**TABLE OF CHANGES – FORM**

**I-864A - Contract Between Sponsor and Household Member**

**OMB Number: 1615-0075**

**05/12/2020**

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| **Reason for Revision: Biometrics Rule****Project Phase:** NPRMLegend for Proposed Text:* Black font = Current text
* Red font = Changes

Expires 10/31/2021Edition Date 10/15/2019 |

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| --- | --- | --- |
| **Current Page Number and Section** | **Current Text** | **Proposed Text** |
| **Page 1-2, Part 1. Information About You (the Household Member)** | **[page 1-2]****…****7.** U.S. Social Security Number (if any)**8.** USCIS Online Account Number (if any)[New] | **[page 1-2]****…****7.** U.S. Social Security Number (if any)**8.** USCIS Online Account Number (if any)**Household Member’s Biographic Information** **9.** Ethnicity (Select **only one** box)Hispanic or LatinoNot Hispanic or Latino**10.** Race (Select **all applicable** boxes)American Indian or Alaska NativeAsianBlack or African AmericanNative Hawaiian or Other Pacific IslanderWhite**11.** Height  Feet\_\_ Inches \_\_**12.** Weight    Pounds \_ ­\_ \_**13.** Eye Color (Select **only one** box)BlackBlueBrownGrayGreenHazelMaroonPinkUnknown/Other**14.** Hair Color (Select **only one** box)Bald (No hair)BlackBlondBrownGrayRedSandyWhiteUnknown/Other |