### horizontal line**Apostille Affidavit of Support**

**State of [State Name]  
County of [County Name]**

**I, [Your Full Name],** residing at [Your Full Address], [City], [State], [Postal Code], being duly sworn, depose and state as follows:

1. **Purpose**I am submitting this affidavit in compliance with the Apostille requirements for [specific purpose, e.g., immigration, legal documentation] to [country name].
2. **Relationship**I am related to the beneficiary as [state relationship, e.g., spouse, sibling, parent, etc.].
3. **Commitment to Support**I confirm my commitment to providing financial support to [Full Name of the Person You Are Supporting] and ensuring that they have sufficient means to fulfill their obligations as per the requirements of [country name].
4. **Income and Assets**My annual income is approximately [state amount], and I have assets amounting to [state amount]. Relevant documents are attached, including [list documents, e.g., bank statements, proof of employment].
5. **Duration of Support**I agree to provide support until [specific duration, e.g., completion of a process, permanent settlement].

**Signature**[Your Full Name]  
[Your Signature]  
Date: [Insert Date]