



**Request for Cancellation
of Public Charge Bond**
Department of Homeland Security
U.S. Citizenship and Immigration Services

**USCIS
Form I-356**
OMB No. 1615-0141
Expires xx/xx/20xx

For USCIS Use Only				
Bar Code Area		Action Block		
Initial Receipt		<div style="text-align: right;">Bond is</div> <input type="checkbox"/> Breached <input type="checkbox"/> Cancelled <input type="checkbox"/> Continued		
Resubmitted	Relocated			
	Received			Sent

To be Completed by the Obligor and Agent/Co-obligor's Attorney or Accredited Representative (if any).

<input type="checkbox"/> Select this box if Form G-28	Volag Number (if any) <input style="width: 100%;" type="text"/>	Attorney State Bar Number (if applicable) <input style="width: 100%;" type="text"/>	Attorney or Accredited Representative USCIS Online Account Number (if any) <input style="width: 100%;" type="text"/>
---	--	--	---

To be Completed by the Alien's Attorney or Accredited Representative (if any).

<input type="checkbox"/> Select this box if Form G-28	Volag Number (if any) <input style="width: 100%;" type="text"/>	Attorney State Bar Number (if applicable) <input style="width: 100%;" type="text"/>	Attorney or Accredited Representative USCIS Online Account Number (if any) <input style="width: 100%;" type="text"/>
---	--	--	---

▶ **START HERE** - Type or print in black ink.

Part 1. Obligor and Agent/Co-Obligor Information (To Be Completed by the Obligor or Agent/Co-Obligor)

Provide the following information.

Information About Obligor

1. Name of Obligor

2. Mailing Address

[\(USPS ZIP Code Lookup\)](#)

In Care Of Name (if any)

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

Part 1. Obligor and Agent/Co-Obligor Information (To Be Completed by the Obligor or Agent/Co-Obligor)
(continued)

3. Physical Address

Street Number and Name	Apt. Ste. Flr.	Number
<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>
City or Town	State	ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

4. Daytime Telephone Number	5. Email Address (if any)
<input type="text"/>	<input type="text"/>

6. Taxpayer Identification Number (TIN) (includes ITIN, EIN and SSN)

Information About Agent/Co-Obligor

7. Name of Agent/Co-Obligor (if any-Surety Bonds only)

8. Mailing Address

In Care Of Name (if any)		
<input type="text"/>		
Street Number and Name	Apt. Ste. Flr.	Number
<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>
City or Town	State	ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

9. Physical Address (if different from that of Obligor)

Street Number and Name	Apt. Ste. Flr.	Number
<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>
City or Town	State	ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

10. Daytime Telephone Number

11. Email Address (if any)

12. Taxpayer Identification Number (TIN) (includes ITIN, EIN and SSN)

13. Power of Attorney Number

Information About Bond

14. Bond Receipt Number

▶

15. Bond Amount

\$

Part 1. Obligor and Agent/Co-Obligor Information (To Be Completed by the Obligor or Agent/Co-Obligor)
(continued)

16. Date when Department of Homeland Security (DHS) approved and accepted the bond as shown in Section D of the Public Charge Bond (Form I-945) (mm/dd/yyyy)

Part 2. Obligor's or Agent/Co-Obligor's Statement, Contact Information, Certification, and Signature
(To Be Completed By the Obligor or Agent/Co-Obligor)

1. Choose the appropriate statement and sign.
- A. **The Alien Naturalized, Permanently Departed the United States, or Died**
I (Name of the Obligor) _____, or I (Name of the Agent/Co-Obligor) _____,
acting on behalf of (Name of the Obligor) _____, request that the public charge bond
executed on Form I-945 on behalf of (Name of the Alien) _____,
born on (Alien Date of Birth (mm/dd/yyyy)) _____, and residing at
(Address of the Alien) _____,
be cancelled and that (Name of the Obligor) _____, and
(Name of the Agent/Co-Obligor, if any) _____,
be released from all liabilities imposed by the conditions of the bond because the alien either naturalized, permanently
departed the United States, or died, and the conditions of the bond, as outlined in 8 CFR 213.1 are otherwise met,
including that the alien has not received any public benefits, as defined in 8 CFR 212.21(b) for more than 12 months
in the aggregate within any 36 month period (such that, for instance, receipt of two benefits in one month counts as
two months), after the alien's adjustment of status to that of a lawful permanent resident and until this bond is
cancelled.
- B. **Cancellation Following The Alien's 5th Anniversary of the Alien's Admission as a Lawful Permanent Resident**
I (Name of the Obligor) _____, or I (Name of the Agent/Co-Obligor) _____,
acting on behalf of (Name of the Obligor) _____, request that the public charge bond
executed on Form I-945 on behalf of (Name of the Alien) _____,
born on (Alien Date of Birth (mm/dd/yyyy)) _____, and residing at
(Address of the Alien) _____,
be cancelled because it is past the alien's fifth anniversary of the admission as a lawful permanent resident and the
conditions of the bond, as outlined in 8 CFR 213.1, are otherwise met, including that the alien has not received public
benefits, as defined in 8 CFR 212.21(b) for more than 12 months in the aggregate within any 36 month period (such
that, for instance, receipt of two benefits in one month counts as two months), since the alien's adjustment of status to
that of a lawful permanent resident and preceding the 5th anniversary of the Alien's Adjustment of Status.
- C. **The Alien Obtained An Immigration Status That is Exempt From Public Charge Grounds of Inadmissibility
under INA section 212(a)(4) Following the Initial Grant of Lawful Permanent Resident Status**
I (Name of the Obligor) _____, or I (Name of the Agent/Co-Obligor) _____,
acting on behalf of (Name of the Obligor) _____, request that the public charge bond
executed on Form I-945 on behalf of (Name of the Alien) _____,
born on (Alien Date of Birth (mm/dd/yyyy)) _____, and residing at
(Address of the Alien) _____,
be cancelled and that (Name of the Obligor) _____
and (Name of Agent/Co-obligor, if any) _____

Part 3. Information About the Alien for Whom the Public Charge Bond Was Issued (To Be Completed By the Alien or the Alien's Executor) (continued)

9. Country of Citizenship or Nationality

10. Mailing Address

In Care Of Name (if any)

Street Number and Name

Apt. Ste. Flr.

Number

City or Town

State

ZIP Code

11. Physical Address

Street Number and Name

Apt. Ste. Flr.

Number

City or Town

State

ZIP Code

Province

Postal Code

Country

Part 4. Reason for Cancellation of the Bond

1. I am requesting a cancellation because:

- I became a U.S. Citizen (answer **Item Number 2.**)
- I permanently departed the United States (answer **Item Number 3.**)
- The alien is deceased and I am the alien's executor (answer **Item Number 4.**)
- Five years have passed since I became a lawful permanent resident (answer **Item Number 5.**)

Answer the following questions below based on the reason for requesting a cancellation of the bond, and provide the requested information. You should indicate whether any of the circumstances addressed in the questions have occurred since the date you adjusted your status to that of a lawful permanent resident (for which a bond was posted on your behalf). If you are the Executor of the deceased alien's estate, answer these questions on behalf of the deceased alien.

Became a U.S. Citizen

2. Have you become a United States citizen?

Yes No. (Go to **Item Number 3.**)

If you answered "Yes," please provide the information requested.

A. Certificate of Naturalization Number or Citizenship Certificate Number (if applicable)

B. Date of Naturalization or Acquired Citizenship (mm/dd/yyyy)

C. U.S. Passport Number (if applicable)

D. Date When Passport Issued (if Applicable) (mm/dd/yyyy)

Part 4. Reason for Cancellation of the Bond (continued)

Permanently Departed the United States

3. Have you permanently departed the United States? Provided documentation as provided in the Instructions.
- Yes, I departed and submitted Form I-407 to the U.S. Government from outside the United States to record the abandonment of my lawful permanent residence.
 - Yes, I departed after I was granted voluntary departure (under INA 240B).
 - Yes, I departed after I received a final order of removal, exclusion or deportation (self-removed).
 - Yes, I was physically removed from the United States after I received a final order of removal, exclusion or deportation.
 - No, I have not permanently departed. (Go to **Item Number 4.**)

If you answered "Yes," please provide the following information (as applicable) in **Items A. - D.**

- A.** Date you left the United States (mm/dd/yyyy) **B.** Place of Departure/Removal, Exclusion, or Disposition
- C.** Date When Record of Abandonment of Lawful Permanent Resident Status (Form I-407) was filed (mm/dd/yyyy)
- D.** Place where Form I-407 (USCIS International Office, U.S. Embassy/Consular Section/ Port of Entry) was filed Attach copy of Form I-407 (if available) and any documentation you received.
- E.** Date of the Removal, Exclusion, Deportation, or Voluntary Departure Order (mm/dd/yyyy)

Deceased

4. Has the alien on whose behalf a bond has been issued died? Yes No. (Go to **Item Number 5.**)
- If you answered "No," go to **Item Number 5.** If you answered "Yes," please provide the information in **Items A. - B.** about the alien's death and attach a certified copy of the alien's death certificate:
- A.** Date of Death (mm/dd/yyyy) **B.** Death Certificate Number (please attach an official copy of the death certificate)

Information about the person completing **Item Number 4.** on behalf of the deceased alien (Please attach a certified copy that establishes your legal authority to act on behalf of the alien's estate):

Full Name

Family Name (Last Name)	Given Name (First Name)	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Physical Address

Street Number and Name	Apt. Ste. Flr.	Number
<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>
City or Town	State	ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Province	Postal Code	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>

Part 4. Reason for Cancellation of the Bond (continued)

Mailing Address

In Care Of Name (if any)

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

Province

Postal Code

Country

Daytime Telephone Number

Email Address (if any)

Relationship to Deceased

Five Years after Becoming a Lawful Permanent Resident

5. Have you been a lawful permanent resident for at least five years? Yes No

If you answered "Yes," please provide the information about when you became a lawful permanent resident below.

Date When You Became a Lawful Permanent Resident (mm/dd/yyyy)

Part 5. Alien's Receipt of Public Benefits since DHS' Acceptance of the Public Charge Bond (To be Completed by the Alien or the Alien's Executor (if the Alien is Deceased))

Please provide the following information about your (the alien's) receipt of public benefits since you were granted adjustment of status to that of a lawful permanent resident. See the Instructions for a definition of public benefits.

1. Since you were granted adjustment of status to that of a lawful permanent resident, have you received or are currently certified to receive in the future the following public benefits for more than 12 months in the aggregate within any 36 month period? Yes No

Yes, I have received, or I am currently certified to receive in the future the following benefits:

- Any Federal, State, local or tribal cash assistance for income maintenance
- Supplemental Security Income (SSI)
- Temporary Assistance for Needy Families (TANF)
- General Assistance (GA)
- Supplemental Nutrition Assistance Program (SNAP, formerly called "Food Stamps")
- Section 8 Housing Assistance under the Housing Choice Voucher Program
- Section 8 Project-Based Rental Assistance (including Moderate Rehabilitation)
- Public Housing under the Housing Act of 1937, 42 U.S.C. 1437 et seq.
- Federal-funded Medicaid

No, I have not received any public benefits.

No, I am not certified to receive in the future any of the above public benefits.

Part 5. Alien's Receipt of Public Benefits since DHS' Acceptance of the Public Charge Bond (To be Completed by the Alien or the Alien's Executor (if the Alien is Deceased)) (continued)

2. If you received any of the above public benefits, provide information about the receipt of public benefits in the space provided. If you need additional space to complete any Item Number in this Part, use the space provided in **Part 9. Additional Information**. Submit evidence as outlined in the instructions.

A. Type of Public Benefit

Agency That Granted The Benefit

Date you were Authorized to Start Receiving the Benefit or Date Your Coverage Starts (mm/dd/yyyy)

Date Benefit or Coverage Ended or Expires or Expected to Expire (mm/dd/yyyy)

B. Type of Public Benefit

Agency That Granted The Benefit

Date you were Authorized to Start Receiving the Benefit or Date Your Coverage Starts (mm/dd/yyyy)

Date Benefit or Coverage Ended or Expires or Expected to Expire (mm/dd/yyyy)

C. Type of Public Benefit

Agency That Granted The Benefit

Date you were Authorized to Start Receiving the Benefit or Date Your Coverage Starts (mm/dd/yyyy)

Date Benefit or Coverage Ended or Expires or Expected to Expire (mm/dd/yyyy)

Public Benefit Exemptions

3. If you answered "Yes" to **Item Number 1.**, check any box that is applicable to you and provide the evidence listed in the Form I-356 Instructions if any of the following apply to you.

- I am enlisted in the Armed Forces, or am serving in active duty or in the Ready Reserve Component of the U.S. Armed Forces.
- I am the spouse or the child of an individual who is enlisted in the Armed Forces, or is serving in active duty or in the Ready Reserve Component of the U.S. Armed Forces.
- At the time I received the public benefits, I (or my spouse or parent) _____ was enlisted in the Armed Forces, or was serving in active duty or in the Ready Reserve Component of the U.S. Armed Forces.

Part 5. Alien's Receipt of Public Benefits since DHS' Acceptance of the Public Charge Bond (To be Completed by the Alien or the Alien's Executor (if the Alien is Deceased)) (continued)

- At the time I received the public benefits, I was present in the United States in a status exempt from the public charge ground of inadmissibility and I received the public benefits during that time.
- At the time I received the public benefits, I was present in the United States after being granted a waiver from the public charge ground of inadmissibility and received the public benefits during that time.
- At the time I received the benefits, I was a child of U.S. citizens whose lawful admission for permanent residence and subsequent residence in the legal and physical custody of my U.S. citizen parent would result in me automatically acquiring U.S. citizenship upon meeting the eligibility under INA 320 or the child of U.S. citizens whose lawful admission for permanent residence will result automatically in my acquisition of citizenship upon finalization of adoption (and I satisfied the requirements applicable to adopted children under INA 101(b)(1)), in the United States by the U.S. citizen parent(s), upon meeting the eligibility criteria under INA 320; or I was a child residing abroad who entered the United States with a nonimmigrant visa to attend an N-600K, Application for Citizenship and Issuance of Certificate Under INA Section 322 interview.
- None of the above statements apply to me.

4. Have you received federal-funded Medicaid in connection with any of the following (select all that apply): Submit evidence as outlined in the Instructions.

- An emergency medical condition.
- For a service under the Individuals with Disabilities Education Act (IDEA).
- Other school-based benefits or services available up to the oldest age eligible for secondary education under State law.
- While you were under the age of 21.
- While you were pregnant or during the 60-day period following the last day of pregnancy.
- None of the above apply to me.

A. Provide the applicable dates (mm/dd/yyyy)

Part 6. Alien's (or Alien Executor's) Contact Information, Certification, and Signature

NOTE: Read the **Penalties** section of the Form I-356 Instructions before completing this section.

Alien's (or the Alien's Executor's) Statement

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

1. Alien's (or the Alien's Executor's) Statement Regarding the Interpreter

- A.** I can read and understand English, and I have read and understand every question and instruction in my portion of Form I-356 and my answer to every question.
- B.** The interpreter named in **Part 7.** read to me every question and instruction in my portion of the Form I-356 and my answer to every question in , a language in which I am fluent, and I understood everything.

Part 6. Alien's (or Alien Executor's) Contact Information, Certification, and Signature (continued)

2. Alien's (or the Alien's Executor's) Statement Regarding the Preparer

At my request, the preparer named in **Part 8.**, , prepared my parts of this Form I-356 for me based only upon information I provided or authorized.

Alien's (or the Alien's Executor's) Contact Information

3. Daytime Telephone Number

4. Mobile Telephone Number (if any)

5. Email Address (if any)

Federal Agency Disclosure and Authorizations

I , authorize, **as applicable**, the Social Security Administration (SSA) to verify my/the alien's 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 (the alien/the alien's executor) authorize SSA to provide explanatory information to USCIS as necessary.

I , authorize, **as applicable**, 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 CFR 212.21(b) submitted by me/the alien or on my/the alien's behalf, and/or granted one or more public benefits to me/the alien to disclose to USCIS that I (the alien/alien's executor) 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 (the alien/the alien's executor) 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, **as applicable**, custodians of records and other sources of information pertaining to my/the alien's request for or receipt of public benefits to release information regarding my/the alien's 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 , **as applicable**, 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/the alien's eligibility for immigration benefits and to enforce immigration laws, and that the government may disclose the information only as authorized by law.

Alien's (or Alien's Executor's) 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 whether the bond should be cancelled.

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

Part 6. Alien's (or Alien Executor's) Contact Information, Certification, and Signature (continued)

Alien's (or Alien's Executor's) Signature

6. Alien's (or Alien's Executor's) Signature Date of Signature (mm/dd/yyyy)

NOTE to Aliens (or Alien's Executor): If you do not completely fill out your parts of Form I-356 or fail to submit required documents listed in the Instructions, USCIS may deny the request to cancel the bond.

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. Fl. Number
- City or Town State ZIP Code
- Province Postal Code 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 provided in **Part 6.**,

Item B. in **Item Number 1.**, and I have read to this alien or the alien's executor in the identified language every question and instruction on the alien's parts of Form I-356 and his or her answer to every question. The alien or the alien's executor informed me that he or she understands every instruction, question, and answer in the alien's parts of Form I-356, including the **Alien (or the Alien's Executor's) Certification**, and has verified the accuracy of every answer.

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

Interpreter's Signature

7. Interpreter's Signature Date of Signature (mm/dd/yyyy)

Part 8. Contact Information, Certification, and Signature of the Person Preparing the Alien's Parts of Form I-356, if Other Than the Alien (or the Alien's Executor)

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

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 the alien's part of this form on behalf of the alien or the alien's executor and with the alien's or the alien's executor's consent.
- B. I am an attorney or accredited representative and my representation of the alien or the alien's executor in this case extends does not extend beyond the preparation of this form.

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 Form.

Part 8. Contact Information, Certification, and Signature of the Person Preparing the Alien's Parts of Form I-356, if Other Than the Alien (or the Alien's Executor) (continued)

Preparer's Certification

By my signature, I certify, under penalty of perjury, that I prepared the alien's parts of this form at the request of the alien or the alien's executor. The alien or the alien's executor then reviewed these completed parts of this form and informed me that he or she understands all of the information contained in, and submitted with, the alien's parts of Form I-356, including the **Alien's (or the Alien's Executor's) Certification**, and that all of this information is complete, true, and correct. I completed the alien's parts of the form based only on information that the alien or the alien's executor provided to me or authorized me to obtain or use.

Preparer's Signature

8. Preparer's Signature

Date of Signature (mm/dd/yyyy)

DRAFT

**Not for
Production
08/01/2019**

Part 9. Additional Information

If you need extra space to provide any additional information within this request, 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 request or attach a separate sheet of paper. Please type or print the alien's name and A-Number (if any), the obligor's name, and bond receipt number, at the top of each additional 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.

7. A. Page Number B. Part Number C. Item Number

D.

DRAFT

Not for

Production

08/01/2019