



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.

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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

Line 12. Describe your particular situation. Be sure to include how this situation has caused you to incur costs (and what the costs were) or loss of income that you have experienced (and what that loss was). Complete this section in English; otherwise, provide an accompanying English translation. *(If you need more space, attach a separate sheet of paper.)*

For

If you are currently unemployed, you must complete Lines 13 and 14.

Line 13. Date that you became unemployed (mm/dd/yyyy) ►

Line 14. Amount of unemployment compensation (monthly) that you are receiving (enter dollars)

Line 15. List your assets and the value of your assets. *(If you need more space, attach a separate sheet of paper.)*

| Type of Asset | Value (enter dollars) |
|------------------------------|-----------------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| TOTAL Value of Assets | <input type="text"/> |

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 | <input type="text"/> |

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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