

REGIONAL CENTER OF SOUTH FLORIDA, LLC
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APPLICANT QUESTIONNAIRE

TO SATISFY U.S. LAWS AND COMPLY WITH ITS OBLIGATIONS, THE REGIONAL CENTER OF SOUTH FLORIDA, LLC MUST CONDUCT A BACKGROUND CHECK ON EACH APPLICANT. BY COMPLETING AND RETURNING THIS APPLICANT QUESTIONNAIRE, APPLICANTS AGREE AND CONSENT TO A BACKGROUND CHECK. PLEASE ANSWER ALL QUESTIONS AND ENTER N/A IF THE QUESTION IS NON-APPLICABLE. INCOMPLETE APPLICANT QUESTIONNAIRES WILL NOT BE ACCEPTED.

APPLICANT INFORMATION – FOREIGN ADDRESS AND INFORMATION

NAME _____
(Last) (First) (Middle Name)

CURRENT ADDRESS _____
(Street # and Name) (Apt. #)

(City or Town) (State or Province)

(Country) (Zip or Postal Code)

TELEPHONE _____ FAX _____
NUMBER (Country Code, Area Code, Number) NUMBER (Country Code, Area Code, Number)

EMAIL ADDRESS _____

WHAT IS YOUR CURRENT OCCUPATION _____

ENGLISH LANGUAGE PROFICIENCY Need Translator Conversational Fluent

APPLICANTS LIVING IN THE UNITED STATES

U.S. ADDRESS _____
(Street # and Name) (Apt. #)

(City or Town) (State or Province)

(Country) (Zip or Postal Code)

DATE OF LAST ARRIVAL _____ TYPE OF VISA _____
(MM/DD/YEAR)

I-94 # _____ CURRENT NON-IMMIGRANT VISA STATUS _____

I-94 EXPIRES ON _____
(MM/DD/YEAR)

GENERAL U.S. IMMIGRATION QUESTIONS

HAVE YOU PREVIOUSLY HELD A BUSINESS VISITOR OR TOURIST VISA (B-1, B-2 or both)?

YES NO

IF YES, WHAT TYPE OF VISA? _____

IF YES, WHEN WAS YOUR LAST DATE OF ENTRY? _____

HAVE YOU PREVIOUSLY HELD A U.S. EMPLOYMENT BASED VISA (H-1B, L, E, O or P)?

YES NO

IF YES, WHAT TYPE OF VISA? _____

IF YES, WHEN WAS YOUR LAST DATE OF ENTRY? _____

HAVE YOU PREVIOUSLY HELD A STUDENT, EXCHANGE VISITOR OR OTHER VISA (F or J)?

YES NO

IF YES, WHAT TYPE OF VISA? _____

IF YES, WHEN WAS YOUR LAST DATE OF ENTRY? _____

HAVE YOU, YOUR SPOUSE AND CHILDREN PREVIOUSLY APPLIED FOR A U.S. IMMIGRANT OR NON-IMMIGRANT VISA AND BEEN DENIED? YES NO

IF YES, PLEASE PROVIDE DETAILS WHY PETITION WAS DENIED AND DOCUMENTATION.

HAVE YOU, YOUR SPOUSE AND CHILDREN PREVIOUSLY BEEN DENIED ADMISSION INTO THE U.S.? YES NO

IF YES, PLEASE PROVIDE DETAILS WHY ADMISSION WAS DENIED AND DOCUMENTATION.

DO YOU KNOW OF ANY MEDICAL CONDITION THAT MAY DISQUALIFY YOU OR YOUR ACCOMPANYING FAMILY MEMBERS FROM RECEIVING A U.S. IMMIGRANT VISAS?

YES NO

IF YES, PLEASE BRIEFLY EXPLAIN THE CIRCUMSTANCES.

APPLICANT'S NET WORTH

PLEASE PROVIDE INFORMATION FOR ASSETS TOTALING US\$1 MM OR MORE. PLEASE NOTE THAT IT IS NOT NECESSARY TO PROVIDE INFORMATION FOR TOTAL NET WORTH.

QUALIFYING INVESTORS CURRENTLY IN THE U.S. ON A NON-IMMIGRANT VISA NEED TO BE **ACCREDITED INVESTORS** AS DEFINED BY U.S. SECURITY LAWS. AN INDIVIDUAL IS CONSIDERED AN ACCREDITED INVESTOR IF HE OR SHE HAS A NET WORTH OF AT LEAST U.S.\$1 MILLION, EXCLUDING THE VALUE OF PRIMARY RESIDENCE, OR HAS MADE AT LEAST U.S.\$200,000 EACH OF THE LAST TWO YEARS (U.S.\$300,000 WITH SPOUSE IF MARRIED) AND EXPECTS TO MAKE THE SAME AMOUNT IN THE CURRENT YEAR.

LOCATION OF ASSETS: UNITED STATES ABROAD BOTH

IF ABROAD, WHICH COUNTRIES? _____

<u>ASSETS</u>	<u>AMOUNT</u>	<u>SOURCE OF FUND</u>
CHECKING ACCOUNT	\$ _____	_____
SAVINGS ACCOUNT	\$ _____	_____
INVESTMENTS		
Stocks, Bonds & Mutual Funds	\$ _____	_____
BUSINESS INCOME	\$ _____	_____
REAL ESTATE	\$ _____	_____
INHERITANCE	\$ _____	_____
Please note, if asset is from an inheritance, the source of funds of the inheritance must be explained.		
GIFT		
Please note, if asset is a gift, the gift must be established as irrevocable and source of funds for the gift must be explained.		
	\$ _____	_____
LOAN		
Please note, we only accept loans made from a bank or other lending institutions.		
	\$ _____	_____
OTHER		
Explain on separate sheet, including alimony and divorce settlement.		
	\$ _____	_____
TOTAL		
	\$ _____	_____

LIABILITIES

MORTGAGE	\$ _____
OTHER LOANS (EXPLAIN ON SEPARATE SHEET)	\$ _____
TOTAL	\$ _____
TOTAL NET WORTH LISTED	\$ _____

SOURCE OF FUNDS FOR \$500,000 INVESTMENT

OF THE ABOVE LISTED ASSETS, PLEASE IDENTIFY BELOW THE FUNDS YOU INTEND TO USE FOR IMMIGRATION PURPOSES. PLEASE STATE WHERE THE FUNDS ORIGINATED, FOR EXAMPLE, CHECKING ACCOUNT: \$250,000; EARNED FROM BUSINESS INCOME; SAVINGS ACCOUNT: \$250,000 FROM SALE OF REAL PROPERTY.

<u>ASSETS</u>	<u>AMOUNT</u>	<u>SOURCE OF FUND</u>
	\$ _____	_____
	\$ _____	_____
	\$ _____	_____
	\$ _____	_____
TOTAL INVESTMENT	\$500,000	

ADDITIONAL INFORMATION REQUESTED

HAVE YOU RETAINED AN IMMIGRATION ATTORNEY? YES NO

IF SO, PLEASE PROVIDE ATTORNEY NAME AND CONTACT INFORMATION.

IF NO, DO YOU NEED A REFERRAL? YES NO

HOW DID YOU LEARN ABOUT THE REGIONAL CENTER OF SOUTH FLORIDA, LLC?

WERE YOU REFERRED TO US BY SOMEONE? YES NO

IF YES, PLEASE PROVIDE NAME AND CONTACT INFORMATION.

THE UNDERSIGNED HEREBY CERTIFIES THAT THE INFORMATION ABOVE IS ACCURATE AND HAS BEEN COMPLETED TO THE BEST OF MY ABILITY.

SIGNATURE OF APPLICANT

DATE OF SIGNATURE