



**DEPENDENT INFORMATION**

To be completed only if dependents will be accompanying you to the U.S. Your dependents will also need to apply for visas. Additional funds that you are required to show in order to support dependents in the U.S: **\$1,000 USD per month for spouse and \$500 per month per child.**

Your Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

*I plan to bring the following dependents with me to the United States. I understand that I will need to have additional financial resources to cover their living costs, and have included that in my financial documentation. I also understand that I must purchase accidental and sickness insurance that meets visa requirements for them.*

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

NAME: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Sex:  Male  Female Date of Birth: Month \_\_\_ Day \_\_\_ Year \_\_\_\_\_

Place of Birth: City \_\_\_\_\_ Country \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_ Country of Legal Residence: \_\_\_\_\_

Relationship to you:  Spouse  Child

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NAME: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Sex:  Male  Female Date of Birth: Month \_\_\_ Day \_\_\_ Year \_\_\_\_\_

Place of Birth: City \_\_\_\_\_ Country \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_ Country of Legal Residence: \_\_\_\_\_

Relationship to you:  Spouse  Child

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NAME: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Sex:  Male  Female Date of Birth: Month \_\_\_ Day \_\_\_ Year \_\_\_\_\_

Place of Birth: City \_\_\_\_\_ Country \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_ Country of Legal Residence: \_\_\_\_\_

Relationship to you:  Spouse  Child