**TABLE OF CHANGES – FORM**

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

**OMB Number: 1615-0075**

**05/12/2020**

|  |
| --- |
| **Reason for Revision: Biometrics Rule**  **Project Phase:** NPRM  Legend for Proposed Text:   * Black font = Current text * Red font = Changes   Expires 10/31/2021  Edition Date 10/15/2019 |

|  |  |  |
| --- | --- | --- |
| **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 Latino  Not Hispanic or Latino  **10.** Race (Select **all applicable** boxes)  American Indian or Alaska Native  Asian  Black or African American  Native Hawaiian or Other Pacific Islander  White  **11.** Height  Feet\_\_ Inches \_\_  **12.** Weight    Pounds \_ ­\_ \_  **13.** Eye Color (Select **only one** box)  Black  Blue  Brown  Gray  Green  Hazel  Maroon  Pink  Unknown/Other  **14.** Hair Color (Select **only one** box)  Bald (No hair)  Black  Blond  Brown  Gray  Red  Sandy  White  Unknown/Other |