

Part 3. Information About the Individual Agreeing to Financially Support the Beneficiary Named in Part 2. (continued)

Employment Information					
11.	Employment Status Employed (full-time, part-time, seasonal, self-employed) Unemployed or Not Employed Retired Other (Explain):				
If yo	If you indicated that you are employed in Item Number 11. , provide the information requested in Item Numbers 12 13.				
12.	A. I am currently employed as a/an SYSTEM ENGENEER B. I am currently self-employed as a/an	me of Employer HAWAII,INC			
13.	Current Employer's Address Street Number and Name City or Town	Apt.Ste. Flr. Number State ZIP Code			
	Province Postal Code	Country			

Financial Information

Provide information about your income and assets. If you need additional space to complete any **Item Number** in this section, use the space provided in **Part 8.** Additional Information.

Income

14. Provide all of the information requested in the table below about yourself, all of your dependents, and any other individuals you financially support (do not include any individuals named in Part 2.). Information about assets that are not based on employment should be added in Item Number 17. and not in Item Number 14.

Full Name (First, Middle, Last) (do not include any individuals named in Part 2.)	Date of Birth (mm/dd/yyyy)	Relationship to the Individual Agreeing to Financially Support (Type or print "Self" for Individual Agreeing to Financially Support the Beneficiary)	Income Contribution to the Beneficiary Annually (if none, type or print \$0)
			\$
			\$
			\$
			\$
			\$
		Total Number of Dependents	3
		Total Income S	200,000

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