

**TABLE OF CHANGES – FORM**  
**Form I-129, Petition for a Nonimmigrant Worker**  
**OMB Number: 1615-0009**  
**Date 08/05/2020**

**Reason for Revision: Public Charge Rule Injunction**

Legend for Proposed Text:

- Black font = Current text
- Red font = Changes

Expires 10/31/2021

Edition Date 01/27/2020

Current Page Number and Section	Current Text	Proposed Text
<b>Pages 3-4,</b> <b>Part 4. Processing Information</b>	<p>[Page 3]</p> <p><b>Part 4. Processing Information</b></p> <p>...</p> <p>2. Does each person in this petition have a valid passport?  Yes  No. If no, go to <b>Part 10.</b> and type or print your explanation.</p> <p>[Page 4]</p> <p>...</p> <p>6. Is any beneficiary in this petition in removal proceedings?  Yes. If yes, proceed to <b>Part 10.</b> and list the beneficiary's(ies) name(s).  No</p> <p>7. Have you ever filed an immigrant petition for any beneficiary in this petition?  Yes. If yes, how many?  No</p> <p>8. Did you indicate you were filing a new petition in <b>Part 2.?</b>  Yes. If yes, answer the questions below.  No. If no, proceed to <b>Item Number 9.</b></p> <p>a. Has any beneficiary in this petition ever been given the classification you are now requesting within the last seven years?  Yes. If yes, proceed to <b>Part 10.</b> and type or print your explanation.  No</p>	<p>[Page 3]</p> <p><b>Part 4. Processing Information</b></p> <p>...</p> <p>2. Does each person in this petition have a valid passport?  Yes  No. If no, go to <b>Part 9.</b> and type or print your explanation.</p> <p>[Page 4]</p> <p>...</p> <p>6. Is any beneficiary in this petition in removal proceedings?  Yes. If yes, proceed to <b>Part 9.</b> and list the beneficiary's(ies) name(s).  No</p> <p>7. Have you ever filed an immigrant petition for any beneficiary in this petition?  Yes. If yes, how many?  No</p> <p>8. Did you indicate you were filing a new petition in <b>Part 2.?</b>  Yes. If yes, answer the questions below.  No. If no, proceed to <b>Item Number 9.</b></p> <p>a. Has any beneficiary in this petition ever been given the classification you are now requesting within the last seven years?  Yes. If yes, proceed to <b>Part 9.</b> and type or print your explanation.  No</p>

	<p><b>b.</b> Has any beneficiary in this petition ever been denied the classification you are now requesting within the last seven years? Yes. If yes, proceed to <b>Part 10.</b> and type or print your explanation. No</p> <p><b>9.</b> Have you ever previously filed a nonimmigrant petition for this beneficiary? Yes. If yes, proceed to <b>Part 10.</b> and type or print your explanation. No</p> <p><b>10.</b> If you are filing for an entertainment group, has any beneficiary in this petition not been with the group for at least one year? Yes. If yes, proceed to <b>Part 10.</b> and type or print your explanation. No</p> <p>...</p>	<p><b>b.</b> Has any beneficiary in this petition ever been denied the classification you are now requesting within the last seven years? Yes. If yes, proceed to <b>Part 9.</b> and type or print your explanation. No</p> <p><b>9.</b> Have you ever previously filed a nonimmigrant petition for this beneficiary? Yes. If yes, proceed to <b>Part 9.</b> and type or print your explanation. No</p> <p><b>10.</b> If you are filing for an entertainment group, has any beneficiary in this petition not been with the group for at least one year? Yes. If yes, proceed to <b>Part 9.</b> and type or print your explanation. No</p> <p>...</p>
<p><b>Pages 5-7, Part 6. Information about The Beneficiary’s Public Benefits</b></p>	<p>[Page 5]</p> <p><b>Part 6. Information About The Beneficiary’s Public Benefits</b></p> <p><b>Part 6.</b> only applies to petitions that also seek a change of a beneficiary’s status or an extension of a beneficiary’s nonimmigrant stay in the United States. If you are filing this petition without a request for the beneficiary’s change of status or extension of stay, you may skip <b>Part 6.</b></p> <p>Provide the requested information and submit documentation as outlined in the Instructions. For additional beneficiaries, please respond to the questions in <b>Attachment 1</b> below.</p> <p>[Page 6]</p> <p><b>1.</b> Has the beneficiary received, since obtaining the nonimmigrant status that you seek to extend or that you seek to change on behalf of the beneficiary, received, or is the beneficiary currently certified to receive, the following public benefits? (select all that apply).</p> <p><input type="checkbox"/> Yes, the beneficiary has received or is currently certified to receive the following public benefits: (select all that apply)</p> <p><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</p>	<p>[Page 5]</p> <p>[delete]</p>

- (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.
- Federally-Funded Medicaid

No, the beneficiary has not received any of the above listed public benefits.  
 No, the beneficiary is not certified to receive any of the above listed public benefits.

**2.** If the beneficiary has received or is currently certified to receive any of the above public benefits, provide information about the public benefits below. If you need additional space to complete any Item Number in this Part, use the space provided in **Part 10. Additional Information**. Submit evidence as outlined in the Instructions.

**A. Type of Benefit**

Agency that Granted the Benefit  
Date the Beneficiary Started Receiving the Benefit or if Certified, Date the Beneficiary Will Start Receiving the Benefit (mm/dd/yyyy)  
Date Benefit or Coverage Ended or Expires (mm/dd/yyyy)

**B. Type of Benefit**

Agency that Granted the Benefit  
Date the Beneficiary Started Receiving the Benefit or if Certified, Date the Beneficiary Will Start Receiving the Benefit (mm/dd/yyyy)  
Date Benefit or Coverage Ended or Expires (mm/dd/yyyy)

**C. Type of Benefit**

Agency that Granted the Benefit  
Date the Beneficiary Started Receiving the Benefit or if Certified, Date the Beneficiary Will Start Receiving the Benefit (mm/dd/yyyy)  
Date Benefit or Coverage Ended or Expires (mm/dd/yyyy)

**[Page 7]**

**D. Type of Benefit**

Agency that Granted the Benefit  
Date the Beneficiary Started Receiving the Benefit or if Certified, Date the Beneficiary Will Start Receiving the Benefit (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 the beneficiary? Provide the evidence listed in the Form I-129 Instructions.

	<p><input type="checkbox"/> The beneficiary is enlisted in the Armed Forces, or is serving in active duty or in the Ready Reserve Component of the U.S. Armed Forces.</p> <p><input type="checkbox"/> The beneficiary is 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 the beneficiary received the public benefits, the beneficiary (or the beneficiary’s 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 the beneficiary received the public benefits, the beneficiary 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 the beneficiary received the public benefits, the beneficiary was present in the United States after being granted a waiver of the public charge ground of inadmissibility.</p> <p><input type="checkbox"/> The beneficiary is 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 the beneficiary.</p> <p><b>4.a.</b> Has the beneficiary received, applied for, or has 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</p> <p><input type="checkbox"/> For a service under the Individuals with Disabilities Education Act (IDEA)</p> <p><input type="checkbox"/> Other school-based benefits or services available up to the oldest age eligible for secondary education under State law</p> <p><input type="checkbox"/> While under the of age 21</p> <p><input type="checkbox"/> While pregnant or during the 60-day period following the last day of pregnancy</p> <p><b>4.b.</b> Provide the applicable dates mm/dd/yyyy to mm/dd/yyyy</p>	
<p><b>Page 8,</b> <b>Part 7. Certification Regarding the Release of Controlled Technology</b></p>	<p><b>[Page 8]</b> <b>Part 7. Certification Regarding the Release of Controlled Technology or Technical Data to Foreign Persons in the United States</b></p>	<p><b>[Page 5]</b> <b>Part 6. Certification Regarding the Release of Controlled Technology or Technical Data to Foreign Persons in the United States</b></p>

<p><b>or Technical Data to Foreign Persons in the United States</b></p>		
<p><b>Page 8, Part 8. Declaration, Signature, and Contact Information of Petitioner or Authorized Signatory</b></p>	<p>[Page 8]</p> <p><b>Part 8. Declaration, Signature, and Contact Information of Petitioner or Authorized Signatory</b> (Read the information on penalties in the instructions before completing this section.)</p>	<p>[Page 6]</p> <p><b>Part 7. Declaration, Signature, and Contact Information of Petitioner or Authorized Signatory</b> (Read the information on penalties in the instructions before completing this section.)</p>
<p><b>Page 9, Part 9. Declaration, Signature, and Contact Information of Person Preparing Form, If Other Than Petitioner</b></p>	<p>[Page 9]</p> <p><b>Part 9. Declaration, Signature, and Contact Information of Person Preparing Form, If Other Than Petitioner</b></p>	<p>[Page 6]</p> <p><b>Part 8. Declaration, Signature, and Contact Information of Person Preparing Form, If Other Than Petitioner</b></p>
<p><b>Page 10, Part 10. Additional Information About Your Petition For Nonimmigrant Worker</b></p>	<p>[Page 10]</p> <p><b>Part 10. Additional Information About Your Petition For Nonimmigrant Worker</b></p>	<p>[Page 8]</p> <p><b>Part 9. Additional Information About Your Petition For Nonimmigrant Worker</b></p>
<p><b>Pages 15-20, H Classification Supplement to Form I-129</b></p>	<p>[Page 15]</p> <p><b>H Classification Supplement to Form I-129</b></p> <p>...</p> <p>[Page 17]</p> <p>...</p> <p><b>6.a.</b> Have any of the workers listed in <b>Item Number 5.</b> above ever been admitted to the United States previously in H-2A/H-2B status? Yes. If yes, go to <b>Part 10.</b> of Form I-129 and write your explanation. No</p> <p>...</p> <p>[Page 18]</p> <p>...</p> <p>If yes, list the name and address of service or agent used below. Please use <b>Part 10.</b> of Form I-129 if you need to include the name and address of more than one service or agent.</p> <p>...</p> <p>[Page 20]</p> <p>...</p> <p><b>3.</b> Does the training involve productive employment incidental to the training? If yes, explain the amount of compensation</p>	<p>[Page 15]</p> <p><b>H Classification Supplement to Form I-129</b></p> <p>...</p> <p><b>6.a.</b> Have any of the workers listed in <b>Item Number 5.</b> above ever been admitted to the United States previously in H-2A/H-2B status? Yes. If yes, go to <b>Part 9.</b> of Form I-129 and write your explanation. No</p> <p>...</p> <p>[Page 16]</p> <p>...</p> <p>If yes, list the name and address of service or agent used below. Please use <b>Part 9.</b> of Form I-129 if you need to include the name and address of more than one service or agent.</p> <p>...</p> <p>[Page 18]</p> <p>...</p> <p><b>3.</b> Does the training involve productive employment incidental to the training? If yes, explain the amount of compensation</p>

	<p>employment versus the classroom in <b>Part 10.</b> of Form I-129.  Yes  No  ...</p>	<p>employment versus the classroom in <b>Part 9.</b> of Form I-129.  Yes  No  ...</p>
<p><b>Pages 24-27,  L Classification  Supplement to Form I-129</b></p>	<p><b>[Page 24]</b></p> <p><b>L Classification Supplement to Form I-129</b></p> <p>...</p> <p><b>2.</b> List the beneficiary's and any dependent family member's prior periods of stay in an H or L classification in the United States for the last seven years. Be sure to list only those periods in which the beneficiary and/or family members were physically present in the U.S. in an H or L classification. Do not include periods in which the beneficiary was in a dependent status, for example, H-4 or L-2 status. If more space is needed, go to <b>Part 10.</b> of Form I-129.</p> <p>...</p> <p><b>[Page 26]</b></p> <p>...</p> <p><b>11.</b> Do the companies currently have the same qualifying relationship as they did during the one-year period of the alien's employment with the company abroad?  Yes  No. If no, provide an explanation in <b>Part 10.</b> of Form I-129 that the U.S. company has and will have a qualifying relationship with another foreign entity during the full period of the requested period of stay.</p> <p>...</p> <p><b>13.b.</b> If you answered yes to the preceding question, describe how and by whom the beneficiary's work will be controlled and supervised. Include a description of the amount of time each supervisor is expected to control and supervise the work. If you need additional space to respond to this question, proceed to <b>Part 10.</b> of the Form I-129, and type or print your explanation.</p> <p><b>13.c.</b> If you answered yes to the preceding question, describe the reasons why placement at another worksite outside the petitioner, subsidiary, affiliate, or parent is needed. Include a description of how the beneficiary's duties at another worksite relate to the need for the specialized knowledge he or she possesses. If you need additional space to respond to this</p>	<p><b>[Page 22]</b></p> <p><b>L Classification Supplement to Form I-129</b></p> <p>...</p> <p><b>2.</b> List the beneficiary's and any dependent family member's prior periods of stay in an H or L classification in the United States for the last seven years. Be sure to list only those periods in which the beneficiary and/or family members were physically present in the U.S. in an H or L classification. Do not include periods in which the beneficiary was in a dependent status, for example, H-4 or L-2 status. If more space is needed, go to <b>Part 9.</b> of Form I-129.</p> <p>...</p> <p><b>[Page 24]</b></p> <p>...</p> <p><b>11.</b> Do the companies currently have the same qualifying relationship as they did during the one-year period of the alien's employment with the company abroad?  Yes  No. If no, provide an explanation in <b>Part 9.</b> of Form I-129 that the U.S. company has and will have a qualifying relationship with another foreign entity during the full period of the requested period of stay.</p> <p>...</p> <p><b>13.b.</b> If you answered yes to the preceding question, describe how and by whom the beneficiary's work will be controlled and supervised. Include a description of the amount of time each supervisor is expected to control and supervise the work. If you need additional space to respond to this question, proceed to <b>Part 9.</b> of the Form I-129, and type or print your explanation.</p> <p><b>13.c.</b> If you answered yes to the preceding question, describe the reasons why placement at another worksite outside the petitioner, subsidiary, affiliate, or parent is needed. Include a description of how the beneficiary's duties at another worksite relate to the need for the specialized knowledge he or she possesses. If you need additional space to respond to this</p>

	<p>question, proceed to <b>Part 10.</b> of the Form I-129, and type or print your explanation.</p> <p>...</p>	<p>question, proceed to <b>Part 9.</b> of the Form I-129, and type or print your explanation.</p> <p>...</p>
<p><b>Pages 28-30, O and P Classifications Supplement to Form I-129</b></p>	<p><b>[Page 28]</b></p> <p><b>O and P Classifications Supplement to Form I-129</b></p> <p>...</p> <p><b>[Page 29]</b></p> <p>...</p> <p><b>8.</b> Does an appropriate labor organization exist for the petition? Yes No. If no, proceed to <b>Part 10.</b> and type or print your explanation.</p> <p>...</p>	<p><b>[Page 26]</b></p> <p><b>O and P Classifications Supplement to Form I-129</b></p> <p>...</p> <p><b>[Page 27]</b></p> <p>...</p> <p><b>8.</b> Does an appropriate labor organization exist for the petition? Yes No. If no, proceed to <b>Part 9.</b> and type or print your explanation.</p> <p>...</p>
<p><b>Pages 32-36, R-1 Classification Supplement to Form I-129</b></p>	<p><b>[Page 32]</b></p> <p><b>R-1 Classification Supplement to Form I-129</b></p> <p>...</p> <p><b>NOTE:</b> Submit photocopies of Forms I-94 (Arrival-Departure Record), I-797 (Notice of Action), and/or other USCIS documents identifying these periods of stay in the R visa classification(s). If more space is needed, provide the information in <b>Part 10.</b> of Form I-129.</p> <p>...</p> <p><b>[Page 34]</b></p> <p>...</p> <p><b>6.</b> The petitioner is a bona fide non-profit religious organization or a bona fide organization that is affiliated with the religious denomination and is tax-exempt as described in section 501(c)(3) of the Internal Revenue Code of 1986, subsequent amendment, or equivalent sections of prior enactments of the Internal Revenue Code. If the petitioner is affiliated with the religious denomination, complete the Religious Denomination Certification included in this supplement. Yes No. If no, type or print your explanation below and if needed, go to <b>Part 10. of Form I-129.</b></p> <p><b>7.</b> The petitioner is willing and able to provide salaried or non-salaried compensation to the</p>	<p><b>[Page 30]</b></p> <p><b>R-1 Classification Supplement to Form I-129</b></p> <p>...</p> <p><b>NOTE:</b> Submit photocopies of Forms I-94 (Arrival-Departure Record), I-797 (Notice of Action), and/or other USCIS documents identifying these periods of stay in the R visa classification(s). If more space is needed, provide the information in <b>Part 9.</b> of Form I-129.</p> <p>...</p> <p><b>[Page 32]</b></p> <p>...</p> <p><b>6.</b> The petitioner is a bona fide non-profit religious organization or a bona fide organization that is affiliated with the religious denomination and is tax-exempt as described in section 501(c)(3) of the Internal Revenue Code of 1986, subsequent amendment, or equivalent sections of prior enactments of the Internal Revenue Code. If the petitioner is affiliated with the religious denomination, complete the Religious Denomination Certification included in this supplement. Yes No. If no, type or print your explanation below and if needed, go to <b>Part 9. of Form I-129.</b></p> <p><b>7.</b> The petitioner is willing and able to provide salaried or non-salaried compensation to the</p>

	<p>beneficiary. If the beneficiary will be self-supporting, the petitioner must submit documentation establishing that the position the beneficiary will hold is part of an established program for temporary, uncompensated missionary work, which is part of a broader international program of missionary work sponsored by the denomination.</p> <p>Yes</p> <p>No. If no, type or print your explanation below and if needed, go to <b>Part 10. of Form I-129.</b></p> <p><b>8.</b> If the beneficiary worked in the United States in an R-1 status during the 2 years immediately before the petition was filed, the beneficiary received verifiable salaried or non-salaried compensation, or provided uncompensated self-support.</p> <p>Yes</p> <p>No. If no, type or print your explanation below and if needed, go to <b>Part 10. of Form I-129.</b></p> <p><b>9.</b> If the position is not a religious vocation, the beneficiary will not engage in secular employment, and the petitioner will provide salaried or non-salaried compensation. If the position is a traditionally uncompensated and not a religious vocation, the beneficiary will not engage in secular employment, and the beneficiary will provide self-support.</p> <p>Yes</p> <p>No. If no, type or print your explanation below and if needed, go to <b>Part 10. of Form I-129.</b></p> <p><b>[Page 35]</b></p> <p><b>10.</b> The offered position requires at least 20 hours of work per week. If the offered position at the petitioning organization requires fewer than 20 hours per week, the compensated service for another religious organization and the compensated service at the petitioning organization will total 20 hours per week. If the beneficiary will be self-supporting, the petitioner must submit documentation establishing that the position the beneficiary will hold is part of an established program for temporary, uncompensated missionary work, which is part of a broader international program of missionary work sponsored by the denomination.</p> <p>Yes</p> <p>No. If no, type or print your explanation below and if needed, go to <b>Part 10. of Form I-129.</b></p> <p><b>11.</b> The beneficiary has been a member of the petitioner's denomination for at least two years immediately before Form I-129 was filed and is otherwise qualified to perform the duties of the offered position.</p> <p>Yes</p>	<p>beneficiary. If the beneficiary will be self-supporting, the petitioner must submit documentation establishing that the position the beneficiary will hold is part of an established program for temporary, uncompensated missionary work, which is part of a broader international program of missionary work sponsored by the denomination.</p> <p>Yes</p> <p>No. If no, type or print your explanation below and if needed, go to <b>Part 9. of Form I-129.</b></p> <p><b>8.</b> If the beneficiary worked in the United States in an R-1 status during the 2 years immediately before the petition was filed, the beneficiary received verifiable salaried or non-salaried compensation, or provided uncompensated self-support.</p> <p>Yes</p> <p>No. If no, type or print your explanation below and if needed, go to <b>Part 9. of Form I-129.</b></p> <p><b>9.</b> If the position is not a religious vocation, the beneficiary will not engage in secular employment, and the petitioner will provide salaried or non-salaried compensation. If the position is a traditionally uncompensated and not a religious vocation, the beneficiary will not engage in secular employment, and the beneficiary will provide self-support.</p> <p>Yes</p> <p>No. If no, type or print your explanation below and if needed, go to <b>Part 9. of Form I-129.</b></p> <p><b>[Page 33]</b></p> <p><b>10.</b> The offered position requires at least 20 hours of work per week. If the offered position at the petitioning organization requires fewer than 20 hours per week, the compensated service for another religious organization and the compensated service at the petitioning organization will total 20 hours per week. If the beneficiary will be self-supporting, the petitioner must submit documentation establishing that the position the beneficiary will hold is part of an established program for temporary, uncompensated missionary work, which is part of a broader international program of missionary work sponsored by the denomination.</p> <p>Yes</p> <p>No. If no, type or print your explanation below and if needed, go to <b>Part 9. of Form I-129.</b></p> <p><b>11.</b> The beneficiary has been a member of the petitioner's denomination for at least two years immediately before Form I-129 was filed and is otherwise qualified to perform the duties of the offered position.</p> <p>Yes</p>
--	---	---



	<p>No. If no, type or print your explanation below and if needed, go to <b>Part 10. of Form I-129.</b></p> <p><b>12.</b> The petitioner will notify USCIS within 14 days if an R-1 alien is working less than the required number of hours or has been released from or has otherwise terminated employment before the expiration of a period of authorized R-1 stay. Yes No. If no, type or print your explanation below and if needed, go to <b>Part 10. of Form I-129.</b></p> <p>...</p>	<p>No. If no, type or print your explanation below and if needed, go to <b>Part 9. of Form I-129.</b></p> <p><b>12.</b> The petitioner will notify USCIS within 14 days if an R-1 alien is working less than the required number of hours or has been released from or has otherwise terminated employment before the expiration of a period of authorized R-1 stay. Yes No. If no, type or print your explanation below and if needed, go to <b>Part 9. of Form I-129.</b></p> <p>...</p>
<p><b>Pages 37-42, Attachment-1 Attach to Form I-129 when more than one person is included in the petition.</b></p>	<p><b>[Page 37]</b></p> <p><b>Attachment-1 Attach to Form I-129 when more than one person is included in the petition.</b> (List each person separately. Do not include the person you named on the Form I-129.)</p> <p>...</p> <p><b>[Page 38]</b></p> <p><b>Information About the Additional Beneficiary’s Public Benefits</b></p> <p><b>1.</b> Has the beneficiary, since obtaining the nonimmigrant status that you seek to extend or that you seek to change on behalf of the beneficiary, received, or is the beneficiary currently certified to receive, any of the following public benefits? (select all that apply).</p> <p><input type="checkbox"/> Yes, the beneficiary has received or is currently certified to receive the following public benefits:</p> <p><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”)  <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.  <input type="checkbox"/> Federally-Funded Medicaid</p> <p><input type="checkbox"/> No, the beneficiary has not received any of the above listed public benefits.  <input type="checkbox"/> No, the beneficiary is not certified to receive</p>	<p><b>[Page 35]</b></p> <p><b>Attachment-1 Attach to Form I-129 when more than one person is included in the petition.</b> (List each person separately. Do not include the person you named on the Form I-129.)</p> <p>...</p> <p><b>[delete]</b></p>

any of the above listed public benefits.  
**2.** If the beneficiary has received or is currently certified to receive any of the above public benefits, provide information about the public benefits below. If you need additional space to complete any Item Number in this Part, use the space provided in **Part 10. Additional Information**. Submit evidence as outlined in the Instructions.

**A. Type of Benefit**  
Agency that Granted the Benefit  
Date the Beneficiary Started Receiving the Benefit or if Certified, Date the Beneficiary Will Start Receiving the Benefit (mm/dd/yyyy)  
Date Benefit or Coverage Ended or Expires (mm/dd/yyyy)

**B. Type of Benefit**  
Agency that Granted the Benefit  
Date the Beneficiary Started Receiving the Benefit or if Certified, Date the Beneficiary Will Start Receiving the Benefit (mm/dd/yyyy)  
Date Benefit or Coverage Ended or Expires (mm/dd/yyyy)

**C. Type of Benefit**  
Agency that Granted the Benefit  
Date the Beneficiary Started Receiving the Benefit or if Certified, Date the Beneficiary Will Start Receiving the Benefit (mm/dd/yyyy)  
Date Benefit or Coverage Ended or Expires (mm/dd/yyyy)

**[Page 39]**

**D. Type of Benefit**  
Agency that Granted the Benefit  
Date the Beneficiary Started Receiving the Benefit or if Certified, Date the Beneficiary Will Start Receiving the Benefit (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 the beneficiary? Provide the evidence listed in the Form I-129 Instructions.

The beneficiary is enlisted in the Armed Forces, or is serving in active duty or in the Ready Reserve Component of the U.S. Armed Forces.

The beneficiary is 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 the beneficiary received the

public benefits, the beneficiary (or the beneficiary's 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.

At the time the beneficiary received the public benefits, the beneficiary was present in the United States in a status exempt from the public charge ground of inadmissibility.

At the time the beneficiary received the public benefits, the beneficiary was present in the United States after being granted a waiver of the public charge ground of inadmissibility.

The beneficiary is 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.

None of the above statements apply to the beneficiary.

4. Has the beneficiary received, applied for, or has 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.

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 under the of age 21

While pregnant or during the 60-day period following the last day of pregnancy

5. Provide the applicable dates mm/dd/yyyy to mm/dd/yyyy

...

**[Page 41]**

**Information About the Additional Beneficiary's Public Benefits**

1. Has the beneficiary, since obtaining the nonimmigrant status that you seek to extend or that you seek to change on behalf of the beneficiary, received, or is the beneficiary currently certified to receive, any of the following public benefits? (select all that apply).

Yes, the beneficiary has received or is currently certified to receive the following public 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.
- Federally-Funded Medicaid

No, the beneficiary has not received any of the above listed public benefits.

No, the beneficiary is not certified to receive any of the above listed public benefits.

**2.** If the beneficiary has received or is currently certified to receive any of the above public benefits, provide information about the public benefits below. If you need additional space to complete any Item Number in this Part, use the space provided in **Part 10. Additional Information**. Submit evidence as outlined in the Instructions.

**A. Type of Benefit**  
 Agency that Granted the Benefit  
 Date the Beneficiary Started Receiving the Benefit or if Certified, Date the Beneficiary Will Start Receiving the Benefit (mm/dd/yyyy)  
 Date Benefit or Coverage Ended or Expires (mm/dd/yyyy)

**B. Type of Benefit**  
 Agency that Granted the Benefit  
 Date the Beneficiary Started Receiving the Benefit or if Certified, Date the Beneficiary Will Start Receiving the Benefit (mm/dd/yyyy)  
 Date Benefit or Coverage Ended or Expires (mm/dd/yyyy)

**C. Type of Benefit**  
 Agency that Granted the Benefit  
 Date the Beneficiary Started Receiving the Benefit or if Certified, Date the Beneficiary Will Start Receiving the Benefit (mm/dd/yyyy)  
 Date Benefit or Coverage Ended or Expires (mm/dd/yyyy)

**[Page 42]**

**D. Type of Benefit**  
 Agency that Granted the Benefit  
 Date the Beneficiary Started Receiving the Benefit or if Certified, Date the Beneficiary Will Start Receiving the Benefit (mm/dd/yyyy)

	<p>Date Benefit or Coverage Ended or Expires (mm/dd/yyyy)</p> <p><b>3. If you answered “Yes” to Item Number 1., do any of the following apply to the beneficiary? Provide the evidence listed in the Form I-129 Instructions.</b></p> <p><input type="checkbox"/> The beneficiary is enlisted in the Armed Forces, or is serving in active duty or in the Ready Reserve Component of the U.S. Armed Forces.</p> <p><input type="checkbox"/> The beneficiary is 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.</p> <p><input type="checkbox"/> At the time the beneficiary received the public benefits, the beneficiary (or the beneficiary’s 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 the beneficiary received the public benefits, the beneficiary 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 the beneficiary received the public benefits, the beneficiary was present in the United States after being granted a waiver of the public charge ground of inadmissibility.</p> <p><input type="checkbox"/> The beneficiary is 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 the beneficiary.</p> <p><b>4. Has the beneficiary received, applied for, or has 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.</b></p> <p><input type="checkbox"/> An emergency medical condition</p> <p><input type="checkbox"/> For a service under the Individuals with Disabilities Education Act (IDEA)</p> <p><input type="checkbox"/> Other school-based benefits or services available up to the oldest age eligible for secondary education under State law</p> <p><input type="checkbox"/> While under the of age 21</p> <p><input type="checkbox"/> While pregnant or during the 60-day period following the last day of pregnancy</p> <p><b>5. Provide the applicable dates mm/dd/yyyy to</b></p>	
--	--	--

	mm/dd/yyyy	
--	------------	--