

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

USCIS
Form I-942

Expires

For USCIS Only
Application Received At (Select **only one** box)

USCIS Field Office
Reduced Fee Approved
Date

Reduced Fee Denied
Date

USCIS Service Center
Reduced Fee Approved
Date
Reduced Fee Denied
Date

START HERE - Type or print legibly in black ink.

Part 1. Information About You (Requestor)

Provide information about yourself. If you are the legal guardian filing on behalf of a person with a physical disability or developmental or mental impairment, provide information about the person for whom you are filing this form.

- 1.** Full Name
Family Name (Last Name)
Given Name (First Name)
Middle Name
- 2.** Date of Birth
- 3.** Alien Registration Number (A-number)
- 4.** Marital Status
Single, Never Married
Married
Divorced
Widowed
Marriage Annulled
Separated
Other (Explain)

Part 2. Household Income

Your Employment Status

1. Employment Status
Employed (full-time, part-time, seasonal, self-employed)
Unemployed or Not Employed
Retired
Other (Explain)

Information About Your Spouse

2. If you are married or separated, does your spouse live in your household? Yes/No
 - A. If you answered “No” to **Item Number 2.**, does your spouse provide any financial support to your household? Yes/No

Your Household Size

3. Are you the person providing the primary financial support for your household? Yes/No

If you answered “Yes” to **Item Number 3.**, type or print your name on the line marked “self” in the table below. If you answered “No” to **Item Number 3.**, type or print your name on the line marked “self” in the table below and add the head of household's name on the line below yours.

Household Size

Full Name

Date of Birth

Relationship to You

Married Yes/No

Full-Time Student Yes/No

Does Person Earn Income Counted Toward Household Income? Yes/No

Total Household Size (including self)

Your Annual Household Income

Provide information about your income and the income of all family members counted as part of your household. You must list all amounts in U.S. dollars.

4. Your Annual Income
5. Annual Income of All Household Members
Provide the annual income of all family members counted as part of your household as listed in **Item Number 4.** (Do not include the amount provided in **Item Number 4.**)
6. Total Additional Income or Financial Support

Provide the total annual amount you receive in additional regular income or financial support from a source outside of your household. (Do not include the amount provided in **Item Number 4.** or 5.) 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 is none. Select the type of additional income or financial support that you receive and provide documentation.

Parental Support
Spousal Support (Alimony)
Child Support

Educational Stipends
Royalties
Pensions
Unemployment
Social Security Benefits
Veteran's Benefits
Financial Support From Adult Children, Dependents, Other People Living in the Household
Other (Explain)

7. Total Household Income (add the amounts from **Item Numbers 4., 5., and 6.**)
8. Has anything changed since the date you filed your Federal tax returns? (For example, your marital status, income, or number of dependents.) Yes/No

If you answered "Yes" to **Item Number 8.**, provide an explanation below. Provide documentation if available.

Part 3. Requestor's Statement, Contact Information, Certification, and Signature

NOTE: Read the **Penalties** section of the Form I-942 Instructions before completing this part.

Requestor's Statement

NOTE: Select the box for either **Item A.** or **B.** in **Item Number 1.** If applicable, select the box for **Item Number 2.**

1. Requestor's Statement Regarding the Interpreter

A. 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.

B. The interpreter named in **Part 4.** 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.

2. Requestor's Statement Regarding the Preparer

At my request, the preparer named in **Part 5.**, [Fillable Filed], prepared this request for me based only upon information I provided or authorized.

Requestor's Contact Information

3. Requestor's Daytime Telephone Number
4. Requestor's Mobile Telephone Number (if any)
5. Requestor's Email Address (if any)

Requestor'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 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 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.

I understand that USCIS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, if I am required to provide biometrics, I will be required to sign an oath reaffirming that:

- 1) I reviewed and provided or authorized all of the information in my request;
- 2) I understood all of the information contained in, and submitted with, my request; and
- 3) All of this information was complete, true, and correct at the time of filing.

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.

Requestor's Signature

6 Requestor's Signature

Date of Signature (mm/dd/yyyy)

NOTE TO ALL REQUESTORS: If you do not completely fill out this request or fail to submit required documents listed in the Instructions, USCIS may deny your request.

Part 4. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.

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)

Interpreter's Mailing Address

3. Street Number and Name
Apt. Ste. Flr. Number
City or Town
State
ZIP Code
Province
Postal Code
Country

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number
5. Interpreter's Mobile Telephone Number (if any)
6. Interpreter's Email Address (if any)

Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and [Fillable Field], which is the same language specified in **Part 3., Item B. in Item Number 1.**, 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 **Applicant's Certification**, and has verified the accuracy of every answer.

Interpreter's Signature

7. Interpreter's Signature
Date of Signature (mm/dd/yyyy)

Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Request, if Other Than the Requestor

Provide the following information about the preparer.

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)

Preparer's Mailing Address

3. Street Number and Name
Apt. Ste. Flr Number
City or Town
State
ZIP Code
Province
Postal Code
Country

Preparer's Contact Information

4. Preparer's Daytime Telephone Number
5. Preparer's Mobile Telephone Number (if any)
6. Preparer's Email Address (if any)

Preparer's Statement

7.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.

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 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.

Preparer's Signature

- 8. Preparer's Signature
Date of Signature (mm/dd/yyyy)

Part 6. Additional Information

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. 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) [Auto-populated field]
Given Name (First Name) [Auto-populated field]
Middle Name [Auto-populated field]

- 2. A-Number (if any) [Auto-populated field]

- 3. **A.** Page Number
B. Part Number
C. Item Number
D. [Fillable field]

- 4. **A.** Page Number
B. Part Number
C. Item Number
D. [Fillable field]

- 5. **A.** Page Number
B. Part Number
C. Item Number
D. [Fillable field]

- 6. **A.** Page Number
B. Part Number
C. Item Number
D. [Fillable field]