

**TABLE OF CHANGES – INSTRUCTIONS**  
**Form I-539, Application to Extend/Change Nonimmigrant Status**  
**OMB Number: 1615-0003**  
**10/03/2018**

**Reason for Revision: Revision to include public benefits questions.**

- Black font = Current text
- Red font = Changes

Current Page Number and Section	Current Text	Proposed Text
<p><b>Pages 1-10,</b></p> <p><b>Who May file Form I-539?</b></p>	<p>[Page 1]</p> <p><b>Who May File Form I-539?</b></p> <p><b>Extension of Stay or Change of Status</b>  Nonimmigrants in the United States may apply for an extension of stay or a change of status on this form, except as noted in the <b>Who May Not File Form I-539</b> section of these instructions.</p> <p><b>Multiple Applicants</b></p> <p>You may include your spouse and your unmarried children under 21 years of age as co-applicants in your application for the same extension or change of status, but only if you are all now in the same status or they are all in derivative status.</p> <p><b>NOTE:</b> Extensions granted to members of a family group must be for the same period of time. The shortest period granted to any member of the family shall be granted to all members of the family.</p>	<p>[Page 1]</p> <p><b>Who May File Form I-539?</b></p> <p><b>Extension of Stay or Change of Status</b>  Nonimmigrants in the United States may apply for an extension of stay or a change of status on this form, except as noted in the <b>Who May Not File Form I-539</b> section of these instructions.</p> <p><b>Multiple Applicants</b></p> <p>You may include your spouse and your unmarried children under 21 years of age as co-applicants in your application for the same extension or change of status, but only if you are all now in the same status or they are all in derivative status.</p> <p><b>NOTE:</b> Extensions granted to members of a family group must be for the same period of time. The shortest period granted to any member of the family shall be granted to all members of the family.</p> <p><b>Public Benefits</b></p> <p>Each beneficiary must provide information about filing applications for or requesting public benefits, except where the nonimmigrant classification that the alien seeks to extend, or to which the alien seeks to change, is exempted by law from the public charge inadmissibility determination under the Immigration and Nationality Act (INA) section 212(a)(4), (that is, A1, A2, G1, G2, G3, G4, NATO1, NATO2, NATO3, NATO4, NATO5, NATO6,</p>

NATO7, T1, T2, T3, T4, T5, T6, U1, U2, U3, U4, U5).

In the table provided, please provide all requested information about each public benefit received, regardless of whether the amount or the duration would be excluded as described below, as USCIS will calculate the amount to be considered in determining your eligibility for extension of stay or change of status. If you need extra space to complete this section, use the space provided in **Part 9. Additional Information**.

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In the table, indicate whether or not you have ever applied for or received, any of the following monetizable cash benefits:

**1.** Any Federal, state, local, or tribal cash assistance for income maintenance including:

**A.** Supplemental Security Income (SSI);

**B.** Temporary Assistance for Needy Families (TANF); or

**C.** Federal, state, or local cash benefit programs for income maintenance (often called “General Assistance” in the state context, but which may exist under other names);

**2.** The following monetizable non-cash benefits:

**A.** Supplemental Nutrition Assistance Program (SNAP, formerly called “Food Stamps”);

**B.** Section 8 Housing Assistance under the Housing Choice Voucher Program; or

**C.** Section 8 Project-Based Rental Assistance (including Moderate Rehabilitation); and

**3.** Any of the following non-monetizable benefits:

**A.** Medicaid;

**B.** Any benefit for institutionalization for long-term care at Government expense, for example, Intermediate Care Facilities for People with Intellectual disability (ICF/ID), Nursing Facility (NF), Preadmission Screening & Resident Review (PASRR), Inpatient Psychiatric Services for

		<p>Individuals Under Age 21, and Services for individuals 65 years of age or older in an institution for mental diseases;</p> <p><b>C.</b> Premium and Cost Sharing Subsidies for Medicare Part D; or</p> <p><b>D.</b> Subsidized Housing.</p> <p><b>Amount and Duration of Benefit</b></p> <p>As part of the determination as to your eligibility for an extension of stay or change of status, USCIS will consider the above-listed public benefits as listed below.</p> <p><b>1. Monetizable (cash or non-cash) benefits:</b> USCIS will consider the benefits when the total receipt of all benefits cumulatively exceeds 15 percent of the Federal Poverty Guidelines (FPG) for a household of one within any period of 12 consecutive months (since you obtained the nonimmigrant status that you seek to extend or from which you seek to change), based on the per-month average FPG for the months during which the benefits are received. Note only the amount received by or attributable to the alien will be considered (for example, if the TANF is for a household of 4, only 25 percent of the total TANF benefit will be considered).</p> <p><b>2. Non-monetizable benefits (non-cash):</b> USCIS will generally consider the benefits when the benefit (or benefits) is received for longer than 12 months within an aggregate of 36 months since you obtained the nonimmigrant status that you seek to extend or from which you seek to change (such that, for instance, receipt of 2 non-monetizable benefits in 1 month counts as 2 months). Note only the amount received by or attributable to the alien will be considered (for example, if the SNAP or housing benefit is for a household of 4, only 25 percent of the total SNAP or housing benefit will be considered).</p> <p><b>[Page 3]</b></p> <p><b>3. Combined Monetizable and Non-monetizable Public Benefits.</b> USCIS will generally consider the receipt of a combination of monetizable benefits, described above, where the cumulative</p>
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		<p>value of such benefits is equal to or less than 15 percent of the FPG for a household size of one within any period of 12 consecutive months based on the per-month average FPG for the months during which the benefits are received (since you obtained the nonimmigrant status that you seek to extend or from which you seek to change), together with one or more non-monetizable benefits described above of this section if such non-monetizable benefits are received for more than 9 months in the aggregate within a 36 month period since you obtained the nonimmigrant status that you seek to extend or from which you seek to change (such that, for instance, receipt of two non-monetizable benefits in one month counts as two months).</p> <p>The following table provides a summary of how USCIS will consider the monetizable and a non-monetizable public benefits.</p> <p>[Table, 2 columns, 4 rows]  <b>Summary of Consideration Monetizable and Non-Monetizable Public Benefits</b></p> <p><b>Monetizable Benefits:</b>  Cumulative value of benefits for a household of one within any period of 12 consecutive months, based on the per-month average FPG for the months during which the benefits are received</p> <p>More than 15% of the FPG</p> <p>Equal to or less than 15% of the FPG</p> <p>Any benefits in any percentage of the FPG</p> <p><b>Non-monetizable Benefits:</b>  Number of Benefits and Duration (Months) within a 36-month period (such that, for instance, receipt of two non-monetizable benefits in one month counts as two months)</p> <p>Any benefits for any time period</p> <p>1 or more benefits for longer than 9 aggregate months</p> <p>1 or more benefit for longer than 12 aggregate months</p>
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**Public Benefits Received by U.S. Armed Forces Service Members**

When considering receipt of public benefits in the public charge determination, USCIS will not consider any public benefits if the beneficiary, either at the time of receipt of the benefits, the time of filing the immigration benefits application, or the time of USCIS' adjudication of the benefit application is:

1. An alien serving in active duty or in the Ready Reserve component of the U.S. armed forces; or
2. The spouse or child of the service member (listed in **Item Number 1.**, above).

You must provide the following documentation:

**1. Service Members:**

**A.** Certified proof, issued by the authorizing official of the executive department in which you are serving.

**2. Spouses and Children of Service Members:**

**A.** Provide copies of marriage certificate for spouse and birth certificates for children; and

**B.** DD-1173, United States Uniformed Services Identification and Privilege Card (Dependent).

**Medicaid Services Not Considered**

In addition, in the public charge inadmissibility determination, USCIS will not consider any of the Medicaid benefits received by:

1. Children of U.S. citizens whose lawful admission for permanent residence and subsequent residence in the legal and physical custody of their U.S. citizen parent will result automatically in the child's acquisition of citizenship or whose lawful admission for permanent residence will result automatically in the child's acquisition of citizenship upon finalization of adoption in the United States by the U.S. citizen parents, or once meeting other

eligibility criteria as required under INA section 320.

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For information on eligibility for citizenship under INA section 320 and the evidentiary requirements to meet the qualifications to demonstrate citizenship, please see Form N-600, Application for Certificate of Citizenship. If you have not previously submitted any required evidence to comply with filing requirements of other benefit requests (such as I-130, Petition for Alien Relative; I-600, Petition to Classify Orphan as an Immediate Relative; or I-800, Petition to Classify Convention Adoptee as an Immediate Relative), please submit them at this time with this form.

If you are currently residing abroad and entered the United States with a nonimmigrant visa in order to attend an interview in regards to N-600K, Application for Citizenship and Issuance of Certificate Under INA Section 322, please provide a copy of the interview notice.

Further, USCIS will not consider Medicaid provided payment for "emergency medical condition," for services provided under the Individuals with Disabilities Education Act (IDEA), or for school-based non-emergency benefits provided to children who are at or below the oldest age of children eligible for secondary education as determined under state law. Please provide documentation of such payments under those conditions, and, if applicable, provide a statement and information regarding the "emergency medical condition" determination. USCIS will not consider these specific Medicaid provisions in the public charge determination. If you applied for or received Medicaid under these conditions, please indicate and explain so in **Part 9. Additional Information.**

**Documentation of Public Benefit Receipt**

If the beneficiary applied for, is currently receiving, or previously received, any of the public benefits listed above, provide evidence in the form of a letter, notice,

		<p>certification, or other agency documents that contain the following:</p> <ol style="list-style-type: none"> <li>1. Your name;</li> <li>2. Name and contact information for the public benefit granting agency;</li> <li>3. Type of benefit;</li> <li>4. Amount of benefits received (provide if benefits received weekly, monthly, annually, or provide an explanation if other);</li> <li>5. Date benefit was granted;</li> <li>6. Date benefit ended or expires (mm/dd/yyyy) (if applicable); and</li> <li>7. Number of household members receiving the benefit (if applicable).</li> </ol> <p>If the beneficiary has terminated the receipt of benefits, provide the documentation that indicates the beneficiary will no longer receive the benefits with the applicable termination date.</p> <p>If you have terminated the receipt of benefits, provide the documentation that indicates you will no longer receive the benefits with the applicable termination date.</p> <p>If you need extra space to complete this section, use the space provided in <b>Part 9. Additional Information.</b></p> <p><b>Part 5., Item Numbers 5.a. and 5.b. Future Applications for or Receipt of Public Benefits.</b> Indicate whether or not you or any derivative anticipate applying for or receiving public benefits at any time in the future, including whether you or any derivative have been certified or approved to receive future benefits or have been determined to be eligible for future benefits. If you or your derivatives anticipate requesting or receiving such benefits, please explain what public benefits you or your derivatives expect to apply for or receive, for how long you expect to receive the benefits, the anticipated amounts of the public benefits you expect to receive, and why you or your derivatives would receive the benefits in the space provided. If you need extra space to complete this section, use the space provided in <b>Part 9. Additional Information.</b></p>
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	<p><b>Nonimmigrant Categories</b></p> <p>This form may be used by the following nonimmigrants, listed in alphabetical order:</p> <p><b>1. A, Ambassador, Public Minister, or Career Diplomatic or Consular Officer and Their Immediate Family Members</b> ...</p>	<p><b>Nonimmigrant Categories</b></p> <p>This form may be used by <b>the following nonimmigrants</b> listed in alphabetical order.</p> <p><b>1. A, Ambassador, Public Minister, or Career Diplomatic or Consular Officer and Their Immediate Family Members</b> ...</p>
<p><b>Pages 11-12,</b></p> <p><b>How to Fill Out Form I-539</b></p>	<p><b>[Page 11]</b></p> <p><b>How to Fill Out Form I-539</b> ...</p> <p><b>8. Part 5. Statement, Certification, Signature, and Contact Information of the Applicant.</b> Select the box that indicates if you filled out this form or if someone interpreted this form for you. Additionally, if applicable, select the box that indicates if someone filled out this form for you. Every application must contain the original signature of the applicant. A photocopy of a signed application or a typewritten name in place of a signature is <b>not</b> acceptable. If you are under 14 years of age, your parent or legal guardian may sign the application on your behalf. Sign and date the form and provide your daytime telephone number, mobile telephone number, and e-mail address.</p> <p><b>9. Part 6. Contact Information, Certification, and Signature of the Interpreter.</b> If you used an interpreter to read the instructions and complete the questions on this form, the interpreter must fill out this section, provide the name of his or her business/organization, the business/organization's address, his or her daytime telephone number, and his or her e-mail address. The interpreter must also sign and date the form.</p> <p><b>10. Part 7. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant.</b> This section must contain the original signature of the person who completed this form, if other than the person named in <b>Part 5</b>. If the person who completed this form is associated with a</p>	<p><b>[Page 15]</b></p> <p><b>How to Fill Out Form I-539</b> ...</p> <p><b>Part 6. Statement, Certification, Signature, and Contact Information of the Applicant.</b> Select the box that indicates if you filled out this form or if someone interpreted this form for you. Additionally, if applicable, select the box that indicates if someone filled out this form for you. Every application must contain the original signature of the applicant. A photocopy of a signed application or a typewritten name in place of a signature is <b>not</b> acceptable. If you are under 14 years of age, your parent or legal guardian may sign the application on your behalf. Sign and date the form and provide your daytime telephone number, mobile telephone number, and e-mail address.</p> <p><b>9. Part 7. Contact Information, Certification, and Signature of the Interpreter.</b> If you used an interpreter to read the instructions and complete the questions on this form, the interpreter must fill out this section, provide the name of his or her business/organization, the business/organization's address, his or her daytime telephone number, and his or her e-mail address. The interpreter must also sign and date the form.</p> <p><b>10. Part 8. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant.</b> This section must contain the original signature of the person who completed this form, if other than the person named in <b>Part 6</b>. If the person who completed this form is associated with a</p>



	<p>business or organization, you should complete the business/organization name and address sections. If the person completing this form is an attorney or accredited representative, he or she must submit a completed Form G-28, Notice of Entry of Appearance or Accredited Representative, along with this application.</p>	<p>business or organization, you should complete the business/organization name and address sections. If the person completing this form is an attorney or accredited representative, he or she must submit a completed Form G-28, Notice of Entry of Appearance or Accredited Representative, along with this application.</p>
<p><b>Page 19</b> <b>USCIS Privacy Act Statement</b></p>	<p><b>[Page 19]</b></p> <p><b>USCIS Privacy Act Statement</b></p> <p><b>AUTHORITIES:</b> The information requested on this benefit petition, and the associated evidence, is collected pursuant to the Immigration and Nationality Act, 8 U.S.C. sections 1103 and 1184, and Title 8 of the Code of Federal Regulations (CFR) parts 103, 214 and 248.</p> <p><b>PURPOSE:</b> The primary purpose for providing the requested information on this benefit application is to apply for an extension of stay or a change from one nonimmigrant category to another nonimmigrant category. USCIS will use the information you provide to grant or deny the benefit sought.</p> <p><b>DISCLOSURE:</b> The information you provide is voluntary. However, failure to provide the requested information, and any requested evidence, may delay a final decision or result in denial of your form.</p> <p><b>ROUTINE USES:</b> The information you provide on this benefit petition may be shared with other Federal, State, local, and foreign government agencies and authorized organizations in accordance with approved routine uses, as described in the associated published system of records notices [DHS/USCIS-007 - Benefits Information System and DHS/USCIS/ICE/CBP-001 - Alien File, Index, and National File Tracking System, which can be found at <a href="http://www.dhs.gov/privacy">www.dhs.gov/privacy</a>.] The information may also be made available, as appropriate for law enforcement purposes or in the interest of national security.</p>	<p><b>[Page 19]</b></p> <p><b>DHS Privacy Notice</b></p> <p><b>AUTHORITIES:</b> The information requested on this <b>application</b>, and the associated evidence, is collected pursuant to the Immigration and Nationality <b>Act sections</b> 1103 and 1184, and Title 8 of the Code of Federal Regulations (CFR) parts 103, 214 and 248.</p> <p><b>PURPOSE:</b> The primary purpose for providing the requested information on this <b>application</b> is to apply for an extension of stay or a change from one nonimmigrant category to another nonimmigrant category. <b>DHS</b> will use the information you provide to grant or deny the immigration benefit <b>you are seeking</b>.</p> <p><b>DISCLOSURE:</b> The information you provide is voluntary. However, failure to provide the requested information, <b>including your Social Security number</b>, and any requested evidence, may delay a final decision or result in denial of your <b>application</b>.</p> <p><b>ROUTINE USES:</b> <b>DHS</b> may share the information you provide on this <b>application</b> and any additional requested evidence with other Federal, <b>state</b>, local, and foreign government agencies and authorized organizations. <b>DHS</b> follows approved routine uses described in the associated published system of records notices [<b>DHS/USCIS-001 Alien File, Index, and National File Tracking System</b> and <b>DHS/USCIS-007 - Benefits Information System</b>] and the published privacy impact assessment [<b>DHS/USCIS/PIA-016(a) Computer Linked Application Information Management System and Associated Systems</b>], which can be found at <a href="http://www.dhs.gov/privacy">www.dhs.gov/privacy</a>. <b>DHS</b> may also</p>

		share the information, as appropriate, for law enforcement purposes or in the interest of national security.
<b>Page 20 Paperwork Reduction Act</b>	<p><b>[Page 20]</b></p> <p><b>Paperwork Reduction Act</b></p> <p>An agency may not conduct or sponsor an information collection, and a person is not required to respond to a collection of information, unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 1 hour and 53 minutes per response, including the time for reviewing instructions and completing and submitting the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: U.S. Citizenship and Immigration Services, Regulatory Coordination Division, Office of Policy and Strategy, 20 Massachusetts Ave NW, Washington, DC 20529-2140; OMB No. 1615-0003. <b>Do not mail your completed Form I-539 to this address.</b></p>	<p><b>[Page 20]</b></p> <p><b>Paperwork Reduction Act</b></p> <p>An agency may not conduct or sponsor an information collection, and a person is not required to respond to a collection of information, unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at <b>2.38 hours</b> per response, including the time for reviewing instructions and completing and submitting the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: U.S. Citizenship and Immigration Services, Regulatory Coordination Division, Office of Policy and Strategy, 20 Massachusetts Ave NW, Washington, DC 20529-2140; OMB No. 1615-0003. <b>Do not mail your completed Form I-539 to this address.</b></p>