



Request for Fee Waiver
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-912
 OMB No. 1615-0116
 Expires: 03/31/2020

For USCIS Use Only	Application Received At (Select only one box)			
	<input type="checkbox"/> USCIS Field Office <input type="checkbox"/> Fee Waiver Approved <input type="checkbox"/> Fee Waiver Denied Date: _____ Date: _____		<input type="checkbox"/> USCIS Service Center <input type="checkbox"/> Fee Waiver Approved <input type="checkbox"/> Fee Waiver Denied Date: _____ Date: _____	

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

If you need extra space to complete any section of this request or if you would like to provide additional information about your circumstances, use the space provided in Part 8. Additional Information. Complete and submit as many copies of Part 8., as necessary, with your request.

Part 1. Basis for Your Request (Each basis is further explained in the **Specific Instructions** section of the Form I-912 Instructions)

Select at least one basis or more for which you may qualify and provide supporting documentation for any basis you select. You only need to qualify and provide documentation for one basis for U.S. Citizenship and Immigration Services (USCIS) to grant your fee waiver. If you choose, you may select more than one basis; you must provide supporting documentation for each basis you want considered.

1. My household income is at or below 150 percent of the Federal Poverty Guidelines (FPG). (Complete **Parts 2. - 3.**, and **Parts 5. - 7.**)
2. I have a financial hardship. (Complete **Part 2.**, and **Parts 4. - 7.**)

Part 2. Information About You (Requestor)

Provide information about yourself if you **are requesting** a fee waiver for a petition or application you are filing. If you are **a** parent or legal guardian filing **for** a child or person with a physical disability or developmental or mental impairment, provide information about the child or person for whom you are filing this **request**.

1. Full Legal Name

Family Name (Last Name)	Given Name (First Name)	Middle Name
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2. Other Names Used (if any)

Provide all other names you have **ever** used, including aliases, maiden name, and nicknames.

Family Name (Last Name)	Given Name (First Name)	Middle Name
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3. Alien Registration Number (A-Number) (if any)

▶ **A-**

4. USCIS Online Account Number (if any)

▶

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

6. U.S. Social Security Number (if any)

▶

7. Marital Status

- Single, Never Married Married Divorced Widowed Marriage Annulled Separated

Other (Explain)

Part 2. Information About You (Requestor)

8. List and provide the total number of applications and petitions for which you are requesting a fee waiver.

Form	Number
Total Number	

9. Are you applying for or have status or a granted approval as a battered spouse of an A, G, E-3, or H nonimmigrants; a battered spouse or child of a lawful permanent resident or U.S. citizen under INA section 240A(b)(2); a T nonimmigrant; a person with Temporary Protected Status; a U nonimmigrant; or a VAWA self-petitioner?

- Yes
- No

A. Receipt Number (if applicable)

▶

Part 3. Household Income

Your Employment Status

1. Employment Status

- Employed (full-time, part-time, seasonal, self-employed) Unemployed or Not Employed Retired
- Other (Explain)

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

A. If you are currently unemployed, are you currently receiving unemployment benefits?

- Yes
- No

Information About Your Spouse

3. If you are married or separated, does your spouse live in your household?

- Yes (add your spouse to the table below and provide his or her income in **Item Number 9.** below)
- No

A. If you answered “No” to **Item Number 3.**, does your spouse provide any financial support to your household?

- Yes (provide financial support income in **Item Number 10.** below)
- No

Your Household Size

4. Are you the person providing the primary financial support for your household?

- Yes
- No

Part 3. Household Income (continued)

If you answered "Yes" to **Item Number 4.**, type or print your name on the line marked "self" in the table below. **Also provide income in Item Number 8. below.** If you answered "No" to **Item Number 4.**, type or print your name on the line marked "self" in the table below and add the head of household's name on the line below yours.

Household Size									
Full Name	Date of Birth	Relationship to You	Married		Full-Time Student		Is any income earned by this person counted towards the household income?		
			Yes	No	Yes	No	Yes	No	
		self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Total Household Size (including self)									

Your Annual Household Income

5. Did you file a federal tax return for the last year?

- Yes
- No

If you answered "No" to **Item Number 5.**, provide an answer to **Item Number 7.**

6. Did your household members file tax returns for the last year?

- Yes
- No

If you answered "No" to **Item Number 6.**, provide an answer to **Item Number 7.**

If you answered "No" to **Item Number 6.**, which household member(s) did not file a tax return?

7. If you or your household member did not file a tax return for the last year, select the reason for not filing and provide an explanation. See I-912 Instructions for required documentation.

- I/we plan to file the tax return before the due date this year.
- I/we are not required to file a tax return for the current or previous year.
- I/we filed for an extension.
- I/we are not going to file.

Explanation:

Part 3. Household Income (continued)

Provide information about your income and the income of all family members counted as part of your household. You must list all amounts in U.S. dollars.

- 8. Your Annual Income \$
- 9. Annual Income of All Family Members Counted as Part of Your Household (Do not include the amount provided in **Item Number 8.**) \$
- 10. Total Additional Income or Financial Support (Do not include the amount provided in **Item Numbers 8. or 9.**) \$

If you received additional income on a continuing monthly or annual basis for the most recent full year, and it is NOT listed in your Federal tax return, provide the amount of additional income below (for example, child support). Attach evidence of the additional income. You must add all of the additional income and financial support amounts and put the total amount in the space provided. Type or print "0" in the total box if no additional income is received.

Type of Income	Annual Amount (in dollars)
Parental Support <input type="checkbox"/> Yes <input type="checkbox"/> No	
Spousal Support (Alimony) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Child Support <input type="checkbox"/> Yes <input type="checkbox"/> No	
Educational Stipends <input type="checkbox"/> Yes <input type="checkbox"/> No	
Royalties <input type="checkbox"/> Yes <input type="checkbox"/> No	
Pensions <input type="checkbox"/> Yes <input type="checkbox"/> No	
Unemployment Benefits <input type="checkbox"/> Yes <input type="checkbox"/> No	
Social Security Benefits <input type="checkbox"/> Yes <input type="checkbox"/> No	
Veteran's Benefits <input type="checkbox"/> Yes <input type="checkbox"/> No	
Financial Support from Adult Children, Dependents, Other People <input type="checkbox"/> Yes <input type="checkbox"/> No	
Living in the Household <input type="checkbox"/> Yes <input type="checkbox"/> No	
Other: (Explanation Below) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Total Additional Income and Financial Support	

- 11. Total Annual Household Income (add the amounts from **Item Numbers 8., 9., and 10.**) \$
- 12. Has anything changed since the date you filed your Federal tax returns? (For example, your marital status, income, or number of dependents.) Yes No

If you answered "Yes" to **Item Number 12.**, provide an explanation below. Provide documentation if available. You may also use this space to provide any additional information about your circumstances that you would like **U.S. Citizenship and Immigration Services (USCIS)** to consider.

Part 4. Financial Hardship

If you selected **Item Number 2.** in **Part 1.**, complete this section.

1. If you or any family members have a situation that has caused you to incur expenses, debts, or loss of income, describe the situation in the box below. Specify the amounts of the expenses, debts, and income losses in as much detail as possible. Examples may include medical expenses, job loss, eviction, **victimization**, and homelessness.

2. If you have cash or assets that you can quickly convert to cash, list those in the table below. For example, bank accounts, stocks, or bonds. (Do not include retirement accounts.)

Assets	
Type of Asset	Value (U.S. Dollars)
Total Value of Assets	

3. Total Monthly Expenses and Liabilities \$

Provide the total monthly amount of your expenses and liabilities. You must add all of the expense and liability amounts and type or print the total amount in the space provided. Type or print "0" in the total box if there are none. Select the types of expenses or liabilities you have each month and provide evidence of monthly payments, where possible.

- | | | | |
|--|--|--------------------------------|-------|
| <input type="checkbox"/> Rent and/or Mortgage | <input type="checkbox"/> Loans and/or Credit Cards | <input type="checkbox"/> Other | _____ |
| <input type="checkbox"/> Food | <input type="checkbox"/> Car Payment | | _____ |
| <input type="checkbox"/> Utilities | <input type="checkbox"/> Commuting Costs | | _____ |
| <input type="checkbox"/> Child and/or Elder Care | <input type="checkbox"/> Medical Expenses | | _____ |
| <input type="checkbox"/> Insurance | <input type="checkbox"/> School Expenses | | _____ |

Part 5. Requestor's Statement, Contact Information, Certification, and Signature

NOTE: Read the **Penalties** section of the Form I-912 Instructions before completing this **section**.

You must complete, sign, and date Form I-912 and provide the required **documentation**. If an individual is under 14 years of age, a parent or legal guardian may sign the request on their behalf. USCIS rejects any Form I-912 that is not **signed and** may deny a request that does not provide required documentation.

NOTE: Select the box for either **Item A.** or **B.** in **Item Number 1.** If applicable, select the box for **Item Number 2.**

1. Requestor's Statement Regarding the Interpreter

- A.** I can read and understand English, and I have read and understand every question and instruction on this request and my answer to every question.
- B.** The interpreter named in **Part 6.** read to me every question and instruction on this request and my answer to every question in , a language in which I am fluent, and I understood everything.

2. Requestor's Statement Regarding the Preparer

- At my request, the preparer named in **Part 7.**, , prepared this request for me based only upon information I provided or authorized.

Requestor's Contact Information

3. Requestor's Daytime Telephone Number

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

5. Requestor's Email Address (if any)

Requestor'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 my eligibility for the immigration benefit **that** I seek.

I further authorize release of information contained in this request, 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 certify, under penalty of perjury, that I provided or authorized all of the information in my request, I understand all of the information contained in, and submitted with, my request, and that all of this information is complete, true, and correct.

WARNING: If you knowingly and willfully falsify or conceal a material fact or submit a false document with your Form I-912, USCIS will deny your fee waiver request and may deny any other immigration benefit. In addition, you may face severe penalties provided by law and may be subject to criminal prosecution.

Requestor's Signature

6. Requestor's Signature

Date of Signature (mm/dd/yyyy)

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

Part 6. Interpreter's Contact Information, Certification, and Signature

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

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

- 3. Street Number and Name Apt. Ste. Flr. 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 specified in **Part 5., Item B. in Item Number 1.**, and I have read to this requestor in the identified language every question and instruction on this request and his or her answer to every question. The requestor informed me that he or she understands every instruction, question, and answer on the request, including the **Requestor's Certification**, and has verified the accuracy of every answer.

Interpreter's Signature

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

Part 7. Contact Information, Declaration, and Signature of the Person Preparing this Request, if Other Than the Requestor

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)

Part 7. Contact Information, Declaration, and Signature of the Person Preparing this Request, if Other Than the Requestor (continued)

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 this request on behalf of the requestor and with the requestor's consent.
- B. I am an attorney or accredited representative and my representation of the requestor 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, or G-28I, Notice of Entry of Appearance as Attorney In Matters Outside the Geographical Confines of the United States, with this request.

Preparer's Certification

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

Preparer's Signature

8. Preparer's Signature Date of Signature (mm/dd/yyyy)

Part 8. 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. **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.

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09/10/2019