

United States of America

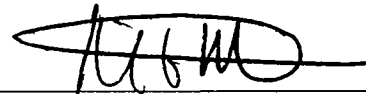
DEPARTMENT OF JUSTICE
IMMIGRATION AND NATURALIZATION SERVICE

April 22, 2002

CERTIFICATION

BY VIRTUE OF the authority vested in me by Title 8, Code of Federal Regulations, Part 103 a regulation issued by the Attorney General pursuant to Section 103 of the Immigration and Nationality Act,

I HEREBY CERTIFY that the annexed documents are originals, or copies thereof, from the records of the said Immigration and Naturalization Service, Department of Justice, relating to File No. A77 930 977, of which the Attorney General is the legal custodian by virtue of Section 103 of the Immigration and Nationality Act.



Richard Gottlieb
Officer in Charge
Charlotte, North Carolina



C. (continued) Information about your alien relative

16. List husband/wife and all children of your relative (if your relative is your husband/wife, list only his or her children).
 (Name) (Relationship) (Date of Birth) (Country of Birth)
SAMIR DEBK Husband 07-08-1975 LEBANON

17. Address in the United States where your relative intends to live
 (Number and Street) (Town or City) (State)
4807 #K STONY TRACE DR Charlotte NC

18. Your relative's address abroad
 (Number and Street) (Town or City) (Province) (Country) (Phone Number)
Ann-Skia S. Beirut Beirut LEBANON

19. If your relative's native alphabet is other than Roman letters, write his or her name and address abroad in the native alphabet:
 (Name) (Number and Street) (Town or City) (Province) (Country)
سحر السكا - بيتروت - بيروت - لبنان

20. If filing for your husband/wife, give last address at which you both lived together:
 (Name) (Number and Street) (Town or City) (Province) (Country) From To
 (Month) (Year) (Month) (Year)
4807 #K STONY-TRACE DR CHARLOTTE, NC, USA 02 99 Present

21. Check the appropriate box below and give the information required for the box you checked:
 Your relative will apply for a visa abroad at the American Consulate in _____
 (City) (Country)
 Your relative is in the United States and will apply for adjustment of status to that of a lawful permanent resident in the office of the Immigration and Naturalization Service at Charlotte NC. If your relative is not eligible for adjustment of status, he or she will apply for a visa abroad at the American Consulate in _____
 (City) (Country)
 (Designation of a consulate outside the country of your relative's last residence does not guarantee acceptance for processing by that consulate. Acceptance is at the discretion of the designated consulate.)

D. Other Information

1. If separate petitions are also being submitted for other relatives, give names of each and relationship.
 2. Have you ever filed a petition for this or any other alien before? Yes NO No
 If "Yes," give name, place and date of filing, and result.

Warning: The INS investigates claimed relationships and verifies the validity of documents. The INS seeks criminal prosecutions when family relationships are falsified to obtain visas.

Penalties: You may, by law be imprisoned for not more than five years, or fined \$250,000, or both, for entering into a marriage contract for the purpose of evading any provision of the immigration laws and you may be fined up to \$10,000 or imprisoned up to five years or both, for knowingly and willfully falsifying or concealing a material fact or using any false document in submitting this petition.

Your Certification: I certify, under penalty of perjury under the laws of the United States of America, that the foregoing is true and correct. Furthermore, I authorize the release of any information from my records which the Immigration and Naturalization Service needs to determine eligibility for the benefit that I am seeking.

Signature Jenni Jeanne Pugh Date April-6-99 Phone Number 704 573-4419

Signature of Person Preparing Form if Other than Above
 I declare that I prepared this document at the request of the person above and that it is based on all information of which I have any knowledge.
 Print Name _____ (Address) _____ (Signature) _____ (Date) _____

G-28 ID Number _____
 Volag Number _____

NOTICE TO PERSONS FILING FOR SPOUSES IF MARRIED LESS THAN TWO YEARS

Pursuant to section 216 of the Immigration and Nationality Act, your alien spouse may be granted conditional permanent resident status in the United States as of the date he or she is admitted or adjusted to conditional status by an officer of the Immigration and Naturalization Service. Both you and your conditional permanent resident spouse are required to file a petition, Form I-751, Joint Petition to Remove Conditional Basis of Alien's Permanent Resident Status, during the ninety day period immediately before the second anniversary of the date your alien spouse was granted conditional permanent residence.

Otherwise, the rights, privileges, responsibilities and duties which apply to all other permanent residents apply equally to a conditional permanent resident. A conditional permanent resident is not limited to the right to apply for naturalization, to file petitions in behalf of qualifying relatives, or to reside permanently in the United States as an immigrant in accordance with the immigration laws.

Failure to file Form I-751, Joint Petition to Remove the Conditional Basis of Alien's Permanent Resident Status, will result in termination of permanent residence status and initiation of deportation proceedings.

NOTE: You must complete Items 1 through 6 to assure that petition approval is recorded. Do not write in the section below item 6.

1. Name of relative (Family name in CAPS)	(First)	(Middle)	
	DEBK	SAMIR	MOHAMMAD. AH
2. Other names used by relative (Including maiden name)			
N/A			
3. Country of relative's birth		4. Date of relative's birth (Month/Day/Year)	
LEBANON		07-08-1975	
5. Your name (Last name in CAPS)		(First)	(Middle)
PISH		TERRI	JEANNE
		6. Your phone number	
		702-573-4419	

Action Stamp

SECTION

- 201 (b)(spouse)
- 201 (b)(child)
- 201 (b)(parent)
- 203 (a)(1)
- 203 (a)(2)
- 203 (a)(4)
- 203 (a)(5)

DATE PETITION FILED

STATESIDE
CRITERIA GRANTED

SENT TO CONSUL AT:

CHECKLIST

Have you answered each question?

Have you signed the petition?
Have you enclosed:

- The filing fee for each petition?
- Proof of your citizenship or lawful permanent residence?
- All required supporting documents for each petition?

If you are filing for your husband or wife have you included:

- Your picture?
- His or her picture?
- Your G-325A?
- His or her G-325A?

(Family name) DEBK	(First name) SAMIR	(Middle name) MOHAMAD	<input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	BIRTHDATE (Mo.-Day-Yr.) 07-08-95	NATIONALITY LEBANESE	FILE NUMBER A- N/A
ALL OTHER NAMES USED (Including names by previous marriages) N/A			CITY AND COUNTRY OF BIRTH KOUNINE, LEBANON		SOCIAL SECURITY NO. (If any) N/A	
FATHER MOTHER (Maiden name)	FAMILY NAME DEBK MOHAMAD ALI KHADIGE FOUANI	FIRST NAME Kounine Kounine	DATE 1921 1923	CITY AND COUNTRY OF BIRTH (If known) Beirut, LEBANON Beirut, LEBANON		CITY AND COUNTRY OF RESIDENCE Beirut, LEBANON
HUSBAND (If none, so state) OR WIFE	FAMILY NAME (For wife, give maiden name) PISHI	FIRST NAME TERRI	BIRTHDATE 6-17-67	CITY & COUNTRY OF BIRTH St. Ignace MI	DATE OF MARRIAGE 4-06-99	PLACE OF MARRIAGE Charlotte
FORMER HUSBANDS OR WIVES (if none, so state)						
FAMILY NAME (For wife, give maiden name)	FIRST NAME	BIRTHDATE	DATE & PLACE OF MARRIAGE	DATE AND PLACE OF TERMINATION OF MARRIAGE		
N/A						

APPLICANT'S RESIDENCE LAST FIVE YEARS. LIST PRESENT ADDRESS FIRST.

STREET AND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	FROM		TO	
				MONTH	YEAR	MONTH	YEAR
4807 #K Stony TRACE	Charlotte	NC	2822 USA	02	99	PRESENT TIME	
Borj-El Barjne	Beirut	Beirut	LEBANON	Since Birth		01	99

APPLICANT'S LAST ADDRESS OUTSIDE THE UNITED STATES OF MORE THAN ONE YEAR

STREET AND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	FROM		TO	
				MONTH	YEAR	MONTH	YEAR

APPLICANT'S EMPLOYMENT LAST FIVE YEARS. (IF NONE, SO STATE.) LIST PRESENT EMPLOYMENT FIRST

FULL NAME AND ADDRESS OF EMPLOYER	OCCUPATION (SPECIFY)	FROM		TO	
		MONTH	YEAR	MONTH	YEAR
SHOPPING DAY, Kaldi Hwy	BAKERY	02	94	01	99

Show below last occupation abroad if not shown above. (Include all information requested above.)

THIS FORM IS SUBMITTED IN CONNECTION WITH APPLICATION FOR:

- NATURALIZATION
 OTHER (SPECIFY):
 STATUS AS PERMANENT RESIDENT

SIGNATURE OF APPLICANT

[Handwritten Signature]

DATE

04-06-99

Are all copies legible? Yes

IF YOUR NATIVE ALPHABET IS IN OTHER THAN ROMAN LETTERS. WRITE YOUR NAME IN YOUR NATIVE ALPHABET IN THIS SPACE.

PENALTIES: SEVERE PENALTIES ARE PROVIDED BY LAW FOR KNOWINGLY AND WILLFULLY FALSIFYING OR CONCEALING A MATERIAL FACT.

APPLICANT: BE SURE TO PUT YOUR NAME AND ALIEN REGISTRATION NUMBER IN THE BOX OUTLINED BY HEAVY BORDER BELOW.

COMPLETE THIS BOX (Family name)	(Given name)	(Middle name)	(Alien registration number)
DEBK	SAMIR	MOHAMAD - ALI	N/A

(Family name) PISH	(First name) TERRI	(Middle name) JEANNE	<input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE	BIRTHDATE (Mo.-Day-Yr.) 06-17-1967	NATIONALITY U.S.A	FILE NUMBER A- N/A
ALL OTHER NAMES USED (Including names by previous marriages) N/A			CITY AND COUNTRY OF BIRTH ST. IGANCE, USA		SOCIAL SECURITY NO. (If any) 385-76-9105	
FATHER MOTHER (Maiden name)	FAMILY NAME PISH	FIRST NAME STANLEY	DATE, CITY AND COUNTRY OF BIRTH (If known) 08/28/1945 WASHINGTON, DC / MICHIGAN DEXTER		CITY AND COUNTRY OF RESIDENCE WINSTON SALEM	
HUSBAND (If none, so state) OR WIFE	FAMILY NAME (For wife, give maiden name) DEBK	FIRST NAME SAMIR	BIRTHDATE 07/09/75	CITY & COUNTRY OF BIRTH KOUNINE LEBANON	DATE OF MARRIAGE 04/06/99	PLACE OF MARRIAGE CHARLOTTE NC
FORMER HUSBANDS OR WIVES (if none, so state)						
FAMILY NAME (For wife, give maiden name)	FIRST NAME	BIRTHDATE	DATE & PLACE OF MARRIAGE		DATE AND PLACE OF TERMINATION OF MARRIAGE	
N/A						

APPLICANT'S RESIDENCE LAST FIVE YEARS. LIST PRESENT ADDRESS FIRST.

STREET AND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	FROM		TO	
				MONTH	YEAR	MONTH	YEAR
4807 STONYRACEDR APT K	Charlotte	NC	USA	08	98	PRESENT TIME	
612 Bridges Dr	HIGH POINT	NC	USA	07	97	08	98
1315-406 Ewood Lawn Rd	Charlotte	NC	USA	07	95	07	97
673 IDEALWAY	Charlotte	NC	USA	03	91	07	95

APPLICANT'S LAST ADDRESS OUTSIDE THE UNITED STATES OF MORE THAN ONE YEAR

STREET AND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	FROM		TO	
				MONTH	YEAR	MONTH	YEAR
N/A							

APPLICANT'S EMPLOYMENT LAST FIVE YEARS. (IF NONE, SO STATE.) LIST PRESENT EMPLOYMENT FIRST

FULL NAME AND ADDRESS OF EMPLOYER	OCCUPATION (SPECIFY)	FROM		TO	
		MONTH	YEAR	MONTH	YEAR
DOMINO'S PIZZA 1421-D ORCHARD LAKE DR Charlotte, NC, 28270		07	1997	PRESENT TIME	
SELF EMPLOYED (Beautician)		07	1996	06	1997
DOMINO'S PIZZA 1421-D ORCHARD LAKE DR Charlotte NC 28270		02	1991	07	1996

Show below last occupation abroad if not shown above. (Include all information requested above.)

THIS FORM IS SUBMITTED IN CONNECTION WITH APPLICATION FOR: <input type="checkbox"/> NATURALIZATION <input type="checkbox"/> OTHER (SPECIFY):	<input checked="" type="checkbox"/> STATUS AS PERMANENT RESIDENT	SIGNATURE OF APPLICANT TERRI JEANNE PISH	DATE 04-06-99
Are all copies legible? <input checked="" type="checkbox"/> Yes	IF YOUR NATIVE ALPHABET IS OTHER THAN ROMAN LETTERS, WRITE YOUR NAME IN YOUR NATIVE ALPHABET IN THIS SPACE. N/A		

PENALTIES: SEVERE PENALTIES ARE PROVIDED BY LAW FOR KNOWINGLY AND WILLFULLY FALSIFYING OR CONCEALING A MATERIAL FACT.

APPLICANT: BE SURE TO PUT YOUR NAME AND ALIEN REGISTRATION NUMBER IN THE BOX OUTLINED BY HEAVY BORDER BELOW.

COMPLETE THIS BOX (Family name)	(Given name)	(Middle name)	(Alien registration number)
PISH	TERRI	Jeanne	N/A

Affidavit of Support Under Section 213A of the Act

START HERE - Please Type or Print

Part 1. Information on Sponsor (You)

Last Name PISH		First Name TERRI		Middle Name JEANNE	
Mailing Address (Street Number and Name) 4807 STONEY TRACE DR				Apt/Suite Number APT K	
City CHARLOTTE				State or Province NC	
Country USA				ZIP/Postal Code 28227	Telephone Number (704)

Place of Residence if different from above (Street Number and Name) same		Apt/Suite Number	
City		State or Province	
Country	ZIP/Postal Code	Telephone Number ()	
Date of Birth (Month, Day, Year) 06/17/1967	Place of Birth (City, State, Country) SMYRNA MI, USA	Are you a U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Social Security Number 385-76-9205		A-Number (If any)	

FOR AGENCY USE ONLY	
This Affidavit	Receipt
<input type="checkbox"/> Meets	
<input type="checkbox"/> Does not meet	
Requirements of Section 213A	
Officer's Signature	
Location	
Date	

Part 2. Basis for Filing Affidavit of Support

I am filing this affidavit of support because (check one):

- a. I filed/am filing the alien relative petition.
- b. I filed/am filing an alien worker petition on behalf of the intending immigrant, who is related to me as my _____ (relationship).
- c. I have ownership interest of at least 5% of _____ (name of entity which filed visa petition) which filed an alien worker petition on behalf of the intending immigrant, who is related to me as my _____ (relationship).
- d. I am a joint sponsor willing to accept the legal obligations with any other sponsor(s).

Part 3. Information on the Immigrant(s) You Are Sponsoring

Last Name DEBK		First Name SAMIR		Middle Name MOHAMAD-ALI	
Date of Birth (Month, Day, Year) 07/08/1975		Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		Social Security Number (If any) N/A	
Country of Citizenship LEBANON		A-Number (If any) N/A			
Current Address (Street Number and Name) 4807 STONEY TRACE DR			Apt/Suite Number K		City Charlotte
State/Province NC		Country USA	ZIP/Postal Code 28227		Telephone Number (704) 573-4419

List any spouse and/or children immigrating with the immigrant named above in this Part: (Use additional sheet of paper if necessary.)

Name	Relationship to Sponsored Immigrant			Date of Birth			A-Number (If any)	Social Security Number (If any)
	Spouse	Son	Daughter	Mo.	Day	Yr.		
N/A								

Part 4. Eligibility to Sponsor

To be a sponsor you must be a U.S. citizen or national or a lawful permanent resident. If you are not the petitioning relative, you must provide proof of status. To prove status, U.S. citizens or nationals must attach a copy of a document proving status, such as a U.S. passport, birth certificate, or certificate of naturalization, and lawful permanent residents must attach a copy of both sides of their Alien Registration Card (Form I-551).

The determination of your eligibility to sponsor an immigrant will be based on an evaluation of your demonstrated ability to maintain an annual income at or above 125 percent of the Federal poverty line (100 percent if you are a petitioner sponsoring your spouse or child and you are on active duty in the U.S. Armed Forces). The assessment of your ability to maintain an adequate income will include your current employment, household size, and household income as shown on the Federal income tax returns for the 3 most recent tax years. Assets that are readily converted to cash and that can be made available for the support of sponsored immigrants if necessary, including any such assets of the immigrant(s) you are sponsoring, may also be considered.

The greatest weight in determining eligibility will be placed on current employment and household income. If a petitioner is unable to demonstrate ability to meet the stated income and asset requirements, a joint sponsor who can meet the income and asset requirements is needed. Failure to provide adequate evidence of income and/or assets or an affidavit of support completed by a joint sponsor will result in denial of the immigrant's application for an immigrant visa or adjustment to permanent resident status.

A. Sponsor's Employment

- I am:
1. Employed by DOMINO'S PIZZA (Provide evidence of employment)
Annual salary \$ 37500 or hourly wage \$ — (for — hours per week)
 2. Self employed _____ (Name of business)
Nature of employment or business _____
 3. Unemployed or retired since _____

B. Use of Benefits

Have you or anyone related to you by birth, marriage, or adoption living in your household or listed as a dependent on your most recent income tax return received any type of means-tested public benefit in the past 3 years?
 Yes No (If yes, provide details, including programs and dates, on a separate sheet of paper)

C. Sponsor's Household Size

- | | Number |
|---|----------|
| 1. Number of persons (related to you by birth, marriage, or adoption) living in your residence, including yourself. (Do NOT include persons being sponsored in this affidavit.) | <u>2</u> |
| 2. Number of immigrants being sponsored in this affidavit (Include all persons in Part 3.) | <u>0</u> |
| 3. Number of immigrants NOT living in your household whom you are still obligated to support under a previously signed affidavit of support using Form I-864. | <u>0</u> |
| 4. Number of persons who are otherwise dependent on you, as claimed in your tax return for the most recent tax year. | <u>0</u> |
| 5. Total household size. (Add lines 1 through 4.) | <u>2</u> |
| Total | <u>2</u> |

List persons below who are included in lines 1 or 3 for whom you previously have submitted INS Form I-864, if your support obligation has not terminated.

(If additional space is needed, use additional paper)

Name	A-Number	Date Affidavit of Support Signed	Relationship
N/A			

Part 4. Eligibility to Sponsor (Continued)

D. Sponsor's Annual Household Income

Enter total unadjusted income from your Federal income tax return for the most recent tax year below. If you last filed a joint income tax return but are using only your own income to qualify, list total earnings from your W-2 Forms, or, if necessary to reach the required income for your household size, include income from other sources listed on your tax return. If your individual income does not meet the income requirement for your household size, you may also list total income for anyone related to you by birth, marriage, or adoption currently living with you in your residence if they have lived in your residence for the previous 6 months, or any person shown as a dependent on your Federal income tax return for the most recent tax year, even if not living in the household. For their income to be considered, household members or dependents must be willing to make their income available for support of the sponsored immigrant(s) and to complete and sign Form I-864A, Contract Between Sponsor and Household Member. A sponsored immigrant/household member only need complete Form I-864A if his or her income will be used to determine your ability to support a spouse and/or children immigrating with him or her.

You must attach evidence of current employment and copies of income tax returns as filed with the IRS for the most recent 3 tax years for yourself and all persons whose income is listed below. See "Required Evidence" in Instructions. Income from all 3 years will be considered in determining your ability to support the immigrant(s) you are sponsoring.

- I filed a single/separate tax return for the most recent tax year.
- I filed a joint return for the most recent tax year which includes only my own income.
- I filed a joint return for the most recent tax year which includes income for my spouse and myself.
 - I am submitting documentation of my individual income (Forms W-2 and 1099).
 - I am qualifying using my spouse's income; my spouse is submitting a Form I-864A.

Indicate most recent tax year	<u>1998</u> (tax year)
Sponsor's individual income	\$ <u>22074.-</u>
or	
Sponsor and spouse's combined income (If joint tax return filed; spouse must submit Form I-864A.)	\$ <u>-</u>
Income of other qualifying persons. (List names; include spouse if applicable. Each person must complete Form I-864A.)	
_____	\$ <u>-</u>
_____	\$ <u>-</u>
_____	\$ <u>-</u>
Total Household Income	\$ <u>22074.-</u>

Explain on separate sheet of paper if you or any of the above listed individuals are submitting Federal income tax returns for fewer than 3 years, or if other explanation of income, employment, or evidence is necessary.

E. Determination of Eligibility Based on Income

1. I am subject to the 125 percent of poverty line requirement for sponsors.
 I am subject to the 100 percent of poverty line requirement for sponsors on active duty in the U.S. Armed Forces sponsoring their spouse or child.
2. Sponsor's total household size, from Part 4.C., line 5 2.
3. Minimum income requirement from the Poverty Guidelines chart for the year of 1997 is \$ 13262 for this household size. (year)

If you are currently employed and your household income for your household size is equal to or greater than the applicable poverty line requirement (from line E.3.), you do not need to list assets (Parts 4.F. and 5) or have a joint sponsor (Part 6) unless you are requested to do so by a Consular or Immigration Officer. You may skip to Part 7, Use of the Affidavit of Support to Overcome Public Charge Ground of Admissibility. Otherwise, you should continue with Part 4.F.

Part 4. Eligibility to Sponsor*(Continued)*

F. Sponsor's Assets and Liabilities

Your assets and those of your qualifying household members and dependents may be used to demonstrate ability to maintain an income at or above 125 percent (or 100 percent, if applicable) of the poverty line *if* they are available for the support of the sponsored immigrant(s) and can readily be converted into cash within 1 year. The household member, other than the immigrant(s) you are sponsoring, must complete and sign Form I-864A, Contract Between Sponsor and Household Member. List the cash value of each asset *after* any debts or liens are subtracted. Supporting evidence must be attached to establish location, ownership, date of acquisition, and value of each asset listed, including any liens and liabilities related to each asset listed. See "Evidence of Assets" in Instructions.

Type of Asset	Cash Value of Assets <i>(Subtract any debts)</i>
Savings deposits	\$
Stocks, bonds, certificates of deposit	\$
Life insurance cash value	\$
Real estate	\$
Other <i>(specify)</i>	\$
Total Cash Value of Assets	\$ _____

Part 5. Immigrant's Assets and Offsetting Liabilities

The sponsored immigrant's assets may also be used in support of your ability to maintain income at or above 125 percent of the poverty line *if* the assets are or will be available in the United States for the support of the sponsored immigrant(s) and can readily be converted into cash within 1 year.

The sponsored immigrant should provide information on his or her assets in a format similar to part 4.F. above. Supporting evidence must be attached to establish location, ownership, and value of each asset listed, including any liens and liabilities for each asset listed. See "Evidence of Assets" in Instructions.

Part 6. Joint Sponsors

If household income and assets do not meet the appropriate poverty line for your household size, a joint sponsor is required. There may be more than one joint sponsor, but each joint sponsor must individually meet the 125 percent of poverty line requirement based on his or her household income and/or assets, including any assets of the sponsored immigrant. By submitting a separate Affidavit of Support under Section 213A of the Act (Form I-864), a joint sponsor accepts joint responsibility with the petitioner for the sponsored immigrant(s) until they become U.S. citizens, can be credited with 40 quarters of work, leave the United States permanently, or die.

Part 7. Use of the Affidavit of Support to Overcome Public Charge Ground of Inadmissibility

Section 212(a)(4)(C) of the Immigration and Nationality Act provides that an alien seeking permanent residence as an immediate relative (including an orphan), as a family-sponsored immigrant, or as an alien who will accompany or follow to join another alien is considered to be likely to become a public charge and is inadmissible to the United States unless a sponsor submits a legally enforceable affidavit of support on behalf of the alien. Section 212(a)(4)(D) imposes the same requirement on an employment-based immigrant, and those aliens who accompany or follow to join the employment-based immigrant, if the employment-based immigrant will be employed by a relative, or by a firm in which a relative owns a significant interest. Separate affidavits of support are required for family members at the time they immigrate if they are not included on this affidavit of support or do not apply for an immigrant visa or adjustment of status within 6 months of the date this affidavit of support is originally signed. The sponsor must provide the sponsored immigrant(s) whatever support is necessary to maintain them at an income that is at least 125 percent of the Federal poverty guidelines.

I submit this affidavit of support in consideration of the sponsored immigrant(s) not being found inadmissible to the United States under section 212(a)(4)(C) (or 212(a)(4)(D) for an employment-based immigrant) and to enable the sponsored immigrant(s) to overcome this ground of inadmissibility. I agree to provide the sponsored immigrant(s) whatever support is necessary to maintain the sponsored immigrant(s) at an income that is at least 125 percent of the Federal poverty guidelines. I understand that my obligation will continue until my death or the sponsored immigrant(s) have become U.S. citizens, can be credited with 40 quarters of work, depart the United States permanently, or die.

Part 7. Use of the Affidavit of Support to Overcome Public Charge Grounds (Continued)

I acknowledge that section 213A(a)(1)(B) of the Act grants the sponsored immigrant(s) and any Federal, State, local, or private agency that pays any means-tested public benefit to or on behalf of the sponsored immigrant(s) standing to sue me for failing to meet my obligations under this affidavit of support. I agree to submit to the personal jurisdiction of any court of the United States or of any State, territory, or possession of the United States if the court has subject matter jurisdiction of a civil lawsuit to enforce this affidavit of support. I agree that no lawsuit to enforce this affidavit of support shall be barred by any statute of limitations that might otherwise apply, so long as the plaintiff initiates the civil lawsuit no later than ten (10) years after the date on which a sponsored immigrant last received any means-tested public benefits.

Collection of Judgment.

I acknowledge that a plaintiff may seek specific performance of my support obligation. Furthermore, any money judgment against me based on this affidavit of support may be collected through the use of a judgment lien under 28 U.S.C. 3201, a writ of execution under 28 U.S.C. 3203, a judicial installment payment order under 28 U.S.C. 3204, garnishment under 28 U.S.C. 3205, or through the use of any corresponding remedy under State law. I may also be held liable for costs of collection, including attorney fees.

Concluding Provisions.

I, Terri Jeanne Pish, certify under penalty of perjury under the laws of the United States that:

- (a) I know the contents of this affidavit of support signed by me;
- (b) All the statements in this affidavit of support are true and correct;
- (c) I make this affidavit of support for the consideration stated in Part 7, freely, and without any mental reservation or purpose of evasion;
- (d) Income tax returns submitted in support of this affidavit are true copies of the returns filed with the Internal Revenue Service; and
- (e) Any other evidence submitted is true and correct.

Terri Jeanne Pish
(Sponsor's Signature)

April - 6 - 1999
(Date)

Subscribed and sworn to (or affirmed) before me this

10th day of April, 99
(Month) (Year)

at 5711 N. Tryon St. Charlotte N.C. 28213

My commission expires on APR 27, 2000
Dei Hunter
(Signature of Notary Public or Officer Administering Oath)

(Title)

Part 8. If someone other than the sponsor prepared this affidavit of support, that person must complete the following:

I certify under penalty of perjury under the laws of the United States that I prepared this affidavit of support at the sponsor's request, and that this affidavit of support is based on all information of which I have knowledge.

Signature	Print Your Name	Date	Daytime Telephone Number ()
Firm Name and Address			

Notice of Change of Address.

Sponsors are required to provide written notice of any change of address within 30 days of the change in address until the sponsored immigrant(s) have become U.S. citizens, can be credited with 40 quarters of work, depart the United States permanently, or die. To comply with this requirement, the sponsor must complete INS Form I-865. Failure to give this notice may subject the sponsor to the civil penalty established under section 213A(d)(2) which ranges from \$250 to \$2,000, unless the failure to report occurred with the knowledge that the sponsored immigrant(s) had received means-tested public benefits, in which case the penalty ranges from \$2,000 to \$5,000.

If my address changes for any reason before my obligations under this affidavit of support terminate, I will complete and file INS Form I-865, Sponsor's Notice of Change of Address, within 30 days of the change of address. I understand that failure to give this notice may subject me to civil penalties.

Means-tested Public Benefit Prohibitions and Exceptions.

Under section 403(a) of Public Law 104-193 (Welfare Reform Act), aliens lawfully admitted for permanent residence in the United States, with certain exceptions, are ineligible for most Federally-funded means-tested public benefits during their first 5 years in the United States. This provision does not apply to public benefits specified in section 403(c) of the Welfare Reform Act or to State public benefits, including emergency Medicaid; short-term, non-cash emergency relief; services provided under the National School Lunch and Child Nutrition Acts; immunizations and testing and treatment for communicable diseases; student assistance under the Higher Education Act and the Public Health Service Act; certain forms of foster-care or adoption assistance under the Social Security Act; Head Start programs; means-tested programs under the Elementary and Secondary Education Act; and Job Training Partnership Act programs.

Consideration of Sponsor's Income in Determining Eligibility for Benefits.

If a permanent resident alien is no longer statutorily barred from a Federally-funded means-tested public benefit program and applies for such a benefit, the income and resources of the sponsor and the sponsor's spouse will be considered (or deemed) to be the income and resources of the sponsored immigrant in determining the immigrant's eligibility for Federal means-tested public benefits. Any State or local government may also choose to consider (or deem) the income and resources of the sponsor and the sponsor's spouse to be the income and resources of the immigrant for the purposes of determining eligibility for their means-tested public benefits. The attribution of the income and resources of the sponsor and the sponsor's spouse to the immigrant will continue until the immigrant becomes a U.S. citizen or has worked or can be credited with 40 qualifying quarters of work, provided that the immigrant or the worker crediting the quarters to the immigrant has not received any Federal means-tested public benefit during any creditable quarter for any period after December 31, 1996.

I understand that, under section 213A of the Immigration and Nationality Act (the Act), as amended, this affidavit of support constitutes a contract between me and the U.S. Government. This contract is designed to protect the United States Government, and State and local government agencies or private entities that provide means-tested public benefits, from having to pay benefits to or on behalf of the sponsored immigrant(s), for as long as I am obligated to support them under this affidavit of support. I understand that the sponsored immigrants, or any Federal, State, local, or private entity that pays any means-tested benefit to or on behalf of the sponsored immigrant(s), are entitled to sue me if I fail to meet my obligations under this affidavit of support, as defined by section 213A and INS regulations.

Civil Action to Enforce.

If the immigrant on whose behalf this affidavit of support is executed receives any Federal, State, or local means-tested public benefit before this obligation terminates, the Federal, State, or local agency or private entity may request reimbursement from the sponsor who signed this affidavit. If the sponsor fails to honor the request for reimbursement, the agency may sue the sponsor in any U.S. District Court or any State court with jurisdiction of civil actions for breach of contract. INS will provide names, addresses, and Social Security account numbers of sponsors to benefit-providing agencies for this purpose. Sponsors may also be liable for paying the costs of collection, including legal fees.

Part 1. Information on Sponsor's Household Member or Sponsored Immigrant/Household Member

Last Name DEBK		First Name SAMIR		Middle Name MOHAMAD-ALI	
Date of Birth (Month, Day, Year) 07/08/1975		Social Security Number (Mandatory for non-citizens; voluntary for U.S. citizens) N/A		A-Number (If any) N/A	
Address (Street Number and Name) 4807 STONEY TRACE DR # K		Apt Number K	City CHARLOTTE	State/Province NC	ZIP/Postal Code 28227
Telephone Number (704) 573 4419	Relationship to Sponsor: SPOUSE			Length of residence with sponsor (_____ years, 2 months)	
I am: <input type="checkbox"/> The sponsor's household member. (Complete Part 2.) <input checked="" type="checkbox"/> The sponsored immigrant/household member. (Complete Part 3.)					

Part 2. Sponsor's Promise

I, **THE SPONSOR**, _____, in consideration of the household member's promise to support the sponsored immigrant(s) and to be jointly and severally liable for any obligations I incur under the affidavit of support, promise to complete and file an affidavit of support on behalf of the following _____ sponsored immigrant(s):

(Print name of sponsor)

(Indicate number)

Name of Sponsored Immigrant (First, Middle, Last)	Date of Birth (Month, Day, Year)	Social Security Number (If any)	A-Number (If any)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Part 3. Household Member's Promise

I, **THE HOUSEHOLD MEMBER**, **SAMIR MOHAMAD-ALI DEBK**, in consideration of the sponsor's promise to complete and file the affidavit of support on behalf of the sponsored immigrant(s):

(Print name of household member)

- 1) Promise to provide any and all financial support necessary to assist the sponsor in maintaining the sponsored immigrant(s) at or above the minimum income provided for in section 213A(a)(1)(A) of the Act (not less than 125 percent of the Federal poverty line) during the period in which the affidavit of support is enforceable;
- 2) Agree to be jointly and severally liable for payment of any and all obligations owed by the sponsor under the affidavit of support to the sponsored immigrant(s), to any agency of the Federal Government, to any agency of a State or local government, or to any private entity;
- 3) Agree to submit to the personal jurisdiction of any court of the United States or of any State, territory, or possession of the United States if the court has subject matter jurisdiction of a civil lawsuit to enforce this contract or the affidavit of support; and
- 4) Certify under penalty of perjury under the laws of the United States that all the information provided on this form is true and correct to the best of my knowledge and belief and that the income tax returns I submitted in support of the sponsor's affidavit are true copies of the returns filed with the Internal Revenue Service.

Sponsor's Name (Last, First, Middle)	Social Security Number	A-Number (If any)
ERR PISH, TERRI JEANNE	385-76-9205	N/A

General Filing Instructions:

Form I-864A, Contract Between Sponsor and Household Member, is an attachment to Form I-864, Affidavit of Support Under Section 213A of the Immigration and Nationality Act (the Act). The sponsor enters the information above, completes Part 2 of this form, and signs in Part 5. The household member completes Parts 1 and 3 of this form and signs in Part 6. A household member who is also the sponsored immigrant completes Parts 1 and 4 (Instead of Part 3) of this form and signs in Part 6. The Privacy Act Notice and information on penalties for misrepresentation or fraud are included on the instructions to Form I-864.

The signatures on the I-864A must be notarized by a notary public or signed before an Immigration or Consular Officer. A separate form must be used for each household member whose income and/or assets are being used to qualify. This blank form may be photocopied for that purpose. A sponsored immigrant who qualifies as a household member is only required to complete this form if he or she has one or more family members immigrating with him or her and is making his or her *income* available for their support. Sponsored immigrants who are using their *assets* to qualify are not required to complete this form. This completed form is submitted with Form I-864 by the sponsored immigrant with an application for an immigrant visa or adjustment of status.

Purpose:

This contract is intended to benefit the sponsored immigrant(s) and any agency of the Federal Government, any agency of a State or local government, or any private entity to which the sponsor has an obligation under the affidavit of support to reimburse for benefits granted to the sponsored immigrant, and these parties will have the right to enforce this contract in any court with appropriate jurisdiction. This contract must be completed and signed by the sponsor and any household member, including the sponsor's spouse, whose income is included as household income by a person sponsoring one or more immigrants under Section 213A of Act. The contract must also be completed if a sponsor is relying on the assets of a household member who is not the sponsored immigrant to meet the income requirements. If the sponsored immigrant is a household member immigrating with a spouse or children, and is using his or her income to assist the sponsor in meeting the income requirement, he or she must complete and sign this contract as a "sponsored immigrant/household member."

By signing this form, a household member, who is not a sponsored immigrant, agrees to make his or her income and/or assets available to the sponsor to help support the immigrant(s) for whom the sponsor has filed an affidavit of support and to be responsible, along with the sponsor, to pay any debt incurred by the sponsor under the affidavit of support. A sponsored immigrant/household member who signs this contract agrees to make his or her income available to the sponsor to help support any spouse or children immigrating with him or her and to be responsible, along with the sponsor, to pay any debt incurred by the sponsor under the affidavit of support. The obligations of the household member and the sponsored immigrant/household member under this contract terminate when the obligations of the sponsor under the affidavit of support terminate. For additional information see section 213A of the Act, part 213a of title 8 of the Code of Federal Regulations, and Form I-864, Affidavit of Support Under Section 213A of the Act.

Definitions:

- 1) An "affidavit of support" refers to INS Form I-864, Affidavit of Support Under Section 213A of the Act, which is completed and filed by the sponsor;
- 2) A "sponsor" is a person, either the petitioning relative, the relative with a significant ownership interest in the petitioning entity, or another person accepting joint and several liability with the sponsor, who completes and files the Affidavit of Support under Section 213A of the Act on behalf of a sponsored immigrant;
- 3) A "household member" is any person (a) sharing a residence with the sponsor for at least the last 6 months who is related to the sponsor by birth, marriage, or adoption, or (b) whom the sponsor has lawfully claimed as a dependent on the sponsor's most recent Federal income tax return even if that person does not live at the same residence as the sponsor, and whose income and/or assets will be used to demonstrate the sponsor's ability to maintain the sponsored immigrant(s) at an annual income at the level specified in section 213A(f)(1)(E) or 213A(f)(3) of the Act;
- 4) A "sponsored immigrant" is a person listed on this form on whose behalf an affidavit of support will be completed and filed; and
- 5) A "sponsored immigrant/household member" is a sponsored immigrant who is also a household member.

Part 4. Sponsored Immigrant/Household Member's Promise

I, THE SPONSORED IMMIGRANT/HOUSEHOLD MEMBER, _____

(Print name of sponsored immigrant)

in consideration of the sponsor's promise to complete and file the affidavit of support on behalf of the sponsored immigrant(s) accompanying me:

- 1) Promise to provide any and all financial support necessary to assist the sponsor in maintaining any sponsored immigrant(s) immigrating with me at or above the minimum income provided for in section 213A(a)(1)(A) of the Act (not less than 125 percent of the Federal poverty line) during the period in which the affidavit of support is enforceable;
- 2) Agree to be jointly and severally liable for payment of any and all obligations owed by the sponsor under the affidavit of support to any sponsored immigrant(s) immigrating with me, to any agency of the Federal Government, to any agency of a State or local government, or to any private entity;
- 3) Agree to submit to the personal jurisdiction of any court of the United States or of any State, territory, or possession of the United States if the court has subject matter jurisdiction of a civil lawsuit to enforce this contract or the affidavit of support; and
- 4) Certify under penalty of perjury under the laws of the United States that all the information provided on this form is true and correct to the best of my knowledge and belief and that the income tax returns I submitted in support of the sponsor's affidavit of support are true copies of the returns filed with the Internal Revenue Service.

Part 5. Sponsor's Signature

Jemi Pish Date: April - 6 - 1999
Sponsor's Signature

Subscribed and sworn to (or affirmed) before me this 10th day of APRIL, 99
(Month) (Year)

at 5711 W. RYAN ST. CHARLOTTE N.C. 28213 My commission expires on MY COMMISSION EXPIRES FEB. 29, 2000

Ali Staudan Title
Signature of Notary Public or Officer Administering Oath

Part 6. Household Member's or Sponsored Immigrant/Household Member's Signature

~~SAMI DEBIT~~ Date: April - 6 - 1999
Household Member's or Sponsored Immigrant/Household Member's Signature

Subscribed and sworn to (or affirmed) before me this 10th day of April, 99
(Month) (Year)

at 5711 W. RYAN ST. CHARLOTTE N.C. 28213 My commission expires on MY COMMISSION EXPIRES FEB. 29, 2000

Ali Staudan Title
Signature of Notary Public or Officer Administering Oath

1997 Poverty Guidelines*

Minimum Income Requirement For Use in Completing Form I-864

For the 48 Contiguous States, the District of Columbia, Puerto Rico,
the U.S. Virgin Islands, and Guam:

<u>Sponsor's Household Size</u>	<u>100% of Poverty Line</u> For sponsors on active duty in the U.S. Armed Forces who are petitioning for their spouse or child	<u>125% of Poverty Line</u> For all other sponsors
2	\$10,610	\$13,262
3	13,330	16,662
4	16,050	20,062
5	18,770	23,462
6	21,490	26,862
	Add \$2,720 for each additional person.	Add \$3,400 for each additional person.

For Alaska

For Hawaii

<u>Sponsor's Household Size</u>	<u>100% of Poverty Line</u> For sponsors on active duty in the U.S. Armed Forces who are petitioning for their spouse or child	<u>125% of Poverty Line</u> For all other sponsors	<u>100% of Poverty Line</u> For sponsors on active duty in the U.S. Armed Forces who are petitioning for their spouse or child	<u>125% of Poverty Line</u> For all other sponsors
2	\$13,270	\$16,587	\$12,200	\$15,250
3	16,670	20,837	15,330	19,162
4	20,070	25,087	18,460	23,075
5	23,470	29,337	21,590	26,987
6	26,870	33,587	24,720	30,900
	Add \$3,400 for each additional person.	Add \$4,250 for each additional person.	Add \$3,130 for each additional person.	Add \$3,912 for each additional person.

Means-tested Public Benefits

Federal Means-tested Public Benefits. To date, Federal agencies administering benefit programs have determined that Federal means-tested public benefits include, but are not limited to, Food Stamps, Medicaid, Supplemental Security Income (SSI), and Temporary Assistance for Needy Families (TANF).

State Means-tested Public Benefits. Each State will determine which, if any, of its public benefits are means-tested. If a State determines that it has programs which meet this definition, it is encouraged to provide notice to the public on which programs are included. Check with the State public assistance office to determine which, if any, State assistance programs have been determined to be State means-tested public benefits.

Programs Not Included: The following Federal and State programs are *not* included as means-tested benefits: emergency Medicaid; short-term, non-cash emergency relief; services provided under the National School Lunch and Child Nutrition Acts; immunizations and testing and treatment for communicable diseases; student assistance under the Higher Education Act and the Public Health Service Act; certain forms of foster-care or adoption assistance under the Social Security Act; Head Start programs; means-tested programs under the Elementary and Secondary Education Act; and Job Training Partnership Act programs.

*Published March 10, 1997

