



Declaration of Self-Sufficiency

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-944
OMB No. 1615-xxxx
Expires xx/xx/xxxx

To be completed by an attorney or accredited representative (if any).

<input type="checkbox"/> Select this box if Form G-28 is attached.	Volag Number (if any) <input type="text"/>	Attorney State Bar Number (if applicable) <input type="text"/>	Attorney or Accredited Representative USCIS Online Account Number (if any) <input type="text"/>
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▶ **START HERE - Type or print in black ink.**

Part 1. Information About You

1. Receipt Number of The Application or Petition You Are Filing With This Declaration (if any)

2. Form Number for Which You Are Filing This Form

3. Your Current Legal Name (do not provide a nickname)

Family Name (Last Name)

Given Name (First Name)

Middle Name

4. U.S. Mailing Address

In Care Of Name (if any)

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

5. Alternate and/or Safe Mailing Address

If you are applying based as a human trafficking victim (T nonimmigrant) for adjustment of status and you do not want USCIS to send notices about this declaration to your home, you may provide an alternative and/or safe mailing address.

In Care Of Name (if any)

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

6. Alien Registration Number (A-Number) (if any)

▶ A-

7. USCIS Online Account Number (if any)

▶

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

Part 1. Information About You (continued)

9. Place of Birth

City or Town of Birth

Country of Birth

10. Country of Citizenship or Nationality

Part 2. Family Status (Your Household)

In this Part, you will be providing information about the individuals in your household. If you need additional space to complete any Item Number in this Part, use the space provided in **Part 10. Additional Information**. Please see the Instructions for who is included in your household.

1. Below, list yourself and all the individuals in your household. Provide evidence of your relationship to each individual in your household such as a birth certificate, marriage certificate, or affidavit about your relationship.

Full Name	Date of Birth (mm/dd/yyyy)	Relationship to You	Does this person live with you?	A-Number (if any)	Is this person filing for an immigration benefit with you or already filed one?
			<input type="checkbox"/> Yes <input type="checkbox"/> No	A- <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	A- <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	A- <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	A- <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	A- <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Total Number of Household Members (including yourself)					<input type="checkbox"/> Yes <input type="checkbox"/> No

Are any of the individuals listed above earning income? If you answered "Yes," please provide each household member's income in **Part 3**. below. Yes No

Part 3. Your Assets, Resources, and Financial Status

In this Part, you will be providing USCIS information about your assets, resources, and financial status. If you need additional space to complete any Item Number in this Part, use the space provided in **Part 10. Additional Information**.

Household Income

- List below all federal tax returns you and your household members listed in **Part 2**. above have filed within the last three years and attach a copy of the IRS transcripts as provided in the Instructions. If you did not reside in the United States for the given year, and you were not required to file a federal individual income tax return with the United States government, attach your foreign tax return for that year. If you were listed as a dependent on someone else's tax return, provide that person's tax return(s), in addition to your own.

Federal Tax Year (If filing with a W-2 see instructions)	Did you or your household member file a Federal Tax Return?	Total Income From Tax Return (U.S. dollars)	If you and your household members did not file, select the reason for not filing, and provide an explanation.
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> I/we plan to file the tax return before the due date for this year. <input type="checkbox"/> I/we am not required to file a tax return. (Provide an explanation.) <input type="checkbox"/> I/we filed for an extension. <input type="checkbox"/> I/we are not going to file. (Provide an explanation.) Explanation for Not Filing: <input type="text"/>
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> I/we plan to file the tax return before the due date for this year. <input type="checkbox"/> I/we am not required to file a tax return. (Provide an explanation.) <input type="checkbox"/> I/we filed for an extension. <input type="checkbox"/> I/we are not going to file. (Provide an explanation.) Explanation for Not Filing: <input type="text"/>
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> I/we plan to file the tax return before the due date for this year. <input type="checkbox"/> I/we am not required to file a tax return. (Provide an explanation.) <input type="checkbox"/> I/we filed for an extension. <input type="checkbox"/> I/we are not going to file. (Provide an explanation.) Explanation for Not Filing: <input type="text"/>
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> I/we plan to file the tax return before the due date for this year. <input type="checkbox"/> I/we am not required to file a tax return. (Provide an explanation.) <input type="checkbox"/> I/we filed for an extension. <input type="checkbox"/> I/we are not going to file. (Provide an explanation.) Explanation for Not Filing: <input type="text"/>

Part 3. Your Assets, Resources, and Financial Status (continued)

2. If you received additional income on a continuing monthly or annual basis for the most recent full year, and it is **NOT** listed on your tax return, provide the amount of additional income below (for example, child support). Attach evidence of the additional income. In addition, if you are a child, list any additional income or support available from your parent(s), legal guardian, or other person providing at least 50 percent of your financial support that is not listed in their tax return.

Type of Additional Income	How Often Do You Receive This Income? (annually, monthly, etc.)	Amount
TOTAL		

Assets and Resources

3. Provide the amount of assets available to you in the table below. Attach evidence showing you have these assets. In addition, if you are a child, provide any assets available from your parent(s), legal guardian, or other person providing at least 50 percent of your financial support.

Type of Asset (cash value)	Amount (U.S. dollars)
Checking - Bank Account	
Savings - Bank Account	
Annuities	
Stocks, Bonds, Certificates of Deposit	
Retirement or Educational Account	
Real Estate Holdings	
Other	
TOTAL	

Liabilities/Debts

4. Provide a list of your liabilities and/or debts in the table below. Attach evidence showing these liabilities or debts.

Type of Liability or Debt	Amount (U.S. dollars)
Mortgages	
Car Loans	
Credit Card Debt	
Education Related Loans	
Tax Debts	
Leins	
Personal Loans	
Other	

Part 3. Your Assets, Resources, and Financial Status (continued)

Credit Report and Score

Provide the information about your credit history.

5. Do you have a U.S. credit report? Yes No

If you answered "Yes," provide a U.S. credit report generated within the last 12 months prior to the date of filing.

If you answered "No," provide a credit agency report of no record found.

If you have a negative credit history or you do not have a credit score, provide an explanation.

6. Do you have a U.S. credit score? Yes No

If you answered "Yes," enter a credit score within the last 12 months and attached the credit score document.

7. Have you **EVER** filed for bankruptcy, either in the U.S. or in a foreign country? Yes No

If you answered "Yes," provide the information about each bankruptcy filing in the table below and provide evidence of the resolution of each bankruptcy.

Type of Bankruptcy (Chapter 7, Chapter 11, Chapter 13)	Place of Filing (City and State or Country)	Date (mm/dd/yyyy)

Health Insurance

8. Do you currently have health insurance Yes No

If you answered "Yes," attach evidence of health insurance and skip to **Item B.**

If you answered "No," proceed to **Item A.**

- A. Have you enrolled in health insurance but your health coverage has not started yet? Yes No

If you answered "Yes," attach a letter or other evidence from the insurance company showing that you have enrolled in health insurance and when your coverage begins. If you receive Medicaid or Premium and Cost Sharing Subsidies for Medicare Part D, please list those benefits in **Items 8.** and **9.**

- B. If you answered "No," you may provide information on how you plan to pay for reasonably anticipated medical costs. If you need extra space to complete this section, use the space provided in **Part 10. Additional Information.**

Part 3. Your Assets, Resources, and Financial Status (continued)

Application for Receipt of Public Benefits

9. Have you **EVER** applied for or received any public benefits as listed in the Instructions? Yes No

If you answered “Yes,” provide information about the public benefits in the table below. If you need additional space to complete any Item Number in this Part, use the space provided in **Part 10. Additional Information**. If you received a monetizable (cash or non-cash) public benefits, as listed in the instructions, please provide all information requested. If you have received a non-monetizable (non-cash) public benefit(s), as listed in the instructions, please answer “N/A” in the “Amount of Benefit,” but provide all other information.

Type of Benefit	Amount of Benefit	Agency That Granted Benefit	Date Benefit Was Granted	Date Benefit Ended or Expires (mm/dd/yyyy)	Number of Household Members Receiving the Benefits (if applicable)
	<input type="checkbox"/> weekly <input type="checkbox"/> other <input type="checkbox"/> monthly explain <input type="checkbox"/> annually <input type="text"/>				
	<input type="checkbox"/> weekly <input type="checkbox"/> other <input type="checkbox"/> monthly explain <input type="checkbox"/> annually <input type="text"/>				
	<input type="checkbox"/> weekly <input type="checkbox"/> other <input type="checkbox"/> monthly explain <input type="checkbox"/> annually <input type="text"/>				

10. Do you anticipate applying for or receiving the public benefits, as listed in the Instructions, in the future in the United States? Yes No

11. Provide information you believe is relevant that would explain why you anticipate applying for or receiving public benefits in the future. If you need additional space, you may use **Part 10. Additional Information**.

12. Have you applied for or received a fee waiver when applying for an immigration benefit from USCIS? Yes No

If you answered “Yes,” provide the information in the table below. In **Part 10. Additional Information**, explain the circumstances that caused you to apply for a fee waiver and if those circumstances have changed.

Date Fee Waiver Received (mm/dd/yyyy) If you did not receive the fee waiver, write N/A	Type of Immigrant Benefit (Form Number)	Receipt Number

Part 4. Your Education and Skills

1. Do you have an approved Form I-140 as an alien worker? Yes No

If you answered "Yes," provide the receipt number and skip to **Part 5**.

If you answered "No," proceed to **Item Number 2**.

Provide information about your education, occupational skills, and other related information. If you need additional space to complete any Item Number in this Part, use the space provided in **Part 10. Additional Information**.

2. Have you graduated high school or earned a high school equivalent diploma? Yes No

3. List your educational history in the table below. Include all degrees attained (high school diploma, college degrees or equivalent, etc.). If you answered "No" to **Item Number 2**, then list the highest grade completed.

Program/School Name	Degree/Certificate	Field of Study (if applicable)	Date Started (mm/dd/yyyy)	Date Ended (mm/dd/yyyy)	Credit Hours/Hours of Study Completed (if no degree or certificate completed)

4. Do you have any occupational skills? Yes No

If you answered "Yes," provide the information in the table below. If you answered "No," skip to **Item Number 5**.

Certification/License Type/ Occupational Skill	Date Obtained (mm/dd/yyyy)	Who Issued Your License? (if any)	License Number (if any)	Expiration/Renewal Date (if any)

5. Provide the following information about your English and any other language skills in addition to English in the table below.

Language	Certification/Courses Attended or Currently Attending (if any)	Date Certificate Obtained (mm/dd/yyyy)	Who Issued the Certification? (if any)	Are you proficient in this language?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Part 4. Your Education and Skills (continued)

6. Unemployment

A. If you are unemployed, since when have you been unemployed? (mm/dd/yyyy)

B. If you are currently unemployed, are you receiving unemployment benefits? Yes No

If you answered "Yes," attach documentation showing you are receiving unemployment benefits.

C. When did you begin receiving unemployment benefits? (mm/dd/yyyy)

7. Retirement

A. Are you currently retired? Yes No

B. If you are retired, since when have you been retired? (mm/dd/yyyy)

8. Employment History

Provide your employment history for the last five years, including employment dates, whether inside or outside the United States. Provide the most recent employment first. If you need extra space to complete this section, use the space provided in **Part 10. Additional Information.**

Part 10. Additional Information.

A. Employer 1 (Current or Most Recent)

Name of Employer or Company

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

Province

Postal Code

Country

Your Occupation

Employed From (mm/dd/yyyy)

To (mm/dd/yyyy)

Select if you currently work for this employer.

B. Employer 2

Name of Employer or Company

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

Province

Postal Code

Country

Your Occupation

Employed From (mm/dd/yyyy)

To (mm/dd/yyyy)

Select if you currently work for this employer.

Part 4. Your Education and Skills (continued)

C. Employer 3

Name of Employer or Company

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

Province

Postal Code

Country

Your Occupation

Employed From (mm/dd/yyyy)

To (mm/dd/yyyy)

Select if you currently work for this employer.

Part 5. Accommodations for Individuals With Disabilities and/or Impairments

NOTE: Read the information in the Form I-944 Instructions before completing this part.

1. Are you requesting an accommodation because of your disabilities and/or impairments? Yes No

If you answered "Yes" to **Item Number 1.**, select any applicable box in **Items A. - C.** and provide an answer.

A. I am deaf or hard of hearing and request the following accommodation. (If you are requesting a sign-language interpreter, indicate for which language (for example, American Sign Language));

B. I am blind or have low vision and request the following accommodation:

C. I have another type of disability and/or impairment. (Describe the nature of your disability and/or impairment and the accommodation you are requesting.)

Part 6. Declarant's Statement, Contact Information, Declaration, Certification, and Signature

NOTE: Read the **Penalties** section of the Form I-944 Instructions before completing this section. You must file Form I-944 while in the United States.

Declarant'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. Declarant's Statement Regarding the Interpreter

A. I can read and understand English, and I have read and understand every question and instruction on this declaration and my answer to every question.

B. The interpreter named in **Part 7.** read to me every question and instruction on this declaration and my answer to every question in , a language in which I am fluent, and I understood everything.

Part 6. Declarant's Statement, Contact Information, Declaration, Certification, and Signature
(continued)

2. Declarant's Statement Regarding the Preparer

At my request, the preparer named in **Part 8.**, , prepared this declaration for me based only upon information I provided or authorized.

Declarant's Contact Information

3. Declarant's Daytime Telephone Number

4. Declarant's Mobile Telephone Number (if any)

5. Declarant's Email Address (if any)

Federal Agency Disclosure and Authorizations

I authorize the Social Security Administration (SSA) to verify my Social Security number (to match my name, Social Security number, and date of birth with information in SSA records and provide the results of the match) to USCIS. I authorize SSA to provide explanatory information to USCIS as necessary.

I authorize the SSA, U.S. Department of Agriculture (USDA), and U.S. Department of Health and Human Services (HHS), the Department of Housing and Urban Development (HUD), and any other government agency that has received and/or adjudicated a request for a public benefit, as defined in 8 C.F.R. 212.21(b), submitted by me or on my behalf, and/or granted one or more public benefits to me, to disclose to USCIS that I have applied for, received, or have been certified to receive, a public benefit from such agency, including the type and amount of benefit(s), date(s) of receipt and any other relevant information provided to the agency for the purpose of obtaining such public benefit, to the extent permitted by law. I also authorize SSA, USDA, HHS, HUD, and any other government agency to provide any additional data and information to USCIS, to the extent permitted by law.

I authorize custodians of records and other sources of information pertaining to my request for or receipt of public benefits to release information regarding my request for and/or receipt of public benefits, upon the request of the investigator, special agent, or other duly accredited representative of any federal agency authorized above, regardless of any previous agreement to the contrary.

I understand that the information released by records custodians and sources of information is for official use by the federal government, that the government will use it only to review my eligibility for immigration benefits and to enforce immigration laws, and that the government may disclose the information only as authorized by law.

Credit Reports and Scores Disclosure and Authorization

USCIS may require information from one or more consumer reporting agencies in order to obtain information in connection with a background investigation regarding your eligibility for immigration benefits.

I authorize USCIS to request, and any consumer reporting agency to provide, such reports.

NOTE: If you have a security freeze on your consumer or credit report file, we may not be able to access the information necessary to complete your investigation. To avoid any delays, you should expeditiously respond to any requests made to release the credit freeze.

Part 6. Declarant's Statement, Contact Information, Declaration, Certification, and Signature
(continued)

Declarant's Declaration and 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 that I seek.

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

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 understood all of the information contained in, and submitted with, my declaration; and
- 2) All of this information was complete, true, and correct at the time of filing.

I certify, under penalty of perjury, that all of the information in my declaration and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my declaration and that all of this information is complete, true, and correct.

Declarant's Signature

6. Declarant's Signature Date of Signature (mm/dd/yyyy)
➔

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

Part 7. 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

Part 7. Interpreter's Contact Information, Certification, and Signature (continued)

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 6., Item B, in Item Number 1.**, and I have read to this declarant in the identified language every question and instruction on this declaration and his or her answer to every question. The declarant informed me that he or she understands every instruction, question, and answer on the declaration, including the **Declarant's Declaration and Certification**, and has verified the accuracy of every answer.

Interpreter's Signature

7. Interpreter's Signature

Date of Signature (mm/dd/yyyy)

Part 8. Contact Information, Declaration, and Signature of the Person Preparing this Declaration, if Other Than the Declarant

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 Name (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

Part 8. Contact Information, Declaration, and Signature of the Person Preparing this Declaration, if Other Than the Declarant (continued)

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 declaration on behalf of the declarant and with the declarant's consent.

B. I am an attorney or accredited representative and my representation of the declarant in this case

extends does not extend beyond the preparation of this request.

NOTE: If you are an attorney or accredited representative, you may need to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this declaration.

Preparer's Certification

By my signature, I certify, under penalty of perjury, that I prepared this declaration at the request of the declarant. The declarant then reviewed this completed declaration and informed me that he or she understands all of the information contained in, and submitted with, his or her declaration, including the **Declarant's Declaration and Certification**, and that all of this information is complete, true, and correct. I completed this declaration based only on information that the declarant provided to me or authorized me to obtain or use.

Preparer's Signature

8. Preparer's Signature

Date of Signature (mm/dd/yyyy)

09/26/2018

Part 9. Signature at Interview

NOTE: Do not complete **Part 9.** until the USCIS Officer instructs you to do so at the interview.

I swear (affirm) and certify under penalty of perjury under the laws of the United States of America that I know that the contents of this Form I-944, Declaration of Self-Sufficiency, subscribed by me, including the corrections made to this declaration, **numbered** _____ **through** _____, are complete, true, and correct. All additional pages submitted by me with this Form I-944, **on numbered pages** _____ **through** _____ are complete, true, and correct. All documents submitted at this interview were provided by me and are complete, true, and correct.

Subscribed to and sworn to (affirmed) before me

USCIS Officer's Printed Name or Stamp	Date of Signature (mm/dd/yyyy)
Applicant's Signature (sign in ink)	USCIS Officer's Signature (sign in ink)

DRAFT

NOT FOR
PRODUCTION
09/26/2018

Part 10. 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. 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) ▶ A-

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.
