

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)	<p>[page 1-2]</p> <p>...</p> <p>7. U.S. Social Security Number (if any)</p> <p>8. USCIS Online Account Number (if any)</p> <p>[New]</p>	<p>[page 1-2]</p> <p>...</p> <p>7. U.S. Social Security Number (if any)</p> <p>8. USCIS Online Account Number (if any)</p> <p>Household Member’s Biographic Information</p> <p>9. Ethnicity (Select only one box) Hispanic or Latino Not Hispanic or Latino</p> <p>10. Race (Select all applicable boxes) American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White</p> <p>11. Height Feet__ Inches __ 12. Weight Pounds _ _ _ 13. Eye Color (Select only one box) Black Blue Brown Gray Green Hazel Maroon Pink Unknown/Other</p>

		<p>14. Hair Color (Select only one box)</p> <p>Bald (No hair)</p> <p>Black</p> <p>Blond</p> <p>Brown</p> <p>Gray</p> <p>Red</p> <p>Sandy</p> <p>White</p> <p>Unknown/Other</p>
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