**TABLE OF CHANGES – FORM**

**Form I-539A, Supplemental Information for Application to Extend/Change Nonimmigrant Status**

**OMB Number: 1615-0003**

**05/19/2020**

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| **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 |

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| **Current Page Number and Section** | **Current Text** | **Proposed Text** |
| **New** |  | **[Page 1]**  **Part 3.  Biographic Information**  **1.**  Ethnicity (Select **only one** box)  Hispanic or Latino  Not Hispanic or Latino  **2.**  Race (Select **all applicable** boxes)  American Indian or Alaska Native  Asian  Black or African American  Native Hawaiian or Other Pacific Islander  White  **3.**  Height  Feet  Inches  **4.**  Weight  Pounds  **5.**  Eye Color (Select **only one** box)  Black  Blue  Brown  Gray  Green  Hazel  Maroon  Pink  Unknown/Other  **6.**  Hair Color (Select **only one** box)  Bald (No hair)  Black  Blond  Brown  Gray  Red  Sandy  White  Unknown/Other |
| **Page 3, Public Benefits** | **[Page 1]**  **Part 3. Public Benefits**  Provide the requested information and submit documentation, as outlined in the Instructions.  **1.** Since obtaining the nonimmigrant status that you seek to extend or from which you seek to change, have you received, or are you currently certified to receive any of the following public benefits? (select all that apply)  [] Yes, I have received or I am certified to receive the following public benefits (select all that apply):  [] 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”)  **[Page 2]**  [] 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, I have not received any of the above listed public benefits.  [] No, I am not certified to receive any of the above listed public benefits.  **2.** If you received or are currently certified to receive any of the above public benefits, provide information about the public benefits below. If you need extra space to complete this section, use the space provided in **Part 7. Additional Information**. Submit evidence as outlined in the Instructions.  **…** | **[Page 1]**  **Part 4. Public Benefits**  Provide the requested information and submit documentation, as outlined in the Instructions.  **1.** Since obtaining the nonimmigrant status that you seek to extend or from which you seek to change, have you received, or are you currently certified to receive any of the following public benefits? (select all that apply)  [] Yes, I have received or I am certified to receive the following public benefits (select all that apply):  [] 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”)  **[Page 2]**  [] 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, I have not received any of the above listed public benefits.  [] No, I am not certified to receive any of the above listed public benefits.  **2.** If you received or are currently certified to receive any of the above public benefits, provide information about the public benefits below. If you need extra space to complete this section, use the space provided in **Part 8. Additional Information**. Submit evidence as outlined in the Instructions.  **…** |
| **Pages 1-2,**  **Part 4. Applicant's Statement, Contact Information, Declaration, Certification and Signature** | **[page 1]**  **Part 4. Applicant's Statement, Contact Information, Declaration, Certification and Signature**  **…**  **1.b.** The interpreter named in **Part 5.** read to me every question and instruction on this form and my answer to every question in [Fillable Field],a language in which I am fluent, and I understood everything.  **2.** At my request, the preparer named in **Part 6.**, [Fillable field], prepared this form for me based only upon information I provided or authorized.  **[Page 2]**  **…**  I furthermore authorize release of information contained in this form, in supporting documents, and in my USCIS records, to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.  I understand that USCIS will require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, I will be required to sign an oath reaffirming that:  **1)** I reviewed and understood all of the information contained in, and submitted with, my form; and  **2)** All of this information was complete, true, and correct at the time of filing.  I certify, under penalty of perjury, that all of the information in my form and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my form and that all of this information is complete, true, and correct.  **…** | **[page 1]**  **Part 5. Applicant's Statement, Contact Information, Declaration, Certification and Signature**  **…**  **1.b.** The interpreter named in **Part 6.** read to me every question and instruction on this form and my answer to every question in [Fillable Field],a language in which I am fluent, and I understood everything.  **2.** At my request, the preparer named in **Part 7.**, [Fillable field], prepared this form for me based only upon information I provided or authorized.  **[Page 2]**  **…**  I furthermore authorize release of information contained in this form, in supporting documents, and in my USCIS records, to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.  **[deleted]**  I certify, under penalty of perjury, that all of the information in my form and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my form and that all of this information is complete, true, and correct.  **…** |
| **Pages 2-3,**  **Part 5. Interpreter’s Contact Information, Statement, Certification, and Signature** | **[Page 2]**  **Part 5. Interpreter’s Contact Information, Statement, Certification, and Signature**  **…**  I am fluent in English and [Fillable Field], whichis the same language specified in **Part 4.**, **Item Number 1.b.**, and I have read to this applicant in the identified language every question and instruction on this form and his or her answer to every question. The applicant informed me that he or she understands every instruction, question, and answer on the form, including the **Applicant’s Declaration and Certification**, and has verified the accuracy of every answer.  **…** | **[Page 2]**  **Part 6. Interpreter’s Contact Information, Statement, Certification, and Signature**  **…**  I am fluent in English and [Fillable Field], whichis the same language specified in **Part 5.**, **Item Number 1.b.**, and I have read to this applicant in the identified language every question and instruction on this form and his or her answer to every question. The applicant informed me that he or she understands every instruction, question, and answer on the form, including the **Applicant’s Declaration and Certification**, and has verified the accuracy of every answer.  **…** |
| **Page 3,**  **Part 6. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant** | **[Page 3]**  **Part 6.** **Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant**  **…** | **[Page 3]**  **Part 7.** **Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant**  **…** |
| **Page 4,**  **Part 7. Additional Information** | **[Page 4]**  **Part 7. Additional Information**  If you need extra space to provide any additional information within this form, 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 application or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.  **…** | **[Page 4]**  **Part 8. Additional Information**  If you need extra space to provide any additional information within this form, 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 application or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.  **…** |