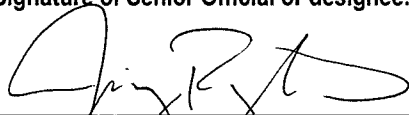


PAPERWORK REDUCTION ACT CHANGE WORKSHEET

Agency/subagency DHS-USCIS		OMB Control Number _____ 1615 _____ - 0045 _____	
<i>Enter only items that change</i>			
		Current record	New record
Agency form number (s)			
Annual reporting and recordkeeping hour burden			
Number of respondents			
Total annual responses			
Percent of these responses collected electronically	%	%	
Total annual hours			
Difference			
Explanation of difference			
Program change Adjustment			
Annual reporting and recordkeeping cost burden (in thousands of dollars)			
Total annualized Capital/Startup costs			
Total annual costs (O&M)			
Total annualized cost requested			
Difference			
Explanation of difference			
Program change Adjustment			
Other changes** Conforming changes to Form I-829 and instructions in connection with EB-5 NPRM Form I-526 EB-5 changes. See Table of Changes attached.			
Signature of Senior Official or designee: 	Date: 7/19/19	For OIRA Use _____ _____	

** This form cannot be used to extend an expiration date.