



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

USCIS
Form I-912
 OMB No. 1615-0116
 Expires: 10/31/2021

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 Rejected Date: _____ Date: _____	<input type="checkbox"/> USCIS Service Center <input type="checkbox"/> Fee Waiver Approved <input type="checkbox"/> Fee Waiver Rejected 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 7. Additional Information. Complete and submit as many copies of Part 7., as necessary, with your request.

Answer all questions fully and accurately. If a question does not apply to you (for example, if you have never been married and the question asks, "Provide the name of your current spouse"), type or print "N/A" unless otherwise directed. If your answer to a question which requires a numeric response is zero or none (for example, "How many children do you have?" or "How many times have you departed the United States?"), type or print "None" unless otherwise directed.

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

- 1.** Select a basis for which you may qualify and provide supporting documentation for any basis you select.
- A.** My annual household income is at or below 125 percent of the Federal Poverty Guidelines **and I am applying for, 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 or derivative of such individual under INA 240A(b)(2)
 - A T nonimmigrant
 - A U nonimmigrant
 - A VAWA self -petitioner or his or her derivative
 - Temporary Protected Status (TPS)
 - A Special Immigrant Juvenile (SIJ), and I am currently placed in out-of-home care under the supervision of a juvenile court or a state child welfare agency
 - Applicant as an Afghan or Iraqi Translator or Interpreter, Iraqi National employed by or on behalf of the U.S. Government, or Afghan National employed by or on behalf of the U.S. government or employed by the International Security Assistance Forces.

Provide the Receipt Number for the category you indicated in **Item Number 1.A.**

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- B.** I am impacted by an emergent circumstance or major natural disaster declaration posted to www.uscis.gov providing relief from USCIS filing fees and my documented annual household income is at or below 125 percent of the Federal Poverty Guidelines (FPG), and I am not seeking an immigration benefit for which I would be subject to the public charge ground of inadmissibility, the affidavit of support requirement under INA 212(a)(4)(C) or (D), and I am not already a sponsored immigrant as defined by 8 CFR 213a.1.

- 2.** What is your current immigrant or nonimmigrant status?
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Part 1. Basis for Your Request (Each basis is further explained in the **Specific Instructions** section of the Form I-912 Instructions) (continued)

3. For what application(s) or petition(s) are you applying for a fee waiver?

Part 2. Information About You (Requestor)

Provide information about yourself if you are the person requesting a fee waiver for a petition or application you are filing. If you are the parent or legal guardian filing on behalf of 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 form.

1. Full Name

Family Name (Last Name)

Given Name (First Name)

Middle Name

2. Other Names **Used**

List all other names you have used, including nicknames, aliases, and maiden name.

Family Name (Last Name)

Given Name (First Name)

Middle Name

3. Alien Registration Number (**A-Number**)

▶ **A-**

4. USCIS Online Account **Number**

▶

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

6. U.S. Social Security **Number**

▶

7. Marital Status

Single, Never Married
 Married
 Divorced
 Widowed
 Marriage Annulled
 Separated
 Other (Explain)

Part 3. Household Gross Income

For information regarding required documentation, see the instructions.

If you are an SIJ placed in out-of-home care under the supervision of a juvenile court or state child welfare agency, you do not need to complete **Part 3**.

Your Employment Status

1. Employment Status

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

Part 3. Household Gross Income (continued)

2. If you are currently unemployed, are you currently receiving unemployment benefits? Yes No

A. Date you became unemployed (mm/dd/yyyy)

Information About Your Spouse

3. If you are **married (including separated, but not divorced)**, does your spouse live in your household?

Yes (add your spouse to the table below and provide his or her income in **Item Number 7.** below) No N/A - not married

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

4. Are you the person providing the primary financial support (**head of household**) for your household? Yes No

If you answered "Yes" to **Item Number 4.**, type or print your name on the line marked "self" in the table below and also provide your 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.

Household Gross 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?
		self	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Total Household Size (including self)					

Your Annual Gross 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 C.**

A. Did any of your household members file a tax return for the last year?

Yes No

If you answered "No" to **Item A.**, provide an answer to **Item B.** and **C.**

B. If no, which household member(s) did not file a tax return?

Part 3. Household Gross Income (continued)

C. If you or your household member(s) did not file a tax return, select the reason for not filing and provide an explanation.

- 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:

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

- 6.** Your Annual **Gross** Income \$
- 7.** Annual **Gross** Income of All Family Members Counted as Part of Your Household (Do not include the amount provided in **Item Number 6.**) \$
- 8.** Total Additional Income or Financial Support (Do not include the amount provided in **Item Number 6. or 7.**) \$

If you received additional income on a continuing basis (e.g., monthly or annually) 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 Stipend <input type="checkbox"/> Yes <input type="checkbox"/> No	
Royalties <input type="checkbox"/> Yes <input type="checkbox"/> No	
Pension <input type="checkbox"/> Yes <input type="checkbox"/> No	
Unemployment Benefit <input type="checkbox"/> Yes <input type="checkbox"/> No	
Social Security Benefit <input type="checkbox"/> Yes <input type="checkbox"/> No	
Veteran's Benefit <input type="checkbox"/> Yes <input type="checkbox"/> No	
Financial Support from Adult Child(ren), Dependent, Other Person <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	
<input style="width: 150px; height: 20px;" type="text"/>	
Total Additional Income and Financial Support	

Part 3. Household Gross Income (continued)

9. Total Annual Gross Household Income (add the amounts from **Item Numbers 6., 7., and 8.**) \$
10. Has any information you reported in the last income tax return changed since the date you filed your Federal income tax return? (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 already have or are applying for VAWA benefits or T or U nonimmigrant status, are you unable to obtain documentation of your income or a household member's income? Yes No

If you answered "Yes" to **Item Number 11.**, provide an explanation below explaining your inability to obtain the required documentation. Provide any other available documentation of your and your household's income. 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. Requestor's Statement, Contact Information, Certification, and Signature

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

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 5.** 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 (if applicable)

- At my request, the preparer named in **Part 6.**, , 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)

Part 4. Requestor's Statement, Contact Information, Certification, and Signature (continued)

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 of my records that USCIS may need to determine my eligibility for the immigration benefit 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 laws.

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

7. 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 **reject or** deny your **request**.

Part 5. 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)

Part 5. Interpreter's Contact Information, Certification, and Signature (continued)

Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and , 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

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

Part 6. 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)

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 be obliged 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.

Part 6. Contact Information, Declaration, and Signature of the Person Preparing this Request, if Other Than the Requestor (continued)

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)

	<input type="text"/>	<input type="text"/>
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Part 7. 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. Include your name and **A-Number** 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** ▶ 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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