TABLE OF CHANGES – FORM Form I-912, Request for Fee Waiver OMB Number: 1615-0116 10/30/2019

Reason for Revision: Fee Rule.

Legend for Proposed Text:

- Black font = Current text
- **Red font** = Changes

| Current Page Number and Section | Current Text | Proposed Text |
|--|---|--|
| Page 1, | [Page 1] | [Page 1] |
| START HERE | START HERE - Type or print in black ink. | 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. | 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 7. Additional Information. Complete and submit as many copies of Part 7., as necessary, with your request. |
| Page 1, | [Page 1] | [Page 1] |
| Part 1. Basis for Your Request (Each basis is further explained in the Specific Instructions section of the Form I-912 Instructions) | 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. | Part 1. Basis for Your Request (Each basis is further explained in the Specific Instructions section of the Form I-912 Instructions) 1. Select at least one basis or more for which you may qualify and provide supporting documentation for any basis you select. |
| | My household income is at or below 150 percent of the Federal Poverty Guidelines (FPG). (Complete Parts 2 3., and Parts 5 7.) | A. [] My annual household income is at or below 125 percent of the Federal Poverty Guidelines and I am applying for, or have status as, or have been approved as one of the following: [] A battered spouse or child of a lawful permanent resident or U.S. citizen under INA 240A(b)(2) [] A T nonimmigrant [] A VAWA self-petitioner as defined under INA 101(a)(51) [] Temporary Protected Status (TPS) |

| | 2. I have a financial hardship. (Complete Part 2., and Parts 4 7.) 2. [] My household income is at or below 150 percent of the Federal Poverty Guidelines. (Complete Parts 2 3., Part 5., and 7 10.) 3. [] I have a financial hardship. (Complete | Provide the Receipt Number for the category you indicated in Item Number 1.A. B. [] I am impacted by a disaster declaration posted to www.uscis.gov providing relief from USCIS filing fees and my annual household income is at or below 125 percent of the Federal Poverty Guidelines and I am not subject to the public charge inadmissibility ground and I am not subject to affidavit of support requirements. What is your current immigrant or nonimmigrant status? For what application(s) or petition(s) are you applying for a fee waiver? [delete] |
|--|--|---|
| | Parts 23. and Parts 6 10.) | |
| Pages 1-2, | [Page 1] | [Page 1] |
| Part 2. Information About You (Requestor) | 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 2. Other Names Used (if any) Provide all other names you have ever used, including aliases, maiden name, and nicknames. Family Name (Last Name) [x2] Given Name (First Name) [x2] Middle Name [x2] 3. Alien Registration Number (A-Number) (if any) 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 | Part 2. Information About You (Requestor) [No change] |

| | Single, Never Married Married Divorced Widowed Marriage Annulled Separated Other (Explain) | |
|--------------------------|---|---|
| | [Page 2] | |
| | 8. List and provide the total number of applications and petitions for which you are requesting a fee waiver. | |
| | [Table: 4 rows, 2 columns: Form and Number ; last column, 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 | [Delete] |
| | A. Receipt Number (if applicable) | |
| Pages 2-4, | [Page 2] | [Page 2] |
| Part 3. Household Income | Part 3. Household Income | Part 3. Household Gross Income |
| | Your Employment Status | [No change] |
| | 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 | |
| | | [Page 3] |
| | Information About Your Spouse | 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) | 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 gross income in Item Number 7. below) |

| No | No |
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| 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 | 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 8. below) No |
| Your Household Size | Your Household Size |
| 4. Are you the person providing the primary financial support for your household? Yes No | 4. Are you the person providing the primary financial support for your household? Yes No |
| [Page 3] | |
| 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. | If you answered "Yes" to Item Number 4. , type or print your name on the line marked "self" in the table below. Also provide gross income in Item Number 6. 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. |
| [Table: Household Size, 4 rows, 6 columns: Full Name, Date of Birth, Relationship to You [Self], Married [Yes/No], Full-Time Student [Yes/No], Is any income earned by this person counted towards the household income? [Yes/No]; Last row: Total Household Size (including self)] | [Table: Household Gross Size, 4 rows, 6 columns: Full Name, Date of Birth, Relationship to You [Self], Married [Yes/No], Full-Time Student [Yes/No], Is any income earned by this person counted towards the household income? [Yes/No]; Last row: Total Household Size (including self)] |
| Your Annual Household Income | Your Annual Gross Household Income |
| 5. Did you file a federal tax return for the last year? Yes No | 5. Did you file a federal tax return in the last year? Yes No |
| If you answered "No" to Item Number 5. , provide an answer to Item Number 7. | If you answered "No" to Item Number 5. , provide an answer to Item C. |
| 6. Did your household members file tax returns for the last year? Yes No | A. Did your household members file tax returns for the last year? Yes No |
| | [Page 4] |
| If you answered "No" to Item Number 6. , provide an answer to Item Number 7. | If you answered "No" to Item A. , provide an answer to Item B. and C. |
| If you answered "No" to Item Number 6. , which household member(s) did not file a tax return? | B. If no, which household member(s) did not file a tax return? |
| | C. If you or your household member did not file a tax return, select the reason for not filing and |

| 7. If you or your household member did not fite at ar return for heasy area, rescure the lassy or are splanation. 17. We plan to file the tax return before the due date this year. 17. We relate to file at a tax return for the current or previous year. 17. We filed for an extension. 17. We are not actension. 17. Standard and the income of all family members counted as part of your household. You must list all amounts in U.S. dollars. 18. Your Annual Income 19. Annual Income of All Family Members Counted as Part of Your Household (Do not include the amount provided in Item Number 6.) 18. Your Annual Income of All Family Members Counted as Part of Your Household (Do not include the amount provided in Item Number 6.) 19. Total Additional Income on a continuing monthy or annual basis for the most recent full year, and it is NOT listed in your Federal tax return, provide the additional income on a continuing monthy or annual basis for the most recent full year, and it is NOT listed in your Federal tax return, provide the additional income or a received. 18. Total Additional Income on a continuing monthy or annual basis for the most recent full year, and it is NOT listed in your Federal tax return, provide the additional income or a received. 19. Total Additional Income and Financial Support (All mony), Yes/No Child Support, Yes/No Spousal Support (All Children, Yes/No Spousal Support (All Children, Yes/No Spousal Support (All mony), Yes/No Child Support, Yes/No Spousal Support (All mony), Yes/No Spousal Support (All mony), Yes/ | | |
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| for not filing and provide an explanation. See I- 912 Instructions for required documentation. I'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 Urwe rife of nor a extension. I'We are not required to file a tax return Vew filed for an extension. I/We are not a extension. I'We are not agoing to file. Explanation: Explanation: I'We are not rouge of the 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. Provide information about your goes income and the income of all family members counted as Part of Your Household (Do nor include the amount provided in Item Number 6.) 10. Total Additional Income of Additional Income of a list end your federal tax return, provide the amount provided in income You Pour Household (Do nor include the amount provided in Item Number 6.) 8. Your Annual Gross Income of All Family Members Counted as Part of Your Household (Do not include the amount provided in Item Number 6.) 10. Total Additional Income on a continuing monthy or annual basis for the most recent ful year, and it is NOT listed in your Federal tax return, provide the admount provided in Item Number 6.) 11 fy ou received additional income print 'U' in the total box fi no additional income is received. I'moust add all of the additional income. You must add all of the additional income and financial support mousts and put the total amount (in dollars); last row, Total Additional Income and Financial Support firm 'U' in the total box fi no additional income is received. <td< td=""><td></td><td>provide an explanation.</td></td<> | | provide an explanation. |
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| Annual Amount (in dollars); last row, Total Additional Income and Financial Support][1st column should read: Parental Support, Yes/No[1st column should read: Parental Support, Yes/No[1st column should read: Parental Support, Yes/NoParental Support, Yes/NoChild Support, Yes/NoSpousal Support (Alimony), Yes/NoEducational Stipends, Yes/NoChild Support, Yes/NoEducational Stipends, Yes/NoEducational Stipends, Yes/NoPensions, Yes/NoRoyalties, Yes/NoUnemployment Benefits, Yes/NoPensions, Yes/NoSocial Security Benefits, Yes/NoSocial Security Benefits, Yes/NoYeteran's Benefits, Yes/No | Table 12 rows 2 columns: Type of Income | , , , |
| Additional Income and Financial Support][1st column should read: Parental Support, Yes/No[1st column should read:Spousal Support (Alimony), Yes/NoParental Support, Yes/NoChild Support, Yes/NoParental Support (Alimony), Yes/NoEducational Stipends, Yes/NoSpousal Support (Alimony), Yes/NoEducational Stipends, Yes/NoChild Support, Yes/NoRoyalties, Yes/NoEducational Stipends, Yes/NoPensions, Yes/NoRoyalties, Yes/NoUnemployment Benefits, Yes/NoPensions, Yes/NoSocial Security Benefits, Yes/NoSocial Security Benefits, Yes/NoFinancial Support from Adult Children, | | |
| Parental Support, Yes/No[1st column should read:Spousal Support (Alimony), Yes/NoParental Support, Yes/NoChild Support, Yes/NoSpousal Support (Alimony), Yes/NoEducational Stipends, Yes/NoChild Support, Yes/NoEducational Stipends, Yes/NoChild Support, Yes/NoRoyalties, Yes/NoEducational Stipends, Yes/NoPensions, Yes/NoRoyalties, Yes/NoUnemployment Benefits, Yes/NoPensions, Yes/NoSocial Security Benefits, Yes/NoUnemployment Benefits, Yes/NoVeteran's Benefits, Yes/NoSocial Security Benefits, Yes/NoFinancial Support from Adult Children, | | [1 st column should read: |
| [1st column should read:Spousal Support (Alimony), Yes/NoParental Support, Yes/NoChild Support, Yes/NoSpousal Support (Alimony), Yes/NoEducational Stipends, Yes/NoChild Support, Yes/NoRoyalties, Yes/NoEducational Stipends, Yes/NoPensions, Yes/NoEducational Stipends, Yes/NoUnemployment Benefits, Yes/NoPensions, Yes/NoSocial Security Benefits, Yes/NoSocial Security Benefits, Yes/NoVeteran's Benefits, Yes/NoSocial Security Benefits, Yes/NoFinancial Support from Adult Children, | Additional Income and Emancial Support | |
| Parental Support, Yes/NoChild Support, Yes/NoSpousal Support (Alimony), Yes/NoEducational Stipends, Yes/NoChild Support, Yes/NoRoyalties, Yes/NoEducational Stipends, Yes/NoPensions, Yes/NoEducational Stipends, Yes/NoUnemployment Benefits, Yes/NoPensions, Yes/NoSocial Security Benefits, Yes/NoUnemployment Benefits, Yes/NoVeteran's Benefits, Yes/NoSocial Security Benefits, Yes/NoFinancial Support from Adult Children, | [1 st column should read. | |
| Spousal Support (Alimony), Yes/NoEducational Stipends, Yes/NoChild Support, Yes/NoRoyalties, Yes/NoEducational Stipends, Yes/NoPensions, Yes/NoRoyalties, Yes/NoUnemployment Benefits, Yes/NoPensions, Yes/NoSocial Security Benefits, Yes/NoUnemployment Benefits, Yes/NoVeteran's Benefits, Yes/NoSocial Security Benefits, Yes/NoFinancial Support from Adult Children, | | |
| Child Support, Yes/NoRoyalties, Yes/NoEducational Stipends, Yes/NoPensions, Yes/NoRoyalties, Yes/NoUnemployment Benefits, Yes/NoPensions, Yes/NoSocial Security Benefits, Yes/NoUnemployment Benefits, Yes/NoVeteran's Benefits, Yes/NoSocial Security Benefits, Yes/NoFinancial Support from Adult Children, | | |
| Educational Stipends, Yes/NoPensions, Yes/NoRoyalties, Yes/NoUnemployment Benefits, Yes/NoPensions, Yes/NoSocial Security Benefits, Yes/NoUnemployment Benefits, Yes/NoVeteran's Benefits, Yes/NoSocial Security Benefits, Yes/NoFinancial Support from Adult Children, | | |
| Royalties, Yes/NoUnemployment Benefits, Yes/NoPensions, Yes/NoSocial Security Benefits, Yes/NoUnemployment Benefits, Yes/NoVeteran's Benefits, Yes/NoSocial Security Benefits, Yes/NoFinancial Support from Adult Children, | | |
| Pensions, Yes/NoSocial Security Benefits, Yes/NoUnemployment Benefits, Yes/NoVeteran's Benefits, Yes/NoSocial Security Benefits, Yes/NoFinancial Support from Adult Children, | | |
| Unemployment Benefits, Yes/NoVeteran's Benefits, Yes/NoSocial Security Benefits, Yes/NoFinancial Support from Adult Children, | | |
| Social Security Benefits, Yes/No Financial Support from Adult Children, | | |
| | | |
| | | |
| Financial Support from Adult Children, Household, Yes/No | | |
| Dependents, Other People Living in the Other, Yes/No, Explanation] | | |
| Household, Yes/No | | |
| Fousehold, Yes/No | | |

| | Other, Yes/No, Explanation] | [Page 5] |
|-------------------------------|--|--|
| | 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. [New] | 9. Total Annual Gross Household Income (add the amounts from Item Numbers 6., 7., and 8.) 10. 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 10., 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. 11. If you were impacted by a disaster declaration posted to www.uscis.gov (Part 1., Item 1., Item B.) that has caused you to incur expenses, debt or major losses, describe the situation below. Specify the losses and expenses in as much as detail as possible. Examples may include loss of a home in a wildfire or hurricane. |
| Pages 4-5, | [Page 4] | [Page 4] |
| Part 4. Financial Hardship | 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.) [Table: Assets; 3 rows, 2 columns: Type of Asset, Value (U.S. Dollars); last row: Total Value of Assets] 3. Total Monthly Expenses and Liabilities Provide the total monthly amount of your expenses 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 | [delete] |

| | none. Select the types of expenses or liabilities you have each month and provide evidence of monthly payments, where possible.Rent and/or Mortgage Loans and/or Credit Cards Other Food Car Payment Utilities Commuting Cost Child and/or Elder Care Medical Expenses Insurance School Expenses | |
|---|---|--|
| Pages 5-6, | [Page 6] | [Page 5] |
| Part 5. Requestor's | Part 5. Requestor's Statement, Contact Information, Certification, and Signature | Part 4. Requestor's Statement, Contact Information, Certification, and Signature |
| Statement, Contact Information, Certification, and Signature | NOTE: Read the Penalties section of the Form I-912 Instructions before completing this section. | [No change] |
| | 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 [fillable field], a language in which I am fluent, and I understood everything. | B. The interpreter named in Part 5. read to me every question and instruction on this request and my answer to every question in [fillable field], a language in which I am fluent, and I understood everything. |
| | 2. Requestor's Statement Regarding the Preparer | 2. Requestor's Statement Regarding the Preparer |
| | At my request, the preparer named in Part 7. , [fillable field], prepared this request for me based only upon information I provided or authorized. | At my request, the preparer named in Part 6. , [fillable field], prepared this request for me based only upon information I provided or authorized. |
| | Requestor's Contact Information 3. Requestor's Daytime Telephone Number | [No change] |
| | 4. Requestor's Mobile Telephone Number (if | |

| | 1 | |
|---|---|--|
| | 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. | |
| | <i>Requestor's Signature</i>6. Requestor's SignatureDate 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. | |
| Page 8, | [Page 8] | [Page 6] |
| Part 6. Interpreter's Contact Information, | Part 6. Interpreter's Contact Information, Certification, and Signature | Part 5. Interpreter's Contact Information, Certification, and Signature |
| Certification, and Signature | <i>Interpreter's Full Name</i> 1. Interpreter's Family Name (Last Name) Interpreter's Given Name (First Name) | [No change] |
| | 2. Interpreter's Business or Organization Name (if any) | |
| | <i>Interpreter's Mailing Address</i> 3. Street Number and Name Apt Ste Flr City or Town | |

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|--|--|--|
| | 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) | |
| | 6. Interpreter's Email Address (if any) | |
| | <i>Interpreter's Certification</i> I certify, under penalty of perjury, that: | <i>Interpreter's Certification</i> I certify, under penalty of perjury, that: |
| | I am fluent in English and [fillable field], 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 | I am fluent in English and [fillable field], which is the same language specified in Part 4. , 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 | Interpreter's Signature |
| | 7. Interpreter's Signature | 7. Interpreter's Signature |
| | Date of Signature (mm/dd/yyyy) | Date of Signature (mm/dd/yyyy) |
| D 0 10 | | |
| Pages 9-10, | [Page 9] | [Page 7] |
| Part 7. Contact Information, Declaration, and Signature of the | Part 7. Contact Information, Declaration, and Signature of the Person Preparing this Request, if Other Than the Requestor | Part 6. Contact Information, Declaration, and Signature of the Person Preparing this Request, if Other Than the Requestor |
| 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) | [No change] |
| | 2. Preparer's Business or Organization Name (if any) | |
| | [Page 8] | |
| | Preparer's Mailing Address 3. Street Number and Name Apt Ste Flr City or Town State ZIP Code Province Postal Code | |
| | | |
| | Country | |
| | | |

| | | I |
|--------------------|--|--------------------------------|
| | 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. | |
| | r r · r · · · · · · · · · · · · · · · · | |
| | 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. | |
| | Description of the second | |
| | Preparer's Signature | |
| | 8. Preparer's Signature | |
| | Date of Signature (mm/dd/yyyy) | |
| Page 11, | [Page 11] | [Page 9] |
| Part 8. Additional | Part 8. Additional Information | Part 7. Additional Information |
| Information | If you need outro so so to must be sure | [No shange] |
| | If you need extra space to provide any | [No change] |
| | 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. Include 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. | |
| | | |
| | 1. Family Name (Last Name) | |
| | Given Name (First Name) | |
| | Middle Name | |
| | 2. A-Number (if any) | |
| | 3. A. Page Number | |
| | B. Part Number | |
| | | |

| C. Item Number | |
|----------------------------|--|
| D. [Fillable field] | |
| | |
| 4. A. Page Number | |
| B. Part Number | |
| C. Item Number | |
| D. [Fillable field] | |
| | |
| 5. A. Page Number | |
| B. Part Number | |
| C. Item Number | |
| D. [Fillable field] | |
| | |
| 6. A. Page Number | |
| B. Part Number | |
| C. Item Number | |
| D. [Fillable field] | |
| | |