



Request for Fee Waiver
 Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-912
 OMB No. 1615-0116
 Expires 10/31/2012

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► Before you fill out this form, please read the instructions.

Section 1. Information About You *(Provide information about yourself. If you are applying for a minor child, provide information about the minor child.)*

Line 1. a. Family Name (Last Name)

Line 1. b. Given Name (First Name)

Line 1. c. Middle Initial

Line 2. Alien Registration Number ► A-

Line 3. Date of Birth (mm/dd/yyyy) ►

Line 4. Marital Status Never Married Divorced Marriage Annulled
 Married Widow(er) Legally Separated

Line 5. Applications and Petitions (Enter the form number(s) of the application(s) and/or petition(s) for which you are requesting a fee waiver.

Biometrics services fees, where applicable, will be included in the fee waiver request.

FOR USCIS USE ONLY

Application Received At
(check only one box):

USCIS Field Office

Fee Waiver Approved

Date: _____

Fee Waiver Denied

Date: _____

USCIS Service Center

Fee Waiver Approved

Date: _____

Fee Waiver Denied

Date: _____

Section 2. Additional Information for Dependent(s)

Line 6. Complete the Table below if applicable. *(If you need more space, attach a separate sheet of paper.)*

Name (First, MI, Last)	A-Number (If applicable)	Is Individual Included in Fee Waiver Request?	Date of Birth (mm/dd/yyyy)	Relationship to You
	A-	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	A-	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	A-	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	A-	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	A-	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	A-	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	A-	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Section 3. Basis for Your Request (Check any that apply. For additional information, see the form instructions.)

Line 7. a. I am or a relevant member of my household is currently receiving a means-tested benefit. (Complete Sections 4 and 7.)

Line 7. b. My household income is at or below 150% of the Federal Poverty Guidelines. (Complete Sections 5 and 7.)

Line 7. c. I have a financial hardship. (Complete Sections 5, 6 and 7.)

Section 4. Means-Tested Benefit

Line 8. Complete the Table Below (If you need more space, attach a separate sheet of paper.)

Name of Person Receiving the Benefit	Name of Agency Awarding Benefit	Date Benefit Was Awarded	Is This Benefit Being Received Now?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 5. Household Income (Provide evidence of monthly income or other support.)

Line 9. Other than you, how many others in your household depend on the stated income? ▶

(round to the nearest dollar)

Line 10. Average monthly wage income from household members ▶

Line 11. Enter other money received each month that is not included in **Line 14.** This could include spousal support, child support, unemployment, etc.) ▶

TOTAL (USCIS will compare this amount to Federal Poverty Guidelines) ▶

Section 6. Financial Hardship (Cont'd)

Line 16. List your average monthly costs, and provide evidence of monthly payments where possible. (If you need more space, attach a separate sheet of paper.)

Type of Cost	Value (Enter Dollars)	Type of Cost	Value (Enter Dollars)
Rent		Loan Payment	
Mortgage		Commuting Costs	
Food		Medical	
Utilities		School	
Child/Elder Care		Other Expenses	
Insurance		TOTAL Monthly Costs	

Section 7. Your Signature and Authorization

Do not sign your Form I-912 until it is complete and you are ready to file.

I take full responsibility for the accuracy of all the information provided, including all supporting documentation. I authorize the release of any information, including the release of my Federal tax returns, that USCIS needs to determine my eligibility.

Each person applying for a fee waiver request must sign Form I-912. This includes individuals identified in Sections 1 and 2 if 14 years of age or older. (If you need more space, attach a separate sheet of paper.)

Line 17. Your Signature Date (mm/dd/yyyy) ►
Printed Name

Line 17.1. Additional Signature Date (mm/dd/yyyy) ►
Printed Name

Line 17.2. Additional Signature Date (mm/dd/yyyy) ►
Printed Name

Line 17.3. Additional Signature Date (mm/dd/yyyy) ►
Printed Name

Line 17.4. Additional Signature Date (mm/dd/yyyy) ►
Printed Name

Section 7. Your Signature and Authorization (continued)

Line 17.5. Additional Signature Date (mm/dd/yyyy) ▶

Printed Name

Line 17.6. Additional Signature Date (mm/dd/yyyy) ▶

Printed Name

Line 17.7. Additional Signature Date (mm/dd/yyyy) ▶

Printed Name

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