

TABLE OF CHANGES – FORM
Form I-539A, Supplemental Information for Application for Extend/Change
Nonimmigrant Status
OMB Number: 1615-0003
08/04/2020

Reason for Revision: Public Charge Injunction
Project Phase:

Legend for Proposed Text:

- Black font = Current text
- Red font = Changes

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Edition Date 06/09/2020

Current Page Number and Section	Current Text	Proposed Text
Pages 1-3, Part 3. Public Benefits	<p>[Page 1]</p> <p>Part 3. Public Benefits</p> <p>Provide the requested information and submit documentation, as outlined in the Instructions.</p> <p>1. Since obtaining the nonimmigrant status that you seek to extend or from which you seek to change, have you received, or are you currently certified to receive any of the following public benefits? (select all that apply)</p> <p><input type="checkbox"/> Yes, I have received or I am certified to receive the following public benefits (select all that apply):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Any Federal, State, local or tribal cash assistance for income maintenance <input type="checkbox"/> Supplemental Security Income (SSI) <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) <input type="checkbox"/> General Assistance (GA) <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP, formerly called “Food Stamps”) <p>[Page 2]</p> <ul style="list-style-type: none"> <input type="checkbox"/> Section 8 Housing Assistance under the Housing Choice Voucher Program <input type="checkbox"/> Section 8 Project-Based Rental Assistance (including Moderate Rehabilitation) <input type="checkbox"/> Public Housing under the Housing Act of 1937, 42 U.S.C. 1437 et seq. 	<p>[delete]</p>

Federally-funded Medicaid

No, I have not received any of the above listed public benefits.

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

2. If you received or are currently certified to receive any of the above public benefits, provide information about the public benefits below. If you need extra space to complete this section, use the space provided in **Part 7. Additional Information.** Submit evidence as outlined in the Instructions.

A. Type of Benefit

Agency That Granted The Benefit

Date You Started Receiving the Benefit or if Certified, Date You Will Start Receiving the Benefit or Date Your Coverage Starts

(mm/dd/yyyy)

Date Benefit or Coverage Ended or Expires

(mm/dd/yyyy)

B. Type of Benefit

Agency That Granted The Benefit

Date You Started Receiving the Benefit or if Certified, Date You Will Start Receiving the Benefit or Date Your Coverage Starts

(mm/dd/yyyy)

Date Benefit or Coverage Ended or Expires

(mm/dd/yyyy)

C. Type of Benefit

Agency That Granted The Benefit

Date You Started Receiving the Benefit or if Certified, Date You Will Start Receiving the Benefit or Date Your Coverage Starts

(mm/dd/yyyy)

Date Benefit or Coverage Ended or Expires

(mm/dd/yyyy)

D. Type of Benefit

Agency That Granted The Benefit

Date You Started Receiving the Benefit or if Certified, Date You Will Start Receiving the Benefit or Date Your Coverage Starts

(mm/dd/yyyy)

Date Benefit or Coverage Ended or Expires

(mm/dd/yyyy)

3. If you answered “Yes” to **Item Number 1.**, do any of the following apply to you (select the applicable box)? Provide the evidence listed in the 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.

	<p><input type="checkbox"/> I am the spouse or the child of an individual who is enlisted in the Armed Forces, or who is serving in active duty or in the Ready Reserve Component of the U.S. Armed Forces.</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> At the time I received the public benefits, I was present in the United States after being granted a waiver of the public charge ground of inadmissibility.</p> <p><input type="checkbox"/> I am a child currently 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.</p> <p><input type="checkbox"/> None of the above statements apply to me.</p> <p>[Page 3]</p> <p>4.a. Have you received, applied for, or have been certified to receive federally-funded Medicaid in connection with any of the following (select all that apply) (Submit evidence as outlined in the Instructions):</p> <p><input type="checkbox"/> An emergency medical condition. <input type="checkbox"/> For a service under the Individuals with Disabilities Education Act (IDEA). <input type="checkbox"/> Other school-based benefits or services available up to the oldest age eligible for secondary education under state law. <input type="checkbox"/> While you were under the age of 21. <input type="checkbox"/> While you were pregnant or during the 60-day period following the last day of pregnancy.</p> <p><input type="checkbox"/> None of the above apply to me.</p> <p>4.b. Provide the applicable dates: From (mm/dd/yyyy) To (mm/dd/yyyy)</p>	
Pages 3-4, Part 4. Applicant's Statement, Contact Information, Declaration, Certification and	[Page 3] Part 4. Applicant's Statement, Contact Information, Declaration, Certification and Signature	[Page 3] Part 3. Applicant's Statement, Contact Information, Declaration, Certification and Signature

<p>Signature</p>	<p>NOTE: Read the Penalties section of the Form I-539 and Form I-539A Instructions before completing this section.</p> <p><i>Applicant's Statement</i></p> <p>NOTE: Select the box for either Item Number 1.a. or 1.b. If applicable, select the box for Item Number 2.</p> <p>1.a. I can read and understand English, and I have read and understand every question and instruction on this form and my answer to every question.</p> <p>1.b. The interpreter named in Part 5. read to me every question and instruction on this form and my answer to every question in [Fillable Field], a language in which I am fluent, and I understood everything.</p> <p>2. At my request, the preparer named in Part 6., [Fillable field], prepared this form for me based only upon information I provided or authorized.</p> <p><i>Applicant's Contact Information</i></p> <p>3. Applicant's Daytime Telephone Number 4. Applicant's Mobile Telephone Number (if any) 5. Applicant's Email Address (if any)</p> <p><i>Applicant's Certification</i></p> <p>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.</p> <p>I furthermore authorize release of information contained in this form, 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.</p> <p>I understand that USCIS will require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, I will be required to sign an oath reaffirming that:</p> <p>1) I reviewed and understood all of the information contained in, and submitted with, my form; and</p>	<p>[no change]</p>
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2) All of this information was complete, true, and correct at the time of filing.

I certify, under penalty of perjury, that all of the information in my form and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my form and that all of this information is complete, true, and correct.

Federal Agency Disclosure and Authorizations

I authorize the Social Security Administration (SSA) to verify my 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 authorize SSA to provide explanatory information to USCIS as necessary.

I authorize the SSA, U.S. Department of Agriculture (USDA), U.S. Department of Health and Human Services (HHS), the U.S. Department of Housing and Urban Development (HUD), and any other U.S. 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 or on my behalf, and/or granted one or more public benefits to me, to disclose to USCIS that I have applied for, received, or have been certified to receive, a public benefit from such agency, including the type and amount of

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benefits, dates 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 also authorize SSA, USDA, HHS, HUD, and any other U.S. Government agency to provide any additional data and information to USCIS, to the extent permitted by law.

I authorize custodians of records and other sources of information pertaining to my request for or receipt of public benefits to release information regarding my 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 understand that the information released by records custodians and sources of information is for official use by the Federal Government, that

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	<p>the U.S. Government will use it only to review if I have received public benefits in regards to my eligibility for immigration benefits and to enforce immigration laws, and that the U.S. Government may disclose the information only as authorized by law.</p> <p><i>Applicant's Signature</i></p> <p>6.a. Applicant's Signature 6.b. Date of Signature (mm/dd/yyyy)</p> <p>NOTE TO ALL APPLICANTS: If you do not completely fill out this form or fail to submit required documents listed in the Instructions, USCIS may deny the Form I-539 filed on your behalf.</p>	[no change]
Page 4, Part 5. Interpreter's Contact Information, Statement, Certification, and Signature	<p>[Page 4]</p> <p>Part 5. Interpreter's Contact Information, Statement, Certification, and Signature</p> <p>...</p>	<p>[Page 4]</p> <p>Part 4. Interpreter's Contact Information, Statement, Certification, and Signature</p> <p>...</p>
Page 5, Part 6. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant	<p>[Page 5]</p> <p>Part 6. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant</p> <p>...</p>	<p>[Page 5]</p> <p>Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant</p> <p>...</p>
Page 6, Part 7. Additional Information	<p>[Page 6]</p> <p>Part 7. Additional Information</p> <p>...</p>	<p>[Page 6]</p> <p>Part 6. Additional Information</p> <p>...</p>