TABLE OF CHANGES – FORM

Form I-829, Petition by Investor to Remove Conditions on Permanent Resident Status OMB Number: 1615-0045 05/12/2020

Reason for Revision: Bio Rule

Project Phase: NPRM

Legend for Proposed Text:

• Black font = Current text

• Red font = Changes

Expires 11/30/2021 Edition Date 11/08/2019

| Current Page Number and Section | Current Text | Proposed Text |
|--|--|--|
| Page 5, | [Page 5] | [Page 5] |
| Part 5. Biographic Information | Part 5. Biographic Information | Part 5. Your Biographic Information |
| | | [No change] |
| | | |
| Page 8, | [Page 8] | [Page 8] |
| Part 9. Petitioner's Statement, Contact Information, Declaration, | Part 9. Petitioner's Statement, Contact Information, Declaration, Certification, and Signature | Part 9. Petitioner's Statement, Contact Information, Declaration, Certification, and Signature |
| Certification, and Signature | NOTE: Read the Penalties section of the Form I-829 Instructions before completing this part. | NOTE: Read the Penalties section of the Form I-829 Instructions before completing this part. |
| | Petitioner's Statement | Petitioner's Statement |
| | NOTE: Select the box for either Item Number 1.a. or 1.b. If applicable, select the box for Item Number 2. | NOTE: Select the box for either Item Number 1.a. or 1.b. If applicable, select the box for Item Number 2. |
| | 1.a. I can read and understand English, and I have read and understand every question and instruction on this petition and my answer to every question. | 1.a. I can read and understand English, and I have read and understand every question and instruction on this petition and my answer to every question. |
| | 1.b. The interpreter named in Part 10. read to me every question and instruction on this petition and my answer to every question in [Fillable Field], a language in which I am fluent, and I understood everything. | 1.b. The interpreter named in Part 10. read to me every question and instruction on this petition 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 11., [Fillable Field], prepared this petition for me based only upon information I provided or | 2. At my request, the preparer named in Part 11., [Fillable Field], prepared this petition for me based only upon information I provided or |

authorized.

Petitioner's Contact Information

- **3.** Petitioner's Daytime Telephone Number
- **4.** Petitioner's Mobile Telephone Number (if any)
- **5.** Petitioner's Email Address (if any)

Petitioner's Declaration and Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for the immigration benefit I seek.

I further authorize release of information contained in this petition, 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 in, and submitted with, my petition; 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 petition 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 petition and that all of this information is complete, true, and correct.

Petitioner's Signature

- **6.a.** Petitioner's Signature
- **6.b.** Date of Signature (mm/dd/yyyy)

NOTE TO ALL PETITIONERS: If you do not completely fill out this petition or fail to submit required documents listed in the Instructions, USCIS may deny your petition.

authorized.

Petitioner's Contact Information

- **3.** Petitioner's Daytime Telephone Number
- **4.** Petitioner's Mobile Telephone Number (if any)
- **5.** Petitioner's Email Address (if any)

Petitioner's Declaration and Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for the immigration benefit I seek.

I further authorize release of information contained in this petition, 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 petition 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 petition and that all of this information is complete, true, and correct.

Petitioner's Signature

- **6.a.** Petitioner's Signature
- **6.b.** Date of Signature (mm/dd/yyyy)

NOTE TO ALL PETITIONERS: If you do not completely fill out this petition or fail to submit required documents listed in the Instructions, USCIS may deny your petition.