

**TABLE OF CHANGES – FORM**  
**Form I-912, Request for Fee Waiver**  
**OMB Number: 1615-0116**  
**04/15/2016**

**Reason for Revision:** Clarifications needed on “head of household” and flow of information and removing repetitious information.

| Current Section and Page Number   | Current Text  | Proposed Text  |
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| Page 1  | <p>[Page 1]</p> <p>Before you fill out this form, please read the instructions.</p>   | <p>[Page 1]</p> <p><b>START HERE - Type or print in black ink.</b></p> <p><b>If you need extra space to complete any section of this request or if you would like to provide additional information about your circumstances, use the space provided in Part 11. Additional Information. Complete and submit as many copies of Part 11., as necessary, with your request.</b></p>  |
| Page 2,<br>Section 3. Basis for Your Request (Check any that apply. For additional information, see the form instructions.) | <p>[Page 2]</p> <p>Section 3. Basis for Your Request (Check any that apply. For additional information, see the form instructions.)</p> <p><b>Line 7.a.</b> I am or a relevant member of my household is currently receiving a means-tested benefit. (Complete Sections 4 and 7.)</p> <p><b>Line 7.b.</b> My household income is at or below 150% of the Federal Poverty Guidelines. (Complete Sections 5 and 7.)</p> <p><b>Line 7.c.</b> I have a financial hardship. (Complete Sections 5, 6, and 7.)</p> | <p>[Page 1]</p> <p><b>Part 1. Basis for Your Request</b> (Each basis is further explained in the <b>Specific Instructions</b> section of the Form I-912 Instructions)</p> <p>Select at least one basis or more for which you may qualify and provide supporting documentation for any basis you select. You only need to qualify and provide documentation for one basis for U.S. Citizenship and Immigration Services (USCIS) to grant your fee waiver. If you choose, you may select more than one basis; you must provide supporting documentation for each basis you want considered.</p> <p><b>1.</b> I am, my spouse is, or the head of household living in my household is currently receiving a means-tested benefit. (Complete <b>Parts 2. - 4. and Parts 7. - 10.</b>)</p> <p><b>2.</b> My household income is at or below 150 percent of the Federal Poverty Guidelines. (Complete <b>Parts 2. - 3., Part 5., and 7. - 10.</b>)</p> <p><b>3.</b> I have a financial hardship. (Complete <b>Parts 2. -3. and Parts 6. - 10.</b>)</p> |
| Page 1,<br>Section 1. Information About You (Provide information about  | <p>[Page 1]</p> <p>Section 1. Information About You (Provide information about yourself. If you are applying for a minor child, provide information about</p>   | <p>[Page 1]</p> <p><b>Part 2. Information About You (Requestor)</b></p> <p>Provide information about yourself if you are</p>   |

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| <p><i>yourself. If you are applying for a minor child, <b>provide information about the minor child.</b></i></p>  | <p><i>the minor child.)</i></p> <p><b>Line 1.a.</b> Family Name (Last Name)<br/> <b>Line 1.b.</b> Given Name (First Name)<br/> <b>Line 1.b.</b> Middle Name</p> <p><b>Line 2.</b> Alien Registration Number</p> <p><b>Line 3.</b> Date of Birth</p> <p><b>Line 4.</b> Marital Status<br/> Never Married<br/> Divorced<br/> Marriage Annulled<br/> Married<br/> Widow(er)<br/> Legally Separated</p>  | <p>the person requesting a fee waiver for a petition or application you are filing. If you are the parent or legal guardian filing on behalf of a child or person with a physical disability or developmental or mental impairment, provide information about the child or person for whom you are filing this form.</p> <p><b>1. Full Name</b><br/> Family Name (Last Name)<br/> Given Name (First Name)<br/> Middle Name</p> <p><b>2. Other Names Used (if any)</b><br/> List all other names you have used, including nicknames, aliases, and maiden name.</p> <p>[2 rows]<br/> Family Name (Last Name)<br/> Given Name (First Name)<br/> Middle Name</p> <p><b>3. Alien Registration Number (A-Number) (if any)</b><br/> <b>4. USCIS Online Account Number (if any)</b><br/> <b>5. Date of Birth</b><br/> <b>6. U.S. Social Security Number (if any)</b></p> <p><b>[Page 2]</b></p> <p><b>7. Marital Status</b><br/> Single, Never Married<br/> Married<br/> Divorced<br/> Widowed<br/> Marriage Annulled<br/> Separated<br/> Other (Explain) [Fillable field]</p> |
| <p><b>Page 1,</b><br/> <b>Section 1. Information About You</b> (Provide information about yourself. If you are applying for a minor child, <b>provide information about the minor child.</b>)</p> <p>And</p> <p><b>Section 2. Additional Information for Dependent(s)</b></p> | <p><b>[Page 1]</b></p> <p><b>[Section 1. Information About You]</b></p> <p><b>Line 5.</b> Applications and Petitions (Enter the form number(s) of the application(s) and/or petition(s) for which you are requesting a fee waiver.)</p> <p><b>[Section 2. Additional Information for Dependent(s)]</b></p> <p><b>Line 6.</b> Complete the Table below if applicable. <i>(If you need more space, attach a separate sheet of paper.)</i></p> <p>[Table of 5 columns and 7 rows]</p> | <p><b>[Page 2]</b></p> <p><b>Part 3. Applications and Petitions for Which You Are Requesting a Fee Waiver</b></p> <p><b>1.</b> In the table below, add the form numbers of the applications and petitions for which you are requesting a fee waiver.</p> <p><b>Applications and Petitions for You and Your Family Members</b> [Table of 5 columns and 4 rows and 1 summary row]</p>  |

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|   | Name (First, MI, Last)<br>A-Number (If applicable)<br>Is Individual Included in Fee Waiver Request?<br>Date of Birth (mm/dd/yyyy)<br>Relationship to You  | Full Name<br>A-Number (if any)<br>[Deleted]<br>Date of Birth<br>Relationship to You<br>Forms Being Filed<br><b>Total Number of Forms</b> (including self) [Last line of table]   |
| <b>Page 2,<br/>Section 4. Means-Tested Benefit</b>  | [Page 2]<br><br><b>Section 4. Means-Tested Benefit</b><br><br><b>Line 8.</b> Complete the Table Below <i>(If you need more space, attach a separate sheet of paper.)</i><br><br>[Table of 4 columns and 8 rows]<br><br>Name of Person Receiving the Benefit<br><br>Name of Agency Awarding Benefit<br><br>Date Benefit Was Awarded<br><br>Is This Benefit Being Received Now? | [Page 2]<br><br><b>Part 4. Means-Tested Benefits</b><br><br>If you selected <b>Item Number 1. in Part 1.</b> , complete this section.<br><br><b>1.</b> If you, your spouse, or the head of household (including parent if the child is under 21 years of age) living with you is receiving any means-tested benefits, list the information in the table below and attach supporting documentation. If you are the parent or legal guardian filing on behalf of a child or person with a physical disability or developmental or mental impairment, provide information about the child or person for whom you are filing this form if he or she is receiving a means-tested benefit.<br><br><b>Means-Tested Benefit Recipients</b> [Table of 6 columns and 4 rows]<br><br><b>Full Name of Person Receiving the Benefit</b><br><b>Relationship to You</b><br><b>Name of Agency Awarding Benefit</b><br><b>Type of Benefit</b><br><b>Date Benefit Was Awarded</b><br><b>Date Benefit Expires</b> (or must be renewed)<br>[Deleted] |
| <b>Page 2,<br/>Section 5. Household Income (Provide evidence of monthly income or other support.)</b> | [Page 2]<br><br><b>Section 5. Household Income (Provide evidence of monthly income or other support.)</b>   | [Page 2]<br><br><b>Part 5. Income at or Below 150 Percent of the Federal Poverty Guidelines</b><br><br>If you selected <b>Item Number 2. in Part 1.</b> , complete this section.<br><br><b>Your Employment Status</b><br><br><b>1.</b> Employment Status<br>Employed (full-time, part-time, seasonal, self-employed)<br>Unemployed or Not Employed<br>Retired<br>Other (Explain) [Fillable field]<br><br>[Page 3]<br><br><b>2.</b> If you are currently unemployed, are you  |



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|   | <p>unemployment, etc.)</p> <p><b>TOTAL</b> (USCIS will compare this amount to Federal Poverty Guidelines)</p>  | <p>include the amount provided in <b>Item Numbers 5. or 6.</b>) You must add all of the additional income and financial support amounts and put the total amount in the space provided. Type or print "0" in the total box if there are none. Select the type of additional income or financial support that you receive and provide documentation.</p> <p>Parental Support<br/> Spousal Support (Alimony)<br/> Child Support<br/> Educational Stipends<br/> Royalties<br/> Pensions<br/> Unemployment Benefits<br/> Social Security Benefits<br/> Veteran's Benefits<br/> Financial Support From Adult Children, Dependents, Other People Living in the Household<br/> Other (Explain) [Fillable field]</p> <p><b>[Page 4]</b></p> <p><b>8.</b> Total Household Income (add the amounts from <b>Item Numbers 5., 6., and 7.</b>)</p> <p><b>9.</b> Has anything changed since the date you filed your Federal tax returns? (For example, your marital status, income, or number of dependents.)</p> <p>If you answered "Yes" to <b>Item Number 9.</b>, provide an explanation below. Provide documentation if available. You may also use this space to provide any additional information about your circumstances that you would like USCIS to consider.</p> |
| <p><b>Pages 3-4,<br/> Section 6. Financial Hardship</b></p> | <p><b>[Page 3]</b></p> <p><b>Section 6. Financial Hardship</b></p> <p><b>Line 12.</b> 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. <i>(If you need more space, attach a separate sheet of paper.)</i></p> <p><b>If you are currently unemployed, you must complete Lines 13 and 14.</b></p> <p><b>Line 13.</b> Date you became unemployed</p> | <p><b>[Page 4]</b></p> <p><b>Part 6. Financial Hardship</b></p> <p>If you selected <b>Item Number 3. in Part 1.</b>, complete this section.</p> <p><b>1.</b> If you or any family members have a situation that has caused you to incur expenses, debts, or loss of income, describe the situation in the box below. Specify the amounts of the expenses, debts, and income losses in as much detail as possible. Examples may include medical expenses, job loss, eviction, and homelessness.</p> <p>[Delete]</p>   |

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|  | <p><b>Line 14.</b> Amount of unemployment compensation (monthly) that you are receiving (enter dollars)</p> <p><b>Line 15.</b> List your assets and the value of your assets. <i>(If you need more space, attach a separate sheet of paper.)</i></p> <p>[Table of 2 columns and 7 rows]<br/> <b>Type of Asset</b><br/> <b>Value (enter dollars)</b><br/> <b>TOTAL Value of Assets</b></p> <p><b>TOTAL Monthly Costs</b></p> <p><b>Line 16.</b> List your average monthly costs, and provide evidence of monthly payments where possible. <i>(If you need more space, attach a separate sheet of paper.)</i></p> <p>[Table of 2 columns (side by side) and 12 rows]<br/> Type of Cost<br/> Value (Enter Dollars)</p> <p>Rent<br/> Mortgage<br/> Food<br/> Utilities<br/> Child/Elder Care<br/> Insurance<br/> Loan Payment</p> <p>Commuting Costs<br/> Medical<br/> School<br/> Other Expenses</p> | <p><b>2.</b> If you have cash or assets that you can quickly convert to cash, list those in the table below. For example, bank accounts, stocks, or bonds. (Do not include retirement accounts.)</p> <p><b>Assets</b> [Table of 2 columns and 4 rows]<br/> Type of Asset<br/> Value (U.S. Dollars)<br/> Total Value of Assets</p> <p><b>[Page 5]</b></p> <p><b>3.</b> Total Monthly Expenses and Liabilities [Fillable field]</p> <p>Provide the total monthly amount of your expenses and liabilities. You must add all of the expense and liability amounts and type or print the total amount in the space provided. Type or print "0" in the total box if there are none. Select the types of expenses or liabilities you have each month and provide evidence of monthly payments, where possible.</p> <p>Rent <b>and/or</b> Mortgage</p> <p>Food<br/> Utilities<br/> Child <b>and/or</b> Elder Care<br/> Insurance<br/> Loans <b>and/or</b> Credit Cards<br/> <b>Car Payment</b><br/> Commuting Costs<br/> Medical <b>Expenses</b><br/> School <b>Expenses</b><br/> <b>Other (Explain) [Fillable field]</b></p> |
| <p><b>Pages 4-5, Section 7. Your Signature and Authorization</b></p> | <p><b>[Page 4]</b></p> <p><b>Section 7. Your Signature and Authorization</b></p> <p><i>Do not sign your Form I-912 until it is complete and you are ready to file.</i></p> <p>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</p>   | <p><b>[Page 5]</b></p> <p><b>Part 7. Requestor's Statement, Contact Information, Certification, and Signature</b></p> <p>[delete]</p>   |

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|  | <p>determine my eligibility.</p> <p><b>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.)</b></p> | <p><b>NOTE:</b> Read the <b>Penalties</b> section of the Form I-912 Instructions before completing this part.</p> <p>Each person applying for a fee waiver request must <b>complete</b>, sign, and <b>date</b> Form I-912 and <b>provide the required documentation</b>. This includes <b>family members</b> identified in <b>Part 3</b>. Signature fields for family members are at the end of this part. If an individual is under 14 years of age, a parent or legal guardian may sign the request on their behalf. USCIS rejects any Form I-912 that is not signed by all individuals requesting a fee waiver and may deny a request that does not provide required documentation.</p> <p>Select the box for either <b>Item A.</b> or <b>B.</b> in <b>Item Number 1.</b> If applicable, select the box for <b>Item Number 2.</b></p> <p><b>1. Requestor’s Statement Regarding the Interpreter</b></p> <p><b>A.</b> I can read and understand English, and I have read and understand every question and instruction on this request and my answer to every question.</p> <p><b>B.</b> The interpreter named in <b>Part 9.</b> read to me every question and instruction on this request and my answer to every question in [Fillable Field], a language in which I am fluent, and I understood everything.</p> <p><b>2. Requestor’s Statement Regarding the Preparer (if applicable)</b></p> <p>At my request, the preparer named in <b>Part 10.</b>, [Fillable Filed], prepared this request for me based only upon information I provided or authorized.</p> <p><b>Requestor’s Contact Information</b></p> <p><b>3.</b> Requestor’s Daytime Telephone Number<br/> <b>4.</b> Requestor’s Mobile Telephone Number (if any)<br/> <b>5.</b> Requestor’s Email Address (if any)</p> <p><b>Requestor’s Certification</b></p> <p>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 of my records that USCIS may need to determine my eligibility for the immigration benefit I seek.</p> |
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|  | <p><b>Line 17.</b> Your Signature<br/>Date (mm/dd/yyyy)<br/>Printed Name</p> <p><b>Line 17.1</b><br/>Printed Name<br/>Your Signature<br/>Date (mm/dd/yyyy)</p> <p><b>Line 17.2</b><br/>Printed Name<br/>Your Signature<br/>Date (mm/dd/yyyy)</p> <p><b>Line 17.3</b><br/>Printed Name<br/>Your Signature<br/>Date (mm/dd/yyyy)</p> | <p>I further authorize release of information contained in this request, in supporting documents, and in my USCIS records to other entities and persons where necessary for the administration and enforcement of U.S. immigration laws.</p> <p>I certify, under penalty of perjury, that I provided or authorized all of the information in my request, I understand all of the information contained in, and submitted with, my request, and that all of this information is complete, true, and correct.</p> <p><b>[Page 6]</b></p> <p><b>WARNING:</b> If you knowingly and willfully falsify or conceal a material fact or submit a false document with your Form I-912, USCIS will deny your fee waiver request and may deny any other immigration benefit. In addition, you may face severe penalties provided by law and may be subject to criminal prosecution.</p> <p><b>Requestor's Signature</b><br/><b>6.</b> Requestor's Signature<br/>Date of Signature (mm/dd/yyyy)<br/>[Deleted]</p> <p><b>NOTE TO ALL REQUESTORS:</b> If you do not completely fill out this request or fail to submit required documents listed in the Instructions, USCIS may deny your request.</p> <p><b>Family Members' Signatures</b><br/><b>NOTE:</b> Each family member <b>must</b> type or print their full name and sign in the spaces below. You can find additional family members' signature spaces in <b>Item Numbers 7 - 10.</b> below. All family members identified in <b>Part 3.</b> must sign and date Form I-912.</p> <p>I certify that the information provided by the requestor in <b>Part 7.</b> applies to me.</p> <p><b>7.</b> Family Member 1<br/>Family Member's Name<br/>Family Member's Signature<br/>Date of Signature (mm/dd/yyyy)</p> <p><b>8.</b> Family Member 2<br/>Family Member's Name<br/>Family Member's Signature<br/>Date of Signature (mm/dd/yyyy)</p> <p><b>9.</b> Family Member 3<br/>Family Member's Name<br/>Family Member's Signature<br/>Date of Signature (mm/dd/yyyy)</p> |
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|                   | <p><b>Line 17.4</b><br/>Printed Name<br/>Your Signature<br/>Date (mm/dd/yyyy)</p> <p><b>Line 17.5</b><br/>Printed Name<br/>Your Signature<br/>Date (mm/dd/yyyy)</p> <p><b>Line 17.6</b><br/>Printed Name<br/>Your Signature<br/>Date (mm/dd/yyyy)</p> <p><b>Line 17.7</b> Your Signature<br/>Date (mm/dd/yyyy)<br/>Printed Name</p> | <p><b>10. Family Member 4</b><br/>Family Member's Name<br/>Family Member's Signature<br/>Date of Signature (mm/dd/yyyy)</p> <p><b>11. Family Member 5</b><br/>Family Member's Name<br/>Family Member's Signature<br/>Date of Signature (mm/dd/yyyy)</p> <p>[delete]</p>   |
| <p><b>New</b></p> |   | <p><b>[Page 7]</b></p> <p><b>Part 8. Family Member's Statement, Contact Information, Certification, and Signature</b></p> <p><b>NOTE:</b> Read the <b>Penalties</b> section of the Form I-912 Instructions before completing this part.</p> <p>If the information provided by the requestor in <b>Part 7.</b> is not applicable to a family member identified in <b>Part 3.,</b> (for example, the family member used an interpreter or speaks a different language) that individual should complete <b>Part 8.</b> USCIS rejects any Form I-912 that is not signed by all individuals requesting a fee waiver.</p> <p>Select the box for either <b>Item A.</b> or <b>B.</b> in <b>Item Number 1.</b> If applicable, select the box for <b>Item Number 2.</b></p> <p><b>1. Family Member's Statement Regarding the Interpreter for [Fillable Field]</b></p> <p><b>A.</b> I can read and understand English, and I have read and understand every question and instruction on this request and my answer to every question.</p> <p><b>B.</b> The interpreter named in <b>Part 9.</b> read to me every question and instruction on this request and my answer to every question in [Fillable Field], a language in which I am fluent, and I understood everything.</p> <p><b>2. Family Member's Statement Regarding the Preparer for [Fillable Field]</b></p> <p>At my request, the preparer named in <b>Part 10.,</b> [Fillable Filed], prepared this request for me based only upon information I provided or</p> |

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|     |  | <p>authorized.</p> <p><b><i>Family Member's Contact Information</i></b><br/> <b>3.</b> Family Member's Daytime Telephone Number<br/> <b>4.</b> Family Member's Mobile Telephone Number (if any)<br/> <b>5.</b> Family Member's Email Address (if any)</p> <p><b><i>Family Member's Certification</i></b><br/> 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 of my records that USCIS may need to determine my eligibility for the immigration benefit I seek.</p> <p>I further authorize release of information contained in this request, in supporting documents, and in my USCIS records to other entities and persons where necessary for the administration and enforcement of U.S. immigration laws.</p> <p>I certify, under penalty of perjury, that I provided or authorized all of the information in my request, I understand all of the information contained in, and submitted with, my request, and that all of this information is complete, true, and correct.</p> <p><b><i>Family Member's Signature</i></b><br/> <b>6.</b> Family Member's Signature<br/> Date of Signature (mm/dd/yyyy)</p> <p><b>NOTE TO ALL FAMILY MEMBERS:</b> If you do not completely fill out this request or fail to submit required documents listed in the Instructions, USCIS may deny your request.</p> |
| New |  | <p><b>[Page 8]</b></p> <p><b>Part 9. Interpreter's Contact Information, Certification, and Signature</b></p> <p><b>1.</b> Did any person filing this request use an interpreter? Yes (complete this section) / No (skip to <b>Part 10.</b>)</p> <p><b>2.</b> Was the same interpreter used for all individuals requesting a fee waiver (as listed in <b>Part 3.</b>)? Yes/No</p> <p><b>NOTE for Family Members:</b> If you used a different interpreter than the one used by the requestor, make additional copies of <b>Part 9.</b>, provide the following information, indicate the family member for whom he or she interpreted, and include the pages with your completed</p>   |

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|                   |  | <p><b>Form I-912.</b></p> <p>Provide the following information about the interpreter for [Fillable field].</p> <p><b>Interpreter’s Full Name</b><br/> <b>3.</b> Interpreter’s Family Name (Last Name)<br/> Interpreter’s Given Name (First Name)<br/> <b>4.</b> Interpreter’s Business or Organization Name (if any)</p> <p><b>Interpreter’s Mailing Address</b><br/> <b>5.</b> Street Number and Name<br/> Apt. Ste. Flr. [Number]<br/> City or Town<br/> State<br/> ZIP Code<br/> Province<br/> Postal Code<br/> Country</p> <p><b>Interpreter’s Contact Information</b><br/> <b>6.</b> Interpreter’s Daytime Telephone Number<br/> <b>7.</b> Interpreter’s Mobile Telephone Number (if any)<br/> <b>8.</b> Interpreter’s Email Address (if any)</p> <p><b>Interpreter’s Certification</b><br/> I certify, under penalty of perjury, that:</p> <p>I am fluent in English and [Fillable Field], which is the same language specified in <b>Part 7., Item B. in Item Number 1.,</b> and I have read to this requestor in the identified language every question and instruction on this request and his or her answer to every question. The requestor informed me that he or she understands every instruction, question, and answer on the request, including the <b>Applicant’s Certification,</b> and has verified the accuracy of every answer.</p> <p><b>Interpreter’s Signature</b><br/> <b>9.</b> Interpreter’s Signature<br/> Date of Signature (mm/dd/yyyy)</p> |
| <p><b>New</b></p> |  | <p><b>[Page 9]</b></p> <p><b>Part 10. Contact Information, Declaration, and Signature of the Person Preparing this Request, if Other Than the Requestor</b></p> <p><b>1.</b> Did any person prepare this request on your behalf? Yes (complete this section) / No (skip)</p> <p><b>2.</b> Was the same preparer used for all individuals requesting a fee waiver (as listed in <b>Part 3.</b>)? Yes/No</p> <p><b>NOTE for Family Members:</b> If you used a different preparer than the one used by the requestor, provide the following information,</p>   |

and include the pages with your completed Form I-912.

Provide the following information about the preparer for [Fillable field].

***Preparer's Full Name***

3. Preparer's Family Name (Last Name)

Preparer's Given Name (First Name)

4. Preparer's Business or Organization Name (if any)

***Preparer's Mailing Address***

5. Street Number and Name

Apt. Ste. Flr [Number]

City or Town

State

ZIP Code

Province

Postal Code

Country

***Preparer's Contact Information***

6. Preparer's Daytime Telephone Number

7. Preparer's Mobile Telephone Number (if any)

8. Preparer's Email Address (if any)

***Preparer's Statement***

9.A. I am not an attorney or accredited representative but have prepared this request on behalf of the requestor and with the requestor's consent.

B. I am an attorney or accredited representative and my representation of the requestor in this case extends/does not extend beyond the preparation of this request.

**NOTE:** If you are an attorney or accredited representative, you may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, or G-28I, Notice of Entry of Appearance as Attorney In Matters Outside the Geographical Confines of the United States, with this request.

**[Page 10]**

***Preparer's Certification***

By my signature, I certify, under penalty of perjury, that I prepared this request at the request of the requestor. The requestor then reviewed this completed request and informed me that he or she understands all of the information contained in, and submitted with, his or her request, including the **Applicant's Certification**, and that all of this information is

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|                   |  | <p>complete, true, and correct. I completed this request based only on information that the requestor provided to me or authorized me to obtain or use.</p> <p><b>Preparer's Signature</b><br/> <b>10.</b> Preparer's Signature<br/> Date of Signature (mm/dd/yyyy)</p>   |
| <p><b>New</b></p> |  | <p><b>[Page 11]</b></p> <p><b>Part 11. Additional Information</b></p> <p>If you need extra space to provide any additional information within this request, 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 request or attach a separate sheet of paper. Include your name and A-Number (if any) at the top of each sheet; indicate the <b>Page Number, Part Number, and Item Number</b> to which your answer refers.</p> <p><b>1.</b> Family Name (Last Name) [Auto-populated field]<br/> Given Name (First Name) [Auto-populated field]<br/> Middle Name [Auto-populated field]</p> <p><b>2.</b> A-Number (if any) [Auto-populated field]</p> <p><b>3.A.</b> Page Number<br/> <b>B.</b> Part Number<br/> <b>C.</b> Item Number<br/> <b>D.</b> [Fillable Field]</p> <p><b>4. A.</b> Page Number<br/> <b>B.</b> Part Number<br/> <b>C.</b> Item Number<br/> <b>D.</b> [Fillable Field]</p> <p><b>5. A.</b> Page Number<br/> <b>B.</b> Part Number<br/> <b>C.</b> Item Number<br/> <b>D.</b> [Fillable Field]</p> <p><b>6. A.</b> Page Number<br/> <b>B.</b> Part Number<br/> <b>C.</b> Item Number<br/> <b>D.</b> [Fillable Field]</p> |