TABLE OF CHANGES - FORM Form I-698, Application to Adjust Status From Temporary to Permanent Resident (Under Section 245A of the INA) OMB Number: 1615-0035 08/29/2014

Reason for Revision: Form has not been updated for many years and various items currently on the form have changed. HRV questions were also added or have replaced previous information.

Current Section and Page Number	Current Text	Proposed Text
Page 1-2	[Page 1]	[Page 1]
	START HERE – Type or print in black ink. If you need more space, see Page 3 of the instructions.	START HERE – Type or print in black ink.
		Part 1. Information About You
	1. Name Family Name (in capital letters) Given Name Middle Name	1. Full Legal Name Family Name (Last Name) Given Name (First Name) Middle Name
	3. Name as it appears on Form I-688, Temporary Resident Card	2. Name as it Appears on Your Employment Authorization Document (Form I-766)
		A. Family Name (Last Name) Given Name (First Name) Middle Name
	5. Reason for difference in name, if any. (marriage, divorce, etc.)	B. Provide the reason for a difference in the names, if any (marriage, divorce, etc.)
	4. Telephone Number (include area code) Home Work	[Deleted]
		3. Any Other Names Used A. Family Name (Last Name) Given Name (First Name) Middle Name
		B. Family Name (Last Name) Given Name (First Name) Middle Name
	[Page 5] 38. If your native alphabet is in other than Roman letters, write your name in your native alphabet.	4. A. If your native alphabet does not use Roman letters, type or print your name in your native alphabet.
		Family Name <mark>(Last Name)</mark> Given Name <mark>(First Name)</mark>

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		Middle Name
	[Page 5] 39. Language of your native alphabet.	B . Language of Your Native Alphabet
	7. Mailing Address in the United States (if	5. U.S. Mailing Address
	different from address in Number 6 above) In care of	In Care Of Name (if applicable)
	Street Number and Name	Street Number and Name
	Apt. #	Apt. Ste. Flr. [Number]
	City	City or Town
	State Zip Code	State ZIP Code
		[Page 2]
		6 Is your current U.S. mailing address the
		6. Is your current U.S. mailing address the same as your U.S. physical address? Y/N
		If you answered "No," provide your U.S.
		physical address in Item Number 7 .
	6. Home Address in the United States	7. U.S. Physical Address
	In care of	[Deleted]
	Street Number and Name Apt. #	Street Number and Name
	City	Apt. Ste. Flr. [Number] City or Town
	State	State
	Zip Code	ZIP Code
	[1.] A-Number	8. Alien Registration Number (A-Number) (if any)
	12. Your U.S. Social Security No.	9. U.S. Social Security Number (if any)
	9. Date of Birth (mm/dd/yyyy)	10. Date of Birth (mm/dd/yyyy)
	2. Gender Male/Female	11. Gender Male/Female
	8. Place of Birth (City or Town) County, Province, or State	12. Place of Birth City or Town
	Country	State
		Province
		Country
	Country of Citizenship/Nationality	13. Country of Citizenship or Nationality
	10. Your Mother's First Name	14. Mother's First Name
	11. Your Father's First Name	15. Father's First Name
	13. Marital Status	16. Marital Status
	Married/Never Married/Separated/Divorced/ Widowed	Single (Never Married)/Married/ Divorced or
		Separated/Widowed
	[Page 2]	
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	14. Absences from the United States since becoming a temporary resident alien. List most recent absence first. If you have a single absence in excess of 30 days or if the total of all your absences exceeds 90 days, explain and attach any relevant information.	17. List absences from the United States since becoming a temporary resident. List the most recent absence first. If you have a single absence that exceeded 30 days or if the total of all of your absences exceeds 90 days , explain using the space provided in Part 8. Additional Information or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of the sheet; indicate the Page Number, Part Number, and Item Number to which your answer refers; and sign and date each sheet.
	[Table with 5 columns and 6 rows with the following fields] Country Purpose of Trip From (<i>mm/dd/yyyy</i>) To (<i>mm/dd/yyyy</i>) Total Days Absent 15. When applying for temporary resident status, I did did not submit a Form I-693, Medical Examination of Aliens Seeking	[Table with 5 columns and 6 rows with the following fields] Country Purpose of Trip From (mm/dd/yyyy) To (mm/dd/yyyy) Total Days Absent [DELETE.]
	Adjustment of Status, with my application that included a serologic (blood) test for human immunodeficiency virus (HIV) infection. (If you did not, submit Form I-693 that includes a serologic test for HIV.)	
New		[Page 2]
		Part 2. Biographic Information
		 Ethnicity (Select only one box) Hispanic or Latino Not Hispanic or Latino
		2. Race (Select all applicable boxes) American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White
		3. Height Feet Inches
		4. Weight Pounds
		5. Eye Color (Select only one box) Black Blue Brown Gray Green Hazel Maroon Pink

		Unknown/Other
		6. Hair Color (Select only one box) Bald (No hair) Black Blonde Brown Gray Red Sandy White Unknown/Other
Page 2-5	[Page 2]	[Page 2]
		Part 3. Eligibility Standards
	16. Concerning the requirement of minimal understanding of ordinary English and a knowledge and understanding of the history and Government of the United States (check appropriate block under Section A or B):	1. You are required to have a minimal understanding of standard English and a knowledge and understanding of the history and Government of the United States. Select the appropriate box in Item A. or B. below.
	A. I will satisfy these requirements by:	A. I will satisfy these requirements through:
	Examination at the time of interview for permanent residence.	An examination at the time of interview for lawful permanent residence; or
	Satisfactorily pursuing a course of study recognized by the Secretary of Homeland Security.	Satisfactory pursuit of a course of study recognized by the Secretary of Homeland Security (Secretary).
	B. I have satisfied these requirements by:	B. I have satisfied these requirements through:
	Having satisfactorily pursued a course of study recognized by the Secretary of Homeland Security. (Attach appropriate documentation.)	Satisfactory pursuit of a course of study recognized by the Secretary (attach appropriate documentation); or
	Exemption because I am 65 years of age or older, under 16 years of age, or I am physically unable to comply. (If you are physically unable to comply, explain and attach relevant documentation.)	An exemption because I am 65 years of age or older, under 16 years of age, or I am physically unable to comply. (If you are physically unable to comply, explain and attach relevant documentation.)
	If you answer "Yes" to any of the questions numbered 17 through 37, explain your answer on a separate sheet of paper.	Answer Item Numbers 2 29. If you answer "Yes" to any of the questions, provide a complete explanation using the space provided in Part 8. Additional Information or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the Page Number , Part Number , and Item Number to which your answer refers; and sign and date each sheet. Answering "Yes" does not necessarily mean that you are not entitled to adjust status or register for lawful permanent residence.
	17. Have you ever assisted	2. Have you EVER assisted
	18. Have you ever been treated	3. Have you EVER been treated

19. Have you ever committed	4. Have you EVER committed
Have you ever been arrested	5. Have you EVER been arrested
[Page 3]	
Have you ever been charged	6. Have you EVER been charged
Have you ever been convicted	7. Have you EVER been convicted
Have you ever been in	8. Have you EVER been in
Have you ever been placed	9. Have you EVER been placed
Have you ever received	10. Have you EVER received
20. Have you, or a dependent member of your immediate family, ever received public assistance from any source, including, but not limited to, the U.S. Government, any State, county, city, or municipality?	11. A. Have you, or a dependent member of your immediate family, EVER received public assistance from any source, including, but not limited to, the U.S. Government, any state, county, city, or municipality?
If "Yes" provide the names(s) of the recipients(s) and U.S. Social Security Number(s).	B. If "Yes," provide the names of the recipients and their U.S. Social Security Numbers below.
[Table with 2 columns and 3 rows with the following fields] Name of Recipient (Family Name, Given Name, Middle Name) U.S. Social Security Number	[Table with 2 columns and 3 rows with the following fields] Full Name of Recipient (Family Name, Given Name, Middle Name) U.S. Social Security Number
21. Have you ever:	12 . Have you EVER :
 a. Within the past 10 years been a prostitute or procured b. Engaged in any c. Knowingly encouraged d. Illicitly trafficked in 	 A. Within the past 10 years been a prostitute, procured B. Engaged in any C. Knowingly encouraged D. Illicitly trafficked in
22. Have you ever engaged in, conspired to engage in, or do you intend to engage in, or have you ever solicited membership or funds for, or have you through any means ever assisted or provided any type of material support to any person or organization that has ever engaged or conspired to engage in sabotage, kidnapping, political assassination, hijacking, or any other form of terrorist activity?	13. Have you EVER engaged in, conspired to engage in, do you intend to engage in, or have you EVER solicited membership or funds for, or have you EVER through any means assisted or provided any type of material support to any person or organization that has EVER engaged or conspired to engage in sabotage, kidnapping, political assassination, hijacking, or any other form of terrorist activity?
 23. Do you intend to engage in the United States in: a. Espionage? b. Any activity c. Any activity 	14. Do you intend to engage in the United States in:A. Espionage?B. Any activityC. Any activity
24. Have you ever been	15. Have you EVER been

[Page 4]	
25. Did you, during the period from March 23, 1933, to May 8, 1945, in association with either the Nazi Government of Germany or any organization or government associated or allied with the Nazi Government of Germany, ever order, incite, assist, or otherwise participate in the persecution of any person because of race, religion, national origin, or political opinion?	16. Did you EVER , during the period from March 23, 1933 to May 8, 1945, in association with either the Nazi Government of Germany or any organization or government associated or allied with the Nazi Government of Germany, order, incite, assist, or otherwise participate in the persecution of any person because of race, religion, national origin, or political opinion?
26. Have you ever engaged in genocide, or otherwise ordered, incited, assisted, or otherwise participated in the killing of any person because of race, religion, nationality, ethnic origin, or political opinion?	[Deleted]
	17. Have you EVER claimed to be a United States citizen in writing or any other way?
27. Have you ever been deported from the United States or removed from the United States at Government expense, excluded within the past year, or are you now, or have you ever been in exclusion, deportation, removal, or rescission proceedings?	18. Have you EVER been deported from the United States, removed from the United States at Government expense, excluded within the past year, or are you NOW or have you EVER been in exclusion, deportation, removal, or rescission proceedings?
28. Are you under a final order of civil penalty for violating section 274C of the Immigration and Nationality Act for use of fraudulent documents or have you, by fraud or willful misrepresentation of a material fact, ever sought to procure or procured a visa, other documentation, entry into the United States, or any immigration benefit?	19 . Are you NOW under a final order of civil penalty for violating section 274C of the Immigration and Nationality Act (INA) for use of fraudulent documents or have you EVER , by fraud or willful misrepresentation of a material fact, sought to procure or procured a visa, other documentation, entry into the United States, or any immigration benefit?
29. Have you ever	20. Have you EVER left
30. Have you ever been	21. Have you EVER been
31. Are you now	22. Are you NOW withholding
32. Do you plan	23. Do you plan
 33. Have you ever ordered a. Acts b. Killing c. Intentionally d. Engaging e. Limiting 	 24. Have you EVER ordered A. Acts B. Killing C. Intentionally D. Engaging E. Limiting
34. Have you ever:	25. Have you EVER :
a. Served in	A. Served in
b. Served in	B. Served in
[Page 5	

	35. Have you ever been	26. Have you EVER been
	36. Have you ever assisted or participated in selling or providing weapons to any person who to your knowledge used them against another person, or in transporting weapons to any person who to your knowledge used them against another person?	27. Have you EVER assisted or participated in selling, providing, or transporting weapons to any person who, to your knowledge, used them against another person?
	37. Have you ever received	28. Have you EVER received
		29. Have you EVER :
		A. Recruited, enlisted, conscripted, or used any person under 15 years of age to serve in or help an armed force or group?
		B . Used any person under 15 years of age to take part in hostilities, or to help or provide services to people in combat?
Page 5		[Page 5]
	40. Accommodations for Individuals With Disabilities and/or Impairments (<i>Read the</i> <i>information on Page 4 of the instructions</i>)	Part 4. Accommodations for Individuals With Disabilities and Impairments (Read the information in the Form I-698 instructions before completing this part.)
	1. Are you requesting an accommodation because of your disability(ies) and/or impairment(s)?	1. Are you requesting an accommodation because of your disabilities and/or impairments?
	If "Yes" check any applicable box:	If you answered "Yes," select all applicable boxes.
	a. I am deaf or hard of hearing and request the following accommodation(s) (if requesting a sign-language interpreter, indicate which language (e.g., American Sign Language)):	A. I am deaf or hard of hearing and request the following accommodations (if you are requesting a sign-language interpreter, indicate for which language (e.g. American Sign Language)):
	b. I am blind or sight-impaired and request the following accommodations:	B. I am blind or have low vision and request the following accommodations:
	c. I have another type of disability and/or impairment (describe the nature of your disability(ies) and/or impairment(s) and accommodation(s) you are requesting requesting):	C. I have another type of disability and/or impairment (describe the nature of your disabilities and/or impairments and the accommodations you are requesting):
Pages 5-6	[Page 5]	[Page 5]
	41. Signature and Certification of Applicant	Part 5. Applicant's Statement, Contact Information, Acknowledgement of Appointment at USCIS Application Support Center, Certification, and Signature
		NOTE: Select the box for either Item A. or B. in Item Number 1. If applicable, select the box for Item Number 2.

Applicant's Statement and Signature

I can read and understand English, and I have read and understand each and every question and instruction on this form, as well as my answer to each question.

Each and every question and instruction on this form, as well as my answer to each question, has been read to me in the [Fillable Field] language, a language in which I am fluent, by the person named in **Interpreter's Statement and Signature**. I understand each and every question and instruction on this form, as well as my answer to each question.

1. Applicant's Statement Regarding the Interpreter

A. I can read and understand English, and have read and understand every question and instruction on this application, as well as my answer to every question. I have read and understand the Acknowledgement of Appointment at USCIS Application Support Center.

B. The interpreter named in **Part 6.** has read to me every question and instruction on this application, as well as my answer to every question, in [Fillable Field], a language in which I am fluent. I understand every question and instruction on this application as translated to me by my interpreter, and have provided complete, true, and correct responses in the language indicated above. The interpreter named in **Part 6.** has also read the **Acknowledgement of Appointment at USCIS Application Support Center** to me, in the language in which I am fluent, and I understand this ASC Acknowledgement as read to me by my interpreter.

2. Applicant's Statement Regarding the Preparer

I have requested the services of and consented to [Fillable Field], who is/is not an attorney or accredited representative, preparing this application for me. This person who assisted me in preparing my application has reviewed the **Acknowledgement of Appointment at USCIS Application Support Center** with me and I understand the ASC Acknowledgement.

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Applicant's Contact Information

3. Applicant's Daytime Telephone Number**4.** Applicant's Mobile Telephone Number (if any)

5. Applicant's Email Address (if any)

Acknowledgement of Appointment at USCIS Application Support Center

I, [Auto-populate Field with Applicant's Full Name], understand that the purpose of a USCIS Application Support Center (ASC) appointment is for me to provide fingerprints, photograph, and/or signature and to re-verify that all of the information in my application is complete, true, and correct and was provided by me. I understand that I will sign my name to the

following declaration which USCIS will display to me at the time I provide my fingerprints, photograph, and/or signature during my ASC appointment:

By signing here, I declare under penalty of perjury that I have reviewed and understand my application, petition, or request as identified by the receipt number displayed on the screen above, and all supporting documents, applications, petitions, or requests filed with my application, petition, or request that I (or my attorney or accredited representative) filed with USCIS, and that all of the information in these materials is complete, true, and correct.

I also understand that when I sign my name, provide my fingerprints, and am photographed at the USCIS ASC, I will be re-verifying that I willingly submit this application; I have reviewed the contents of this application; all of the information in my application and all supporting documents submitted with my application were provided by me and are complete, true, and correct; and if I was assisted in completing this application, the person assisting me also reviewed this **Acknowledgement of Appointment at USCIS Application Support Center** with me.

Applicant's Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for the immigration benefit I seek.

I furthermore authorize release of information contained in this application, in supporting documents, and in my USCIS records, to other entities and persons where necessary for the administration of U.S. immigration laws.

I certify, under penalty of perjury, that the information in my application and any document submitted with my application were provided by me and are complete, true, and correct.

*Applicant's Signature*6. Applicant's SignatureDate of Signature (mm/dd/yyyy)

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I certify, under penalty of perjury under the laws of the United States of America, that the information provided with this application is all true and correct. I certify also that I have not withheld any information that would affect the outcome of this application.

I hereby consent and authorize U.S. Citizenship and Immigration Services to verify the information provided and to conduct police, welfare, and other record checks pertinent to this application.

Applicant's Signature Date (mm/dd/yyyy)

Page 6		[Page 6]
	42. Interpreter's Statement and Signature	Part 6. Interpreter's Contact Information, Certification, and Signature
		Provide the following information concerning the interpreter.
	Print Your Full Name	 Interpreter's Full Name 1. Interpreter's Family Name (Last Name) Interpreter's Given Name (First Name) 2. Interpreter's Business or Organization Name (if any)
		[Page 7]
		Interpreter's Mailing Address 3. Street Number and Name Apt. Ste. Flr.[Number] City or Town State ZIP Code Province Postal Code Country
	Telephone Number (include area/country code)	<i>Interpreter's Contact Information</i>4. Interpreter's Daytime Telephone Number5. Interpreter's Email Address (if any)
	I certify that I am fluent in English and the below-mentioned language.	<i>Interpreter's Certification</i> I certify that:
	Language used (language in which applicant is fluent)	I am fluent in English and [Fillable Field], which is the same language provided in Part 5. , Item B. , in Item Number 1. ;
	I further certify that I have read each and every question and instruction on this form, as well as the answer to each question, to this applicant in the above-mentioned language, and the applicant has understood each and every instruction and question on the form, as well as	I have read to this applicant every question and instruction on this application, as well as the answer to every question, in the language provided in Part 5. , Item B. in Item Number 1. ; and
	the answer to each question.	I have read the Acknowledgement of Appointment at USCIS Application Support Center to the applicant in the same language provided in Part 5. , Item B. in Item Number 1 .
		The applicant has informed me that he or she understands every instruction and question on the application, as well as the answer to every question, and the applicant verified the accuracy of every answer; and
	10	The applicant has also informed me that he or she understands the ASC Acknowledgement and that by appearing for a USCIS ASC biometric services appointment and providing

		his or her fingerprints, photographs, and/or signature, he or she is re-affirming that the contents of this application and all supporting documentation are complete, true, and correct.
	Interpreter's Signature Date (mm/dd/yyyy)	Interpreter's Signature6. Interpreter's SignatureDate of Signature (mm/dd/yyyy)
Page 6		[Page 7]
	43. Signature of Person Preparing Form, If Other Than Applicant	Part 7. Contact Information, Statement, Certification, and Signature of the Person Preparing This Application, If Other Than the Applicant
		Provide the following information concerning the preparer.
	Print Your Full Name	 Preparer's Full Name 1. Preparer's Family Name (Last Name) Preparer's Given Name (First Name) 2. Preparer's Business or Organization (if any)
	Address	Preparer's Mailing Address 3. Street Number and Name Apt. Ste. Flr. [Number] City or Town State ZIP Code Province Postal Code Country
	Telephone Number (include area/country code)	 Preparer's Contact Information 4. Preparer's Daytime Telephone Number 5. Preparer's Fax Number 6. Preparer's Email Address (if any)
		<i>Preparer's Statement</i>7. A. I am not an attorney or accredited representative but have prepared this application on behalf of the applicant and with the applicant's consent.
		B. I am an attorney or accredited representative and my representation of the applicant in this case extends/does not extend beyond the preparation of this application.
	I declare under penalty of perjury that I prepared this application at the request of the above person. The answers provided are based on information	Preparer's Certification By my signature, I certify, swear or affirm, under penalty of perjury, that I prepared this application on behalf of, at the request of, and with the express consent of, the applicant. I completed this application based only on
	of which I have personal knowledge and/or	responses the applicant provided to me. After

	were provided to me by the above named person in response to the exact questions contained on this form. Signature Date (<i>mmddyyyy</i>)	completing the application, I reviewed it and all of the applicant's responses with the applicant, who agreed with each and every answer on the application. If the applicant supplied additional information concerning a question on the application, I recorded it on the application. I have also read the Acknowledgement of Appointment at USCIS Application Support Center to the applicant and the applicant has informed me that he or she understands the ASC Acknowledgement. Preparer's Signature 8. Preparer's Signature Date of Signature (mm/dd/yyyy)
Page 6	 For U.S. Citizenship and Immigration Services Use Only 44. Final Action: Temporary Residence Approved Denied 45. Final Action: Waiver of Inadmissibility under Section 212(a) Approved Denied 46. Class of Admission 47. Place of Adjustment 48. Date of Adjustment 49. Final Action By (Print Name and Title) 50. ID Number 51. Date 	[Deleted]
New		 Part 8. Additional Information If you need extra space to provide any additional information within this application, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this application or attach a separate sheet of paper. Include your name and A-Number (if any) at the top of each sheet; indicate the Page Number, Part Number, and Item Number to which your answer refers; and sign and date each sheet. 1. Family Name (Last Name) [Auto-populate] Given Name (First Name) [Auto-populate] Middle Name [Auto-populate] 2. A-Number (if any) [Auto-populate] 3. A. Page Number B. Part Number C. Item Number b. [Fillable Field] 4. A. Page Number B. Part Number C. Item Number C. Item Number

	D. [Fillable Field]
	 5. A. Page Number B. Part Number C. Item Number D. [Fillable Field]
	6. A. Page NumberB. Part NumberC. Item NumberD. [Fillable Field]
	7. Applicant's Signature Date of Signature (mm/dd/yyyy)