Timm

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.

(Signature)

(Address)

(Date)

JV502418 - D03 - 994 - TCY

OMB No. 1115-0062

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. HUNG K. NGUYEN

(Name)

residing at

(Street and Number)

PETALUMA

(City)

CA

(State)

94952

(ZIP Code if in U.S.)

USA

(Country)

## BEING DULY SWORN DEPOSE AND SAY:

1. I was born on 03-16-51 at SAIGON 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 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 NHUT</u>	Sex <u>F</u>	Age <u>59</u>	
Citizen of-(Country) <u>VIETNAM</u>	Marital Status <u>WIDOW</u>	Relationship to Deponent <u>MOTHER</u>	
Presently resides at-(Street and Number) <u>5 PHAM THAI BUONG, P4</u>	(City) <u>VINH LONG</u>	(State) <u>CUU LONG</u>	(Country) <u>VIETNAM</u>

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

Spouse <u>None</u>	Sex	Age	Child <u>NGUYEN TUAN KIET</u>	Sex	Age <u>M 31</u>
Child <u>NGUYEN THI TU YET ANH</u>	Sex <u>F</u>	Age <u>33</u>	Child <u>NGUYEN THI ANH DAO</u>	Sex <u>F</u>	Age <u>30</u>
Child <u>NGUYEN ANH TUAN</u>	Sex <u>M</u>	Age <u>32</u>			

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 <u>1500 CADIER LANE</u>	(Street and Number)	<u>PETALUMA</u>	(City)	<u>CA</u>	(State)	<u>94952</u>	(Zip Code)
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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.)

\$15,600.00

I have on deposit in savings banks in the United States

\$12,459.94

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 S. J. Orchid

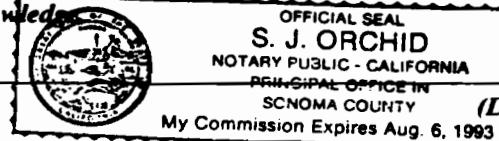
Subscribed and sworn to (affirmed) before me this 19th day of July 1990  
at Petaluma, California. My commission expires on 8-6-93

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.

(Signature)

(Address)



(Date)

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)PETALUMA CA 94952 USA  
(City) (State) (ZIP Code if in U.S.) (Country)

## BEING DULY SWORN DEPOSE AND SAY:

1. I was born on 03 - 01 - 56 at 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 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	Sex	Age	
<u>NGUYEN THI NHUT</u>	<u>F</u>	<u>59</u>	
Citizen of-(Country)			
<u>VIETNAM</u>	<u>WIDOW</u>	<u>DAUGHTER IN LAW</u>	
Presently resides at-(Street and Number)	(City)	(State)	(Country)
<u>5 PHAM THAI BUONG, P.4 VINH LONG, CUU LONG VIETN</u>			

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

Spouse	Sex	Age	Child	Sex	Age
<u>None</u>			<u>NGUYEN TUAN KIET</u>	<u>M</u>	<u>31</u>
Child	Sex	Age	Child	Sex	Age
<u>NGUYEN THI TUYET ANH</u>	<u>F</u>	<u>33</u>	<u>NGUYEN THI ANH DAC</u>	<u>F</u>	<u>30</u>
Child	Sex	Age	Child	Sex	Age
<u>NGUYEN ANH TUAN</u>	<u>M</u>	<u>30</u>			

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 OPTIC  
(Type of Business) (Name of concern)at 1500 CADER LANE PETALUMA CA 94952  
(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 : 00I have on deposit in savings banks in the United States  
I have other personal property, the reasonable value of which is\$ 5,000 —

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

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
<u>N/A</u>	

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
<u>N/A</u>		

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 S. J. Orchid

Subscribed and sworn to (affirmed) before me this 25 day of July, 19<sup>90</sup>  
 at Sebastopol, California. My commission expires on 8-6-93

Signature of Officer Administering Oath S. J. Orchid 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.



OFFICIAL SEAL  
 S. J. ORCHID  
 NOTARY PUBLIC - CALIFORNIA  
 SONOMA COUNTY  
 My Commission Expires Aug. 6, 1993

(Signature)

(Address)

(Date)