

TABLE OF CHANGES – FORM
Form I-539A, Supplemental Information for Application to Extend/Change
Nonimmigrant Status
OMB Number: 1615-0003
05/19/2020

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
New		<p>[Page 1]</p> <p>Part 3. Biographic Information</p> <p>1. Ethnicity (Select only one box) Hispanic or Latino Not Hispanic or Latino</p> <p>2. Race (Select all applicable boxes) American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White</p> <p>3. Height Feet Inches</p> <p>4. Weight Pounds</p> <p>5. Eye Color (Select only one box) Black Blue Brown Gray Green Hazel Maroon Pink Unknown/Other</p> <p>6. Hair Color (Select only one box) Bald (No hair) Black</p>

		<p>Blond Brown Gray Red Sandy White Unknown/Other</p>
<p>Page 3, Public Benefits</p>	<p>[Page 1]</p> <p>Part 3. Public Benefits</p> <p>Provide the requested information and submit documentation, as outlined in the Instructions.</p> <p>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)</p> <p><input type="checkbox"/> Yes, I have received or I am certified to receive the following public benefits (select all that apply):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Any Federal, State, local or tribal cash assistance for income maintenance <input type="checkbox"/> Supplemental Security Income (SSI) <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) <input type="checkbox"/> General Assistance (GA) <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP, formerly called “Food Stamps”) <p>[Page 2]</p> <ul style="list-style-type: none"> <input type="checkbox"/> Section 8 Housing Assistance under the Housing Choice Voucher Program <input type="checkbox"/> Section 8 Project-Based Rental Assistance (including Moderate Rehabilitation) <input type="checkbox"/> Public Housing under the Housing Act of 1937, 42 U.S.C. 1437 et seq. <input type="checkbox"/> Federally-funded Medicaid <p><input type="checkbox"/> No, I have not received any of the above listed public benefits.</p> <p><input type="checkbox"/> No, I am not certified to receive any of the above listed public benefits.</p> <p>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.</p> <p>...</p>	<p>[Page 1]</p> <p>Part 4. Public Benefits</p> <p>Provide the requested information and submit documentation, as outlined in the Instructions.</p> <p>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)</p> <p><input type="checkbox"/> Yes, I have received or I am certified to receive the following public benefits (select all that apply):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Any Federal, State, local or tribal cash assistance for income maintenance <input type="checkbox"/> Supplemental Security Income (SSI) <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) <input type="checkbox"/> General Assistance (GA) <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP, formerly called “Food Stamps”) <p>[Page 2]</p> <ul style="list-style-type: none"> <input type="checkbox"/> Section 8 Housing Assistance under the Housing Choice Voucher Program <input type="checkbox"/> Section 8 Project-Based Rental Assistance (including Moderate Rehabilitation) <input type="checkbox"/> Public Housing under the Housing Act of 1937, 42 U.S.C. 1437 et seq. <input type="checkbox"/> Federally-funded Medicaid <p><input type="checkbox"/> No, I have not received any of the above listed public benefits.</p> <p><input type="checkbox"/> No, I am not certified to receive any of the above listed public benefits.</p> <p>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.</p> <p>...</p>

<p>Pages 1-2, Part 4. Applicant's Statement, Contact Information, Declaration, Certification and Signature</p>	<p>[page 1]</p> <p>Part 4. Applicant's Statement, Contact Information, Declaration, Certification and Signature</p> <p>...</p> <p>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.</p> <p>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.</p> <p>[Page 2]</p> <p>...</p> <p>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.</p> <p>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:</p> <p>1) I reviewed and understood all of the information contained in, and submitted with, my form; and</p> <p>2) All of this information was complete, true, and correct at the time of filing.</p> <p>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.</p> <p>...</p>	<p>[page 1]</p> <p>Part 5. Applicant's Statement, Contact Information, Declaration, Certification and Signature</p> <p>...</p> <p>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.</p> <p>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.</p> <p>[Page 2]</p> <p>...</p> <p>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.</p> <p>[deleted]</p> <p>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.</p> <p>...</p>
<p>Pages 2-3, Part 5. Interpreter's Contact Information, Statement, Certification, and Signature</p>	<p>[Page 2]</p> <p>Part 5. Interpreter's Contact Information, Statement, Certification, and Signature</p> <p>...</p> <p>I am fluent in English and [Fillable Field], which is the same language specified in Part 4.,</p>	<p>[Page 2]</p> <p>Part 6. Interpreter's Contact Information, Statement, Certification, and Signature</p> <p>...</p> <p>I am fluent in English and [Fillable Field], which is the same language specified in Part 5.,</p>

	<p>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.</p> <p>...</p>	<p>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.</p> <p>...</p>
<p>Page 3, Part 6. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant</p>	<p>[Page 3]</p> <p>Part 6. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant</p> <p>...</p>	<p>[Page 3]</p> <p>Part 7. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant</p> <p>...</p>
<p>Page 4, Part 7. Additional Information</p>	<p>[Page 4]</p> <p>Part 7. Additional Information</p> <p>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.</p> <p>...</p>	<p>[Page 4]</p> <p>Part 8. Additional Information</p> <p>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.</p> <p>...</p>