

**TABLE OF CHANGES – INSTRUCTIONS**  
**Instructions for Supplement A to Form I-539**  
**OMB Number: 1615-0003**  
**09/27/2018**

**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>Page 1,</b>  <b>What Is the Purpose of This Form?</b></p>	<p>[Page 1]</p> <p><b>What Is the Purpose of This Form?</b></p> <p>Use Supplement A if you are physically in the United States and are applying to U.S. Citizenship and Immigration Services (USCIS) for V nonimmigrant status. Supplement A is part of Form I-539. Follow these instructions and the instructions in Form I-539, and complete Form I-539 and Supplement A. <b>If you are not applying for V nonimmigrant status, you do not need to use this Supplement.</b> <b>NOTE:</b> If you are filing Supplement A with Form I-539, you do not necessarily have to be in valid nonimmigrant status to obtain V nonimmigrant status in the United States. See <b>Who Is Eligible for V Nonimmigrant Status</b> below.</p>	<p>[Page 1]</p> <p><b>What Is the Purpose of This Form?</b></p> <p>[no change]</p> <p><b>Public Benefits</b></p> <p>Form I-539 requires that information on the receipt of public benefits by each beneficiary be included in the answers provided in <b>Part 5.</b> of Form I-539. 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, NATO7, T1, T2, T3, T4, T5, T6, U1, U2, U3, U4, U5).</p> <p>If you are currently receiving or previously</p>

		<p>received any of the benefits listed, provide evidence in the form of a letter, notice, or other agency documents that indicate whether the benefit is being received. Documentation should contain the following:</p> <ol style="list-style-type: none"> <li>1. Name and contact information for the public benefit granting agency;</li> <li>2. Name of the person receiving (or who has received) the public benefits;</li> <li>3. Type and amount of benefits received; and</li> <li>4. Dates of receipt and how long the benefit was received or when it is expected to end.</li> </ol> <p>If you need extra space to complete this section, use the space provided in <b>Part 9. Additional Information.</b></p> <p>In the table, indicate whether or not you have ever applied for, or used, any of the following benefits:</p> <ol style="list-style-type: none"> <li>1. Any Federal, state, local, or tribal cash assistance for income maintenance, including: <ol style="list-style-type: none"> <li>A. Supplemental Security Income (SSI), 42 U.S.C. 1381 et seq.;</li> <li>B. Temporary Assistance for Needy Families (TANF), 42 U.S.C. 601 et seq.; or</li> <li>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);</li> </ol> </li> <li>2. The following refundable tax credits, when the credit exceeds your tax liability: <ol style="list-style-type: none"> <li>A. The Earned Income Tax Credit (EITC);</li> <li>B. The Additional Child Tax Credit (ACTC); or</li> <li>C. Premium Tax Credit (PTC) insurance subsidy through the Health Insurance Marketplace under the Patient Protection and Affordable Care Act., 42 U.S.C. 18001 et seq.; and</li> </ol> </li> </ol> <p><b>[Page 2]</b></p> <ol style="list-style-type: none"> <li>3. Any of the following public benefits: <ol style="list-style-type: none"> <li>A. Nonemergency benefits paid for by Medicaid, 42 U.S.C. 1396 et seq., except for services or benefits funded by Medicaid</li> </ol> </li> </ol>
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