

Part 1. Information About You (continued)

8. Is your current mailing address the same as your physical address? Yes No

If you answered "No" to **Item Number 8.**, provide your physical address in **Item Numbers 9.a. - 9.h.**

Physical Address

Provide your physical addresses for the last five years. Provide your present address first. If you need extra space to complete this section, use the space provided in **Part 11. Additional Information.**

9.a. Street Number and Name

9.b. Apt. Ste. Flr.

9.c. City or Town

9.d. State **9.e.** ZIP Code

9.f. Province

9.g. Postal Code

9.h. Country

9.i. From (mm/dd/yyyy)

9.j. To (mm/dd/yyyy) Present

10.a. Street Number and Name

10.b. Apt. Ste. Flr.

10.c. City or Town

10.d. State **10.e.** ZIP Code

10.f. Province

10.g. Postal Code

10.h. Country

10.i. From (mm/dd/yyyy)

10.j. To (mm/dd/yyyy)

11.a. Street Number and Name

11.b. Apt. Ste. Flr.

11.c. City or Town

11.d. State **11.e.** ZIP Code

11.f. Province

11.g. Postal Code

11.h. Country

11.i. From (mm/dd/yyyy)

11.j. To (mm/dd/yyyy)

12.a. Street Number and Name

12.b. Apt. Ste. Flr.

12.c. City or Town

12.d. State **12.e.** ZIP Code

12.f. Province

12.g. Postal Code

12.h. Country

12.i. From (mm/dd/yyyy)

12.j. To (mm/dd/yyyy)

13.a. Street Number and Name

13.b. Apt. Ste. Flr.

13.c. City or Town

13.d. State **13.e.** ZIP Code

13.f. Province

13.g. Postal Code

13.h. Country

13.i. From (mm/dd/yyyy)

13.j. To (mm/dd/yyyy)

Part 1. Information About You (continued)

Employment History

Provide your employment history for the last five years. (If none, so state.) List present employment first. If you need extra space to complete this section, use the space provided in **Part 11. Additional Information.**

14.a. Employer Name

14.b. Street Number and Name

14.c. Apt. Ste. Flr.

14.d. City or Town

14.e. State 14.f. ZIP Code

14.g. Province

14.h. Postal Code

14.i. Country

14.j. Job Title

14.k. From (mm/dd/yyyy)

14.l. To (mm/dd/yyyy)

15.a. Employer Name

15.b. Street Number and Name

15.c. Apt. Ste. Flr.

15.d. City or Town

15.e. State 15.f. ZIP Code

15.g. Province

15.h. Postal Code

15.i. Country

15.j. Job Title

15.k. From (mm/dd/yyyy)

15.l. To (mm/dd/yyyy)

16.a. Employer Name

16.b. Street Number and Name

16.c. Apt. Ste. Flr.

16.d. City or Town

16.e. State 16.f. ZIP Code

16.g. Province

16.h. Postal Code

16.i. Country

16.j. Job Title

16.k. From (mm/dd/yyyy)

16.l. To (mm/dd/yyyy)

17.a. Employer Name

17.b. Street Number and Name

17.c. Apt. Ste. Flr.

17.d. City or Town

17.e. State 17.f. ZIP Code

17.g. Province

17.h. Postal Code

17.i. Country

17.j. Job Title

17.k. From (mm/dd/yyyy)

17.l. To (mm/dd/yyyy)

Part 1. Information About You (continued)

18.a. Employer Name
[Text Box]

18.b. Street Number and Name
[Text Box]

18.c. Apt. Ste. Flr. [Text Box]

18.d. City or Town
[Text Box]

18.e. State [Text Box] 18.f. ZIP Code [Text Box]

18.g. Province
[Text Box]

18.h. Postal Code
[Text Box]

18.i. Country
[Text Box]

18.j. Job Title
[Text Box]

18.k. From (mm/dd/yyyy) [Text Box]

18.l. To (mm/dd/yyyy) [Text Box]

Other Information About You

19. Date of Birth (mm/dd/yyyy) [Text Box]

20. Sex Male Female

Place of Birth

21. City or Town of Birth
[Text Box]

22. State or Province of Birth
[Text Box]

23. Country of Birth
[Text Box]

24. Country of Citizenship or Nationality
[Text Box]

NOTE: If you are a citizen of more than one country or your nationality differs from your citizenship, provide the information in **Part 11. Additional Information.**

25. Country of Last Foreign Residence
[Text Box]

Your Entry Into the United States

26. Date of Arrival (mm/dd/yyyy) [Text Box]

Place of Arrival or Port-of-Entry

27.a. City or Town [Text Box]

27.b. State [Text Box]

28.a. I-94 Arrival-Departure Record Number
▶ [Text Box]

28.b. Date Period of Authorized Stay Expires/Expired (mm/dd/yyyy) [Text Box]

28.c. Passport Number [Text Box]

28.d. Travel Document Number [Text Box]

28.e. Country That Issued Passport or Travel Document
[Text Box]

28.f. Date Passport or Travel Document Expires (mm/dd/yyyy) [Text Box]

28.g. Current Nonimmigrant Status (if applicable)
[Text Box]

28.h. Date Current Nonimmigrant Status Expires (mm/dd/yyyy) [Text Box]

Part 2. Information About Your Investment

Regional Center (if any)

1. Is your investment associated with an approved Regional Center? Yes No

2. Regional Center Name
[Text Box]

3. Regional Center Identification Number
▶ [Text Box]

4. What is the receipt number for the approved Regional Center application upon which your petition is based?
▶ [Text Box]

5. If applicable, provide the New Commercial Enterprise (NCE) Identification Number.
▶ [Text Box]

Part 2. Information About Your Investment
(continued)

Petition Type and Required Capital Investment

Select the appropriate box to indicate the type of petition you are filing. If you select **Item Number 6.**, provide the requested information.

6. Targeted Employment Area (TEA)

This petition is based on an investment in a targeted employment area for which the required investment amount of capital has been adjusted downward.

a. Is the new commercial enterprise (NCE) principally doing business in a targeted employment area? Yes No

b. Is the area a rural area? Yes No

c. Is the area a high unemployment area? Yes No

d. Address Where the NCE is Principally Doing Business

Street Number and Name

Apt. Ste. Flr.

City or Town

County

State ZIP Code

e. Is the job-creating-entity (JCE) principally doing business in a targeted employment area? Yes No

f. Is the area a rural area? Yes No

g. Is the area a high unemployment area? Yes No

h. Address where the JCE is principally doing business

Street Number and Name

Apt. Ste. Flr.

City or Town

County

State ZIP Code

7. Upward Adjustment Area

This petition is based on an investment in an area for which the required investment amount of capital has been adjusted upward.

8. Non-TEA/Non-Upward Adjustment Area

This petition is based on an investment in an area that is neither a targeted employment area nor an upward adjustment area.

Composition of Your Investment and Your Income

Composition of Investment

9. Total Amount Deposited or Committed to Deposit into U.S. Business Accounts for NCE

\$

10. Total Value of Assets Purchased for Use in NCE

\$

11. Total Value of All Property Transferred From Abroad for Use in NCE

\$

12. Total of All Debt Financing

\$

13. Total Stock or Other Equity Purchases

\$

14. Other Capital

\$

Your Income

15. Your Gross Income at Time of Investment

\$

16. Your Net Income at Time of Investment

\$

17. Your Current Gross Income

\$

18. Your Current Net Income

\$

Your Net Worth

19. Your Net Worth at Time of Investment

\$

20. Your Current Net Worth

\$

Part 2. Information About Your Investment
(continued)

Your Sources of Investment Capital

Please identify the sources of the capital you have invested or are actively in the process of investing into the NCE. (Select all that apply.)

- 21.a. Income
- 21.b. Indebtedness (Loan, Loan Proceeds, Promissory Note, etc.)
- 21.c. Gift (including capital obtained through inheritance)
- 21.d. Tangible Assets (Equipment, Inventory, etc.)
- 21.e. Other
- 21.f. In the space below, describe the documentation included with this petition to demonstrate that the capital you have invested or are actively in the process of investing was obtained through lawful means.

Part 3. Information About the New Commercial Enterprise (NCE)

Type of NCE (Select only one)

- 1.a. NCE formed after November 29, 1990
- 1.b. NCE resulting from the purchase of a business formed on or before November 29, 1990 that is restructured or reorganized
- 1.c. NCE resulting from a capital investment in and substantial expansion of a business formed on or before November 29, 1990.

Additional Information About the NCE

- 2. Name of NCE (Required Field - Do Not Leave Blank)

Address of NCE

- 3.a. Street Number and Name _____
- 3.b. Apt. Ste. Flr. _____
- 3.c. City or Town _____
- 3.d. County _____
- 3.e. State _____ 3.f. ZIP Code _____

4. Telephone Number of NCE

- 5. Type of Entity (for example, corporation, limited liability company, partnership)

- 6. Nature of Activity (for example, furniture manufacturer)

- 7. Included Industries (provide North American Industry Classification System (NAICS) codes)

- 8. Have you invested or are you actively in the process of investing in a troubled business? Yes No

NOTE: If you answered "Yes" to **Item Number 8.**, you must provide an explanation in **Part 11. Additional Information** of how the **NCE** qualifies as a troubled business.

- 9. Date NCE Formed (mm/dd/yyyy)

- 10. Federal Employer Identification Number

- 11. Date of Your Initial Investment (mm/dd/yyyy)

- 12. Amount of Your Initial Investment in the NCE

\$ _____

- 13. Your Total Capital Investment in the NCE To Date

\$ _____

- 14. What percentage of the NCE do you own?

_____ %

Part 3. Information About the New Commercial Enterprise (NCE) (continued)

Multiple Investors. If you are not the sole investor in the NCE, list the name of any other person or entity (for example, a corporation, limited liability company, partnership, etc.) that holds a percentage ownership of the NCE. Also indicate the percentage of ownership and whether any of these persons obtained classification as an alien entrepreneur under INA section 203(b)(5) on the basis of his or her investment in this NCE or is seeking classification as an alien entrepreneur under INA section 203(b)(5). If you need additional space, provide the information in **Part 11. Additional Information.**

15.a. Name of Party
[]

15.b. Percentage of Ownership [] %

15.c. Is the party seeking classification as an alien entrepreneur under INA Section 203(b)(5) or has the party obtained classification as an alien entrepreneur under INA section 203(b)(5) on the basis of his or her investment in this NCE?
 Yes No

16.a. Name of Party
[]

16.b. Percentage of Ownership [] %

16.c. Is the party seeking classification as an alien entrepreneur under INA section 203(b)(5) or has the party obtained classification as an alien entrepreneur under INA section 203(b)(5) on the basis of his or her investment in this NCE?
 Yes No

17.a. Name of Party
[]

17.b. Percentage of Ownership [] %

17.c. Is the party seeking classification as an alien entrepreneur under INA section 203(b)(5) or has the party obtained classification as an alien entrepreneur under INA section 203(b)(5) on the basis of his or her investment in this NCE?
 Yes No

Part 4. Information About the Job-Creating Entity (JCE) (if different from the NCE)

1. Is the JCE different from the NCE? Yes No

2. Name of the JCE
[]

3.a. Street Number and Name []

3.b. Apt. Ste. Flr. []

3.c. City or Town []

3.d. County []

3.e. State [] **3.f.** ZIP Code []

4. Telephone Number of JCE (with area code)
[]

5. Type of Entity (for example, corporation, limited liability company, partnership)
[]

6. Nature of Activity (for example, furniture manufacturer)
[]

7. Included Industries (provide North American Industry Classification System (NAICS) codes)
[]

Multiple Job-Creating Entities. If there is more than one JCE involved in the project, provide information regarding all JCE's involved with the new commercial enterprise. If you need additional space, use the space provided in **Part 11. Additional Information.**

8. Name of Additional Job-Creating Entity
[]

9.a. Street Number and Name []

9.b. Apt. Ste. Flr. []

9.c. City or Town []

9.d. County []

9.e. State [] **9.f.** ZIP Code []

10. Telephone Number of Job-Creating Entity (with area code)
[]

11. Type of Entity (for example, corporation, limited liability company, partnership)
[]

12. Nature of Activity (for example, furniture manufacturer)
[]

13. Included Industries (provide North American Industry Classification System (NAICS) codes)
[]

Part 5. Employment Creation Information

1. What is your position, office, or title with the NCE?
[]

2. What are your duties, activities, and responsibilities in the NCE?
[]

NOTE: If you need additional space, provide the information in **Part 11. Additional Information.**

3. What is your current salary in the NCE ?
\$ []

4. What are the costs for benefits you receive in your current position in the NCE?
\$ []

5. Number of Full-Time Direct and Qualifying Employees in the NCE at the Time of Your Initial Investment
[]

6. Current Number of Full-Time Direct and Qualifying Employees in the NCE
[]

7. Difference in Number of Full-Time Direct and Qualifying Employees
[]

8. Estimated Number of Full-Time Direct and Indirect Positions **That Will Be Created** During the Relevant Time Period
[]

9. If the new commercial enterprise is associated with a Regional Center, does this petition rely on indirect job creation?
 Yes No

NOTE: If you answered "Yes" to **Item Number 9**, indicate the economic model used to estimate indirect job creation in **Part 11. Additional Information.**

10. Total Amount of Your Capital That Has Been or Will Be Made Available to the JCE
\$ []

11. Total Amount of Capital Derived From Investors Who Have Not Sought and Are Not Seeking Classification As Alien Entrepreneurs
\$ []

Part 6. Processing Information

Select the appropriate box to indicate how you will seek lawful permanent resident status.

1.a. **Immigrant Visa Processing**

1.b. Country of Citizenship or Nationality
[]

1.c. Country of Current Residence
[]

2.a. **Application for Adjustment of Status**

2.b. Country of Last Permanent Residence Abroad
[]

Address in Country of Last Permanent Residence Abroad

3.a. Street Number and Name
[]

3.b. Apt. Ste. Flr. []

3.c. City or Town
[]

3.d. Province
[]

3.e. Postal Code
[]

3.f. Country
[]

4. Telephone Number
[]

If your native alphabet is other than Roman letters, type or print the foreign address in your native alphabet, below.

5.a. Street Number and Name
[]

5.b. Apt. Ste. Flr. []

5.c. City or Town
[]

5.d. Province
[]

5.e. Postal Code
[]

5.f. Country
[]

Part 6. Processing Information (continued)

Immigration Proceedings

Please indicate whether you are in exclusion, deportation, or removal proceedings before the Department of Homeland Security (DHS) or the Department of Justice's (DOJ), Executive Office for Immigration Review (EOIR) Immigration Court or Board of Immigration Appeals. You also must provide an explanation for why are you in proceedings in **Part 11. Additional Information.**

Additional Information.

6. Are you currently in immigration proceedings before the Department of Homeland Security (DHS) or Department of Justice (DOJ)? Yes No

Type of Proceedings (Select **only one**)

- 7.a. Exclusion
- 7.b. Deportation
- 7.c. Removal

Location of Proceedings

8.a. City or Town

8.b. State

9. Are you currently subject to a final order of exclusion, deportation, or removal, or subject to reinstatement of such an order? Yes No

Employment in the United States

10. Have you ever worked in the United States without permission? Yes No

11. If you answered "Yes" to **Item Number 10.**, provide an explanation below. If you need additional space, use **Part 11. Additional Information.**

Part 7. Information on Petitioner's Spouse and Children

List your spouse and all of your children. Also, note if the individual will be applying for a visa abroad or for adjustment of status as your dependent. If you need additional space to list other children, use **Part 11. Additional Information.**

Family Member 1

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2. Date of Birth (mm/dd/yyyy)

3. Country of Birth

4. Relationship to You

5. Applying for Adjustment of Status? Yes No

6. Applying for Visa Abroad? Yes No

Family Member 2

7.a. Family Name (Last Name)

7.b. Given Name (First Name)

7.c. Middle Name

8. Date of Birth (mm/dd/yyyy)

9. Country of Birth

10. Relationship to You

11. Applying for Adjustment of Status? Yes No

12. Applying for Visa Abroad? Yes No

Family Member 3

13.a. Family Name (Last Name)

13.b. Given Name (First Name)

13.c. Middle Name

Part 7. Information on Petitioner's Spouse and Children (continued)

Family Member 3 (continued)

14. Date of Birth (mm/dd/yyyy)

15. Country of Birth

16. Relationship to You

17. Applying for Adjustment of Status? Yes No

18. Applying for Visa Abroad? Yes No

Family Member 4

19.a. Family Name (Last Name)

19.b. Given Name (First Name)

19.c. Middle Name

20. Date of Birth (mm/dd/yyyy)

21. Country of Birth

22. Relationship to You

23. Applying for Adjustment of Status? Yes No

24. Applying for Visa Abroad? Yes No

Family Member 5

25.a. Family Name (Last Name)

25.b. Given Name (First Name)

25.c. Middle Name

26. Date of Birth (mm/dd/yyyy)

27. Country of Birth

28. Relationship to You

29. Applying for Adjustment of Status? Yes No

30. Applying for Visa Abroad? Yes No

Family Member 6

31.a. Family Name (Last Name)

31.b. Given Name (First Name)

31.c. Middle Name

32. Date of Birth (mm/dd/yyyy)

33. Country of Birth

34. Relationship to You

35. Applying for Adjustment of Status? Yes No

36. Applying for Visa Abroad? Yes No

Part 8. Statement, Contact Information, Declaration, Certification, and Signature of the Petitioner or Authorized Signatory

NOTE: Read the **Penalties** section of the Form I-526 Instructions before completing this part.

Petitioner's or Authorized Signatory's Statement

NOTE: Select the box for either **Item 1.a.** or **1.b.** If applicable, select the box for **Item Number 2.**

1.a. I can read and understand English, and I have read and understand every question and instruction on this petition and my answer to every question.

1.b. The interpreter named in **Part 9.** read to me every question and instruction on this petition and my answer to every question in

, a language in which I am fluent. I understood all of this information as interpreted.

2. At my request, the preparer named in **Part 10.**, prepared this petition for me based only upon information I provided or authorized.

Authorized Signatory's Contact Information

3.a. Authorized Signatory's Family Name (Last Name)

3.b. Authorized Signatory's Given Name (First Name)

Part 8. Statement, Contact Information, Declaration, Certification, and Signature of the Petitioner or Authorized Signatory (continued)

4. Authorized Signatory's Title

5. Authorized Signatory's Daytime Telephone Number

6. Authorized Signatory's Mobile Telephone Number (if any)

7. Authorized Signatory's Email Address (if any)

Petitioner's or Authorized Signatory's Declaration and Certification

Copies of any documents submitted are exact photocopies of unaltered, original documents, and I understand that, as the petitioner, I may be required to submit original documents to USCIS at a later date.

I authorize the release of any information from my records, or from the petitioning organization's records, to USCIS or other entities and persons where necessary to determine eligibility for the immigration benefit sought or where authorized by law. I recognize the authority of USCIS to conduct audits of this petition using publicly available open source information. I also recognize that any supporting evidence submitted in support of this petition may be verified by USCIS through any means determined appropriate by USCIS, including but not limited to, on-site compliance reviews.

If filing this petition on behalf of an organization, I certify that I am authorized to do so by the organization.

I certify, under penalty of perjury, that I have reviewed this petition, I understand all of the information contained in, and submitted with, my petition, and all of this information is complete, true, and correct.

Petitioner's or Authorized Signatory's Signature

8.a. Petitioner's Signature

8.b. Date of Signature (mm/dd/yyyy)

NOTE TO ALL PETITIONERS AND AUTHORIZED SIGNATORIES: If you do not completely fill out this petition or fail to submit required documents listed in the Instructions, USCIS may delay a decision on or deny your petition.

Part 9. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.

Interpreter's Full Name

1.a. Interpreter's Family Name (Last Name)

1.b. Interpreter's Given Name (First Name)

2. Interpreter's Business or Organization Name (if any)

Interpreter's Mailing Address

3.a. Street Number and Name

3.b. Apt. Ste. Flr.

3.c. City or Town

3.d. State

3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. 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

which is the same language specified in **Part 8., Item 1.b.**, and I have read to this petitioner or the authorized signatory in the identified language every question and instruction on this petition and his or her answer to every question. The petitioner or authorized signatory informed me that he or she understands every instruction, question, and answer on the petition, including the **Petitioner's or Authorized Signatory's Declaration and Certification**, and has verified the accuracy of every answer.

Part 9. Interpreter's Contact Information, Certification, and Signature (continued)

Interpreter's Signature

7.a. Interpreter's Signature

7.b. Date of Signature (mm/dd/yyyy)

Part 10. Contact Information, Declaration, and Signature of the Person Preparing this Petition, if Other Than the Petitioner

Provide the following information about the preparer.

Preparer's Full Name

1.a. Preparer's Family Name (Last Name)

1.b. Preparer's Given Name (First Name)

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

Preparer's Mailing Address

3.a. Street Number and Name

3.b. Apt. Ste. Flr.

3.c. City or Town

3.d. State

3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. 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 petition on behalf of the petitioner and with the petitioner's consent.

7.b. I am an attorney or accredited representative and my representation of the petitioner in this case extends does not extend beyond the preparation of this petition.

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, with this petition.

Preparer's Certification

By my signature, I certify, under penalty of perjury, that I prepared this petition at the request of the petitioner or authorized signatory. The petitioner has reviewed this completed petition, including the **Petitioner's or Authorized Signatory's Declaration and Certification**, and informed me that all of this information in the form and in the supporting documents is complete, true, and correct.

Preparer's Signature

8.a. Preparer's Signature

8.b. Date of Signature (mm/dd/yyyy)

Part 11. Additional Information

If you need extra space to provide any additional information within this petition, 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 petition 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.a. Family Name (Last Name)
1.b. Given Name (First Name)
1.c. Middle Name
2. A-Number (if any) A-

3.a. Page Number 3.b. Part Number 3.c. Item Number
3.d. _____

4.a. Page Number 4.b. Part Number 4.c. Item Number
4.d. _____

5.a. Page Number 5.b. Part Number 5.c. Item Number

5.d. _____

6.a. Page Number 6.b. Part Number 6.c. Item Number

6.d. _____

7.a. Page Number 7.b. Part Number 7.c. Item Number

7.d. _____

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