TABLE OF CHANGES – FORM Form N-470, Application to Preserve Residence for Naturalization Purposes OMB Number: 1615-0056 05/09/2016

Reason for Revision: Update standard language

Current Page Number and Section	Current Text	Proposed Text
For USCIS Use Only		[Page1]
	Barcode Date Stamp Remarks Action Block	
		To be completed by an attorney or accredited representative (if any).
		Select this box if Form G-28 is attached.
		Attorney State Bar Number (if applicable)
		Attorney or Accredited Representative USCIS Online Account Number (if any)
		START HERE – Type or print in black ink.
		NOTE: Type or Print "N/A" if an item is not applicable. Type or Print "None" if the answer is none. Failure to answer all of the questions may delay your Form N-470.
Page 1,		[Page 1]
Part 1. Information About Your Eligibility	Part 1. Information About Your Eligibility	Part 1. Information About Your Eligibility
	My absence from the United States is on behalf of (check only one box):	My absence from the United States is on behalf of (Select only one box):
	1. The U.S. Government (employed by, or are under contract with, the U.S. Government).	1. The U.S. Government (employed by, or are under contract with, the U.S. Government.)
	2. An American institution of research to perform scientific research.	2. An American institution of research to perform scientific research.
	3. An American firm or corporation, or a subsidiary thereof, to engage in the development of foreign trade and commerce of the United States.	3. An American firm or corporation, or a subsidiary thereof, to engage in the development of foreign trade and commerce of the United States.
	4. An American firm or corporation to protect the property rights outside the United States of that American firm or corporation engaged in the development of foreign trade and commerce of the United States.	4. An American firm or corporation to protect the property rights outside the United States of that American firm or corporation engaged in the development of foreign trade and commerce of the United States.
	5. A public international organization of which the United States is a member. (Your	5. A public international organization of which the United States is a member. (Your

	employment must have started after your admission as a permanent resident)	employment must have started after your admission as a lawful permanent resident.)
	6. A denomination or mission having a bona fide organization in the United States in which I perform ministerial or priestly functions or my sole capacity is of a clergyman or clergywoman, missionary, brother, nun or sister.	6. A denomination or mission having a bona fide organization in the United States in which I perform ministerial or priestly functions or my sole capacity is of a clergyman or clergywoman, missionary, brother, nun, or sister.
Page 1, Part 2. Information About		[Page 1]
You	Part 2. Information About You	Part 2. Information About You
	1. Current Legal Name (do not provide a nickname)	1. Your Current Legal Name (do not provide a nickname)
	Family Name (Last Name) Given Name (First Name) Middle Name	Family Name (Last Name) Given Name (First Name) Middle Name
		2. Other Names Used List all other names you have ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in Part 7. Additional Information.
		Family Name (Last Name) Given Name (First Name) Middle Name
		[Page 2]
	2. Your name exactly as it appears on your Permanent Resident Card	3. Your name exactly as it appears on your Permanent Resident Card
	Family Name (Last Name) Given Name (First Name) Middle Name	Family Name (Last Name) Given Name (First Name) Middle Name
		4. USCIS Online Account Number (if any)
	3. U.S. Social Security Number (if any)	5. U.S. Social Security Number (if any)
	4. Date of Birth (mm/dd/yyyy)	6. Date of Birth (mm/dd/yyyy)
	5. Country of Birth	7. Country of Birth
	6. Country of Citizenship or Nationality	8. Country of Citizenship or Nationality
	7. Home Address (do not provide a P.O. Box in this space unless it is your only address)	9. Physical Address (do not provide a PO Box in this space unless it is your only address)
	Street Number and Name	Street Number and Name
	Apt. Ste. Flr.	Apt. Ste. Flr.
	Number	Number
	City or Town	City or Town

State	State
ZIP Code	ZIP Code
Province	Province
Postal Code	Postal Code
Country	Country
8. Mailing Address	10. Mailing Address (if different from the address above)
In Care Of Name (if any)	In Care Of Name (if any)
Street Number and Name	Street Number and Name
Apt. Ste. Flr.	Apt. Ste. Flr.
Number	Number
City or Town	City or Town
State	State
ZIP Code	ZIP Code
Province	Province
Postal Code	Postal Code
Country	Country
9. Daytime Telephone Number Work Telephone Number (if any) Evening Telephone Number Mobile Telephone Number (if any)	[Deleted]
10. Email Address (if any)	[Deleted]
11. Date you became a Permanent Resident (mm/dd/yyyy)	11. Date You Became a Lawful Permanent Resident (mm/dd/yyyy)
 12. Have you resided in and been physically present in the United States for an uninterrupted period of at least one year since your admission as a permanent resident? (If you answer "No" you must provide an explanation on a separate sheets of paper.) 13. Time Outside the United States (include trips to Canada, Mexico, and the Caribbean) 	 12. Have you resided in and been physically present in the United States for an uninterrupted period of at least one year since your admission as a lawful permanent resident? (If you answer "No," provide an explanation in the space provided in Part 7. Additional Information.) 13. Time Outside the United States (include
List below all the trips of 24 hours or more that you have taken outside the United States since you became a permanent resident. Begin with your most recent trip.	trips to Canada, Mexico, and the Caribbean) Provide all the trips of 24 hours or more that you have taken outside the United States since you became a lawful permanent resident . Begin with your most recent trip. If you need extra space to complete this section, use the space provided in Part 7 . Additional Information.

	Date You Left the United States (mm/dd/yyyy)	Date You Left the United States (mm/dd/yyyy)
	Date You Returned to the United States (mm/dd/yyyy)	Date You Returned to the United States (mm/dd/yyyy)
	Did Trip Last Six Months or More?	Did Trip Last Six Months or More?
	Countries You Traveled To	Countries You Traveled To
	Total Days Outside the United States	Total Days Outside the United States
	14. Explain your employment position requiring your absence from the United States and the intended length of employment.	14. Explain your employment position requiring your absence from the United States and the intended length of employment.
		[Page 3]
	15. Have you ever filed an income tax return as a nonresident or otherwise claimed or received benefits as a nonresident alien under U.S. Federal, state or local income tax laws since you became a permanent resident?	15. Have you ever filed an income tax return as a nonresident or otherwise claimed or received benefits as a nonresident alien under U.S. Federal, state or local income tax laws since you became a lawful permanent resident ?
Page 3, Part 3. Information About		[Page 3]
Family Members Who Reside With You	Part 3. Information About Family Members Who Reside With You	Part 3. Information About Family Members Who Reside With You
	1. Do you have permanent resident family members who reside with you inside the United States?	1. Do you have lawful permanent resident family members who reside with you inside the United States?
	2. Will those family members reside with you outside the United States?	2. Will those family members reside with you outside the United States?
	If you answered "Yes," provide the information below for each permanent resident family member who will be residing with you outside the United States.	If you answered "Yes," provide the information below for each lawful permanent resident family member who will be residing with you outside the United States. If you need extra space to complete this section, use the space provided in Part 7 . Additional Information.
	A. Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)	A. Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)
	Date of Birth (mm/dd/yyyy)	Date of Birth (mm/dd/yyyy)
	Relationship to You	Relationship to You
	A-Number	A-Number
	B. Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)	B. Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)
	Date of Birth (mm/dd/yyyy)	Date of Birth (mm/dd/yyyy)

	Relationship to You	Relationship to You
	A-Number	A-Number
	C. Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)	C. Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)
	Date of Birth (mm/dd/yyyy)	Date of Birth (mm/dd/yyyy)
	Relationship to You	Relationship to You
	A-Number	A-Number
[NEW]		[Page 3]
[NEW]		[Page 4]
		Part <mark>4</mark> . Applicant's Statement, Contact Information, Certification, and Signature
		NOTE: Read the Penalties section of the Form N-470 Instructions before completing this part.
		Applicant's Statement [Sub-header]
		NOTE: Select the box for either Item A. or B. in Item Number 1. If applicable, select the box for Item Number 2.
		1. Applicant's Statement Regarding the Interpreter
		A. [] I can read and understand English, and I have read and understand every question and instruction on this application and my answer to every question.
		B. [] The interpreter named in Part 5 . read to me every question and instruction on this application and my answer to every question in [Fillable Field], a language in which I am fluent and I understood everything.
		2. Applicant's Statement Regarding the Preparer
		[] At my request, the preparer named in Part 6. , [Fillable Field], prepared this application for me based only upon information I provided or authorized.
		Applicant's Contact Information [sub header]
		 3. Applicant's Daytime Telephone Number 4. Applicant's Mobile Telephone Number (if any) 5. Applicant's Email Address (if any)

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	Applicant's Certification [sub header]
	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.
	I further 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 and enforcement of U.S. immigration laws.
	I certify, under penalty of perjury, that I provided or authorized all of the information in my application, I understand all of the information contained in, and submitted with, my application, and that all of this information is complete, true, and correct.
	Applicant's Signature [sub header]
	6. Applicant's Signature Date of Signature (mm/dd/yyyy)
	NOTE TO ALL APPLICANTS: If you do not completely fill out this application or fail to submit required documents listed in the Instructions, USCIS may deny your application.
[NEW]	[Page 5]
	Part <mark>5</mark> . Interpreter's Contact Information, Certification, and Signature
	Provide the following information about the interpreter.
	Interpreter's Full Name [sub header]
	 Interpreter's Family Name (Last Name) Interpreter's Given Name (First Name) Interpreter's Business or Organization Name (if any)
	Interpreter's Mailing Address [sub header]
	3. Street Number and Name Apt. Ste. Flr. City or Town State ZIP Code Province Postal Code

	Country
	Interpreter's Contact Information [sub header]
	 4. Interpreter's Daytime Telephone Number 5. Interpreter's Mobile Telephone Number (if any) 6. Interpreter's Email Address (if any)
	[Page 6]
	Interpreter's Certification [sub header]
	I certify <mark>, under penalty of perjury,</mark> that:
	I am fluent in English and [Fillable Field], which is the same language specified in Part 4 ., Item B. , in Item Number 1. , and I have read to this applicant in the identified language every question and instruction on this application and his or her answer to every question. The applicant informed me that he or she understands every instruction, question, and answer on the application, including the Applicant's Certification , and has verified the accuracy of every answer.
	<i>Interpreter's Signature</i> [sub header]
	7. Interpreter's Signature Date of Signature (mm/dd/yyyy)
[NEW]	[Page 6]
	Part <mark>6</mark> . Contact Information, <mark>Declaration</mark> , and Signature of the Person Preparing <mark>this</mark> Application, <mark>if</mark> Other Than the Applicant
	Provide the following information about the preparer.
	Preparer's Full Name [sub header]
	 Preparer's Family Name (Last Name) Preparer's Given Name (First Name) Preparer's Business or Organization Name (if any)
	Preparer's Mailing Address [sub header]
	3. Street Number and Name Apt. Ste. Flr. City or Town State ZIP Code Province Postal Code Country
	Preparer's Contact Information [sub-header]

	perjury, that I prepared this application at the request of the applicant. The applicant then reviewed this completed application and informed me that he or she understands all of the information contained in, and submitted with, his or her application, including the Applicant's Certification , and that all of this information is complete, true, and correct. I completed this application based only on information that the applicant provided to me or authorized me to obtain or use.
	<i>Preparer's Signature</i> [sub-header]8. Preparer's Signature Date of Signature (mm/dd/yyyy)
[NEW]	[Page 8] Part 7. Additional Information If you need extra space to provide any
	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. 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. 1. Family Name (Last Name) Given Name (First Name)
Middle Name 2. A-Number (if any)
3.A. Page Number B. Part Number C. Item Number D.
4.A. Page Number B. Part Number C. Item Number D.
5. A. Page Number B. Part Number C. Item Number D.
6. A. Page Number B. Part Number C. Item Number D.