

Department of Homeland Security
U.S Citizenship and Immigration Services

**G-1054, Request for
Fee Waiver Denial Letter**

Date: _____

A#: _____

Applicant:

**RE: Request to Waive Required Filing Fee for Form _____ , Application/Petition/
Motion/Request for _____**

Dear Sir/Madam:

Upon review of your fee waiver request, U.S. Citizenship and Immigration Services (USCIS) has determined that you have not demonstrated an "inability to pay" the required filing fee for the above noted application, petition, motion or request because of one or more of the following noted reasons: your household income does not appear to be at or below the Federal Poverty Guidelines; you have not demonstrated that you have (within the last 180 days) qualified for or received a "federal means-tested public benefit;" you have not demonstrated that you have any extenuating circumstances, including but not limited to being elderly (age 65 or older at the time the fee waiver request was submitted), disabled, unusual individual or household expenditures, and/or humanitarian or compassionate reasons that would justify granting your fee waiver request.

Comments: _____

Due to insufficient information contained in your fee waiver request, USCIS was not able to determine your "inability to pay" the required filing fee.

Comments: _____

Accordingly, your Fee Waiver Request is hereby denied.

Name: _____

Title: _____

Return Address:

Notice to Requester

Your fee waiver request and associated application, petition, motion or request is being returned to you. If you wish to re-apply for the immigration benefit noted on **Page 1** of this form, you must resubmit the application, petition, motion or request with the required filing fee to the appropriate USCIS office.

If you feel the denial of your fee waiver request is **incorrect**, you may submit a new fee waiver request with additional supporting information when you resubmit your associated application, petition motion or request. It would be helpful for any additional information that you submit to include a more complete description of your financial and living situation, with supporting documentation. For additional guidance please go to our website at www.uscis.gov. For example, you may wish to include:

- Proof of living arrangements (i.e. living with relatives, living in the individual's own house, apartment, etc.) and evidence of whether the individual's dependents are residing in his or her household.
- Evidence of current employment or self-employment such as recent pay statements, W-2 forms, statement(s) from the individual's employer(s) on business stationary showing salary or wages paid, income tax returns (proof of filing of a tax return).
- Mortgage payment receipts, rent receipts, food and clothing receipts, utility bills (such as gas, electricity, telephone, water), child or elder care receipts, tuition bills, transportation expense receipts, medical expense receipts and proof of other essential expenditures.
- Any other proof of essential expenditures.
- Proof that verifies the individual's disability. The individual may provide proof of his or her disability by submitting documentation showing that the disability has been previously determined by the Social Security Administration (SSA), the Department of Health and Human Services (HHS), the Department of Veterans Affairs (VA), the Department of Defense (DOD) or other appropriate federal agency.
- Proof of the individual's extraordinary expenditures or his or her dependents residing in the United States. Essential extraordinary expenses are those which do not occur on a monthly basis but which are necessary for the well being of the individual or his or her dependents.
- Proof that the individual has, within the last six months, qualified for and/or received a Federal "means-tested public benefit". A Federal "means-tested public benefit" is any public benefit funded in whole or in part by funds provided by the Federal Government that the Federal agency administering the Federal funds has determined to be a Federal "means-tested public benefit" under the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, Public Law 104-193. This may include but is not limited to, Food Stamps, Medicaid, Supplemental Security Income and Temporary Assistance of Needy Families or other public benefit.
- Documentation to show all assets owned, possessed, or controlled by the individual or by his or her dependents.
- Documentation establishing other financial support or subsidies--such as parental support, alimony, child support, educational scholarships, and fellowships, pensions, Social Security or Veterans Benefits, etc. This includes monetary contributions for the payment of monthly expenses received from adult children, dependents and other people who are living in the individual's household, etc.
- Documentation of debts and liabilities--what is owed on any outstanding loans, credit cards, etc. by the individual and his or her dependents, and any other expenses the individual is responsible for (i.e. insurance, medical/dental bills, etc.).

PAPERWORK REDUCTION ACT NOTICE. An agency may not conduct or sponsor an information collection and a person is not required to respond to an information collection unless it displays a currently valid OMB control number. We try to create forms that are accurate, can be easily understood and that impose the least possible burden on you to provide us with information. Often this is difficult because some immigration laws are very complex. The estimated average time to complete and file this collection is 1.25 hours per response. If you have comments regarding the accuracy of this estimate or suggestions for making this form simpler, you may write to the U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue N.W., Washington D.C. 20529; OMB No. 1615-0089. **(Do not mail your completed application to this address.)**
