



Petition by Investor to Remove Conditions on Permanent Resident Status

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-829
OMB No. 1615-0045
Expires: 11/30/2021

For USCIS Use Only	Received (mm/dd/yyyy)	Fee Receipt	Action Block
	Resubmitted (mm/dd/yyyy)		
	Relocated (mm/dd/yyyy)		
	Received (mm/dd/yyyy)		
	Sent (mm/dd/yyyy)	Remarks	
	Petitioner Interviewed (mm/dd/yyyy)		
	Immigrant Classification		
	DOE/A		

To be completed by an Attorney or Accredited Representative (if any).	<input type="checkbox"/> Select this box if Form G-28 is attached.	Attorney State Bar Number (if applicable) <input type="text"/>	Attorney or Accredited Representative USCIS Online Account Number (if any) <input type="text"/>
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▶ **START HERE - Type or print in black ink.**

Part 1. Basis for Petition

1. Is the investment associated with a Regional Center?
 Yes No

If you answered "Yes" to **Item Number 1.**, complete **Item Numbers 2.a.** and **2.b.**

2.a. What is the name of the Regional Center?

2.b. Regional Center Identification Number

3.a. What is the name of the New Commercial Enterprise (NCE)?

3.b. NCE Identification Number
▶

Select **only one** box

- 4. I am a conditional permanent resident based on my investment in a commercial enterprise.
- 5. I am a conditional permanent resident who is the spouse, former spouse, or child of an investor, and I am filing separately from the investor's Form I-829.
- 6. I am a conditional permanent resident spouse or child of an investor who has died.

Part 2. Information About You

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2. Alien Registration Number (A-Number) (if any)
▶ A-

3. USCIS Online Account Number (if any)
▶

4. U.S. Social Security Number (if any)
▶

5. Date of Birth (mm/dd/yyyy)

6. Gender Male Female

7. Country of Birth

8. Country of Citizenship or Nationality

9. Date of Admission as a Conditional Permanent Resident (mm/dd/yyyy)

10. Form I-526 Receipt Number on Which This Petition is Based
▶

Part 3. Information About Your Current or Former Conditional Permanent Resident Spouse
(continued)

2. Gender Male Female
3. Alien Registration Number (A-Number) (if any)
▶ A-
4. USCIS Online Account Number (if any)
▶
5. Date of Birth (mm/dd/yyyy)

Other Names Used

List all other names your current spouse or former conditional permanent resident spouse has ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in **Part 12**.

Additional Information.

- 6.a. Family Name (Last Name)
- 6.b. Given Name (First Name)
- 6.c. Middle Name
-
- 7.a. Family Name (Last Name)
- 7.b. Given Name (First Name)
- 7.c. Middle Name

Physical Address

Provide your current spouse or former conditional permanent resident spouse's physical addresses for the last five years. Provide the present address first. If you need extra space to complete this section, use the space provided in **Part 12**.

Additional Information.

- 8.a. Street Number and Name
- 8.b. Apt. Ste. Flr.
- 8.c. City or Town
- 8.d. State 8.e. ZIP Code
- 8.f. Province
- 8.g. Postal Code
- 8.h. Country

Other Information

9. Current Spouse
 Former Conditional Permanent Resident Spouse
10. Date of Marriage (mm/dd/yyyy)
11. Date Marriage Terminated (if applicable) (mm/dd/yyyy)
12. Is this spouse currently living with you? Yes No
13. Is this spouse applying with you? Yes No
14. Current Immigration Status (for example, conditional permanent resident, tourist/visitor, entered without inspection)
15. Is the current immigration status of your spouse or former spouse based on your current immigration status? Yes No

Part 4. Information About Your Children

Provide the following information about your children.

Child 1

- 1.a. Family Name (Last Name)
- 1.b. Given Name (First Name)
- 1.c. Middle Name
2. Gender Male Female
3. Alien Registration Number (A-Number) (if any)
▶ A-
4. USCIS Online Account Number (if any)
▶
5. Date of Birth (mm/dd/yyyy)

Other Names Your Child Has Used

List all other names your child has ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in **Part 12**.

Additional Information.

- 6.a. Family Name (Last Name)
- 6.b. Given Name (First Name)
- 6.c. Middle Name

Part 4. Information About Your Children

(continued)

Mailing Address

7.a. Street Number and Name

7.b. Apt. Ste. Flr.

7.c. City or Town

7.d. State 7.e. ZIP Code

7.f. Province

7.g. Postal Code

7.h. Country

8. Is this child currently living with you? Yes No

9. Is this child applying with you? Yes No

10. Current Immigration Status (for example, conditional permanent resident, tourist/visitor, entered without inspection)

Child 2

11.a. Family Name (Last Name)

11.b. Given Name (First Name)

11.c. Middle Name

12. Gender Male Female

13. Alien Registration Number (A-Number) (if any)
▶ A-

14. USCIS Online Account Number (if any)
▶

15. Date of Birth (mm/dd/yyyy)

Other Names Your Child Has Used

List all other names your child has ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in **Part 12**.

Additional Information.

16.a. Family Name (Last Name)

16.b. Given Name (First Name)

16.c. Middle Name

Mailing Address

17.a. Street Number and Name

17.b. Apt. Ste. Flr.

17.c. City or Town

17.d. State 17.e. ZIP Code

17.f. Province

17.g. Postal Code

17.h. Country

18. Is this child currently living with you? Yes No

19. Is this child applying with you? Yes No

20. Current Immigration Status (for example, conditional permanent resident, tourist/visitor, entered without inspection)

Child 3

21.a. Family Name (Last Name)

21.b. Given Name (First Name)

21.c. Middle Name

22. Gender Male Female

23. Alien Registration Number (A-Number) (if any)
▶ A-

24. USCIS Online Account Number (if any)
▶

25. Date of Birth (mm/dd/yyyy)

Other Names Your Child Has Used

List all other names your child has ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in **Part 12**.

Additional Information.

26.a. Family Name (Last Name)

26.b. Given Name (First Name)

26.c. Middle Name

Part 4. Information About Your Children

(continued)

Mailing Address

27.a. Street Number and Name

27.b. Apt. Ste. Flr.

27.c. City or Town

27.d. State 27.e. ZIP Code

27.f. Province

27.g. Postal Code

27.h. Country

28. Is this child currently living with you? Yes No

29. Is this child applying with you? Yes No

30. Current Immigration Status (for example, conditional permanent resident, tourist/visitor, entered without inspection)

Child 4

31.a. Family Name (Last Name)

31.b. Given Name (First Name)

31.c. Middle Name

32. Gender Male Female

33. Alien Registration Number (A-Number) (if any)
▶ A-

34. USCIS Online Account Number (if any)
▶

35. Date of Birth (mm/dd/yyyy)

Other Names Your Child Has Used

List all other names your child has ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in **Part 12. Additional Information.**

Additional Information.

36.a. Family Name (Last Name)

36.b. Given Name (First Name)

36.c. Middle Name

Mailing Address

37.a. Street Number and Name

37.b. Apt. Ste. Flr.

37.c. City or Town

37.d. State 37.e. ZIP Code

37.f. Province

37.g. Postal Code

37.h. Country

38. Is this child currently living with you? Yes No

39. Is this child applying with you? Yes No

40. Current Immigration Status (for example, conditional permanent resident, tourist/visitor, entered without inspection)

If you need extra space to complete this section, use the space provided in **Part 12. Additional Information.**

Part 5. Your Biographic Information

1. Ethnicity (Select **only one** box)

Hispanic or Latino

Not Hispanic or Latino

2. Race (Select **all applicable** boxes)

White

Asian

Black or African American

American Indian or Alaska Native

Native Hawaiian or Other Pacific Islander

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

Part 6. Additional Information About the Regional Center and the New Commercial Enterprise (NCE)

1. Receipt Number for the Approved Form I-924, Application For Regional Center Designation Under the Immigrant Investor Program, Upon Which the Related Form I-526, Immigrant Petition by Alien Investor, Was Based

▶

2. Was the Regional Center associated with the investor terminated? Yes No

Physical Address of the NCE

3.a. Street Number and Name

3.b. Apt. Ste. Flr.

3.c. City or Town

3.d. State 3.e. ZIP Code

4. Telephone Number

5. Internet Web site Address (if established)

6. Included Industries (select North American Industry Classification System (NAICS) code or codes)

7. IRS Tax Identification Number

8. Date Business Established (mm/dd/yyyy)

9. Date of the Investor's **Initial** Investment (mm/dd/yyyy)

10. Amount of the Investor's **Initial** Investment \$

Subsequent Investments in the NCE

Provide the following information about how much you have invested in the NCE since your **initial** investment.

11.a. Date of Subsequent Investment (mm/dd/yyyy)

11.b. Amount of Subsequent Investment \$

11.c. Type of Subsequent Investment (for example, cash, equipment, inventory, other tangible property, cash equivalents, or qualifying indebtedness as described in 8 CFR 204.6(e))

NOTE: If multiple investments have been made since the investor's **initial** investment in the commercial enterprise, use the space provided in **Part 12. Additional Information** to list the dates, amounts, and type of investments.

12. Amount of Capital Investment Sustained in the NCE \$

13. Changes in Assets of the NCE. Has the commercial enterprise sold any assets, including but not limited to investment securities and real property, and distributed the proceeds of the sale to any of its equity holders or had any other capital distributions or withdrawals since the date of your **initial** investment? Yes No

If you answered "Yes" to **Item Number 13.**, use the space provided in **Part 12. Additional Information** to provide an explanation.

14. Provide the total amount of capital invested by EB-5 investors into the NCE. \$

15. Provide the number of EB-5 investors associated with the NCE.

16. Has the NCE filed for bankruptcy, ceased business operations, materially changed the nature of the business, or made any changes in its organization or ownership since the date of your **initial** investment, or have any criminal or civil proceedings been filed against the NCE or any of its owners, officers, directors, general partners, managers or other persons with a similar interest or in a similar position of authority for the NCE involving fraud or other unlawful activity? Yes No

If you answered "Yes" to **Item Number 16.**, use the space provided in **Part 12. Additional Information** to provide an explanation.

Part 7. Information About the Job Creating Entity (JCE)

JCE 1

1. Name of the JCE

Physical Address

2.a. Street Number and Name

2.b. Apt. Ste. Flr.

2.c. City or Town

2.d. State

2.e. ZIP Code

JCE 2

3. Name of the JCE

Physical Address

4.a. Street Number and Name

4.b. Apt. Ste. Flr.

4.c. City or Town

4.d. State

4.e. ZIP Code

JCE 3

5. Name of the JCE

Physical Address

6.a. Street Number and Name

6.b. Apt. Ste. Flr.

6.c. City or Town

6.d. State

6.e. ZIP Code

If there are additional JCEs, use **Part 12. Additional Information** to provide the names and physical addresses of the additional JCEs.

7. Has any of the JCEs filed for bankruptcy, ceased business operations, materially changed the nature of the business, or made any changes in its organization or ownership since the date of your **initial** investment, or have any criminal or civil proceedings been filed against any of the JCEs or any of their owners, officers, directors, general partners, managers or other persons with a similar interest or in a similar position of authority for any of the JCEs involving fraud or other unlawful activity?

Yes No

If you answered "Yes" to **Item Number 7.**, use the space provided in **Part 12. Additional Information** to provide an explanation.

Part 8. Information About Job Creation

Information about direct job creation at the NCE:

1.a. Number of Full-Time Direct and Qualifying Employees in the NCE at the Time of Your **Initial** Investment

1.b. Number of Full-Time Direct and Qualifying Employees in the NCE at the Time of Filing This Petition

1.c. Difference in Number of Full-Time Direct and Qualifying Employees

1.d. Amount of Capital Invested in the NCE That Was Not Funded by EB-5 Investors

\$

Information about indirect job creation outside of the NCE (if applicable)

2.a. Number of Full-Time Economically Direct, Indirect and Induced Jobs Created as a Result of EB-5 Investment

2.b. Amount of Capital From EB-5 Investors That Was Transferred to the JCE

\$

2.c. Amount of Capital Invested in the JCE That Was Not Funded by Investors Who Received or are Seeking Classification as Alien Investors

\$

3. Are you investing in a troubled business?

Yes No

If the investment was made into a troubled business:

4.a. How many full-time, qualifying positions were maintained as a result of the investment?

4.b. How many full-time, qualifying positions were created as a result of the investment?

Part 8. Information About Job Creation

(continued)

5. If ten full-time jobs for qualifying employees have not yet been created, please indicate the number of jobs expected to be created within a reasonable time.

6. Changes to Business Plan. Have you made an investment and created jobs in the United States according to the plan presented in the Form I-526? Yes No

If you answered "No" to **Item Number 6.**, use the space provided in **Part 12. Additional Information** to provide an explanation of the changes made to the original business plan submitted with the approved Form I-526.

Part 9. Petitioner's Statement, Contact Information, Declaration, Certification, and Signature

NOTE: Read the **Penalties** section of the Form I-829 Instructions before completing this part.

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.**

- 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

a language in which I am fluent, and I understood everything.

2. At my request, the preparer named in **Part 11.**,

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 **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.

Part 10. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.

Interpreter's Full Name

- 1.a. Interpreter's Family Name (Last Name)

- 1.b. Interpreter's Given Name (First Name)

2. Interpreter's Business or Organization Name (if any)

Part 10. Interpreter's Contact Information, Certification, and Signature (continued)

Interpreter's Mailing Address

- 3.a. Street Number and Name
- 3.b. Apt. Ste. Fl.
- 3.c. City or Town
- 3.d. State 3.e. ZIP Code
- 3.f. Province
- 3.g. Postal Code
- 3.h. Country

Interpreter's Contact Information

- 4. Interpreter's Daytime Telephone Number
- 5. Interpreter's Mobile Telephone Number (if any)
- 6. Interpreter's Email Address (if any)

Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and ,

which is the same language specified in **Part 9, Item Number 1.b.**, and I have read to this petitioner in the identified language every question and instruction on this petition and his or her answer to every question. The petitioner informed me that he or she understands every instruction, question, and answer on the petition, including the **Petitioner's Declaration and Certification**, and has verified the accuracy of every answer.

Interpreter's Signature

- 7.a. Interpreter's Signature
- 7.b. Date of Signature (mm/dd/yyyy)

Part 11. Contact Information, Declaration, and Signature of the Person Preparing this Petition, if Other Than the Petitioner

Provide the following information about the preparer.

Preparer's Full Name

- 1.a. Preparer's Family Name (Last Name)
- 1.b. Preparer's Given Name (First Name)
- 2. Preparer's Business or Organization Name (if any)

Preparer's Mailing Address

- 3.a. Street Number and Name
- 3.b. Apt. Ste. Fl.
- 3.c. City or Town
- 3.d. State 3.e. ZIP Code
- 3.f. Province
- 3.g. Postal Code
- 3.h. Country

Preparer's Contact Information

- 4. Preparer's Daytime Telephone Number
- 5. Preparer's Mobile Telephone Number (if any)
- 6. Preparer's Email Address (if any)

Preparer's Statement

- 7.a. I am not an attorney or accredited representative but have prepared this form on behalf of the authorized individual and with the authorized individual's consent.
- 7.b. I am an attorney or accredited representative and have prepared this form on behalf of the authorized individual and with the authorized individual's consent.

Part 11. Contact Information, Declaration, and Signature of the Person Preparing this Petition, if Other Than the Petitioner (continued)

NOTE: If you are an attorney or accredited representative, you may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, or Form G-28I, Notice of Entry of Appearance as Attorney In Matters Outside the Geographical Confines of the United States, with this petition.

Preparer's Certification

By my signature, I certify, under penalty of perjury, that I prepared this petition at the request of the petitioner. The petitioner then reviewed this completed petition and informed me that he or she understands all of the information contained in, and submitted with, his or her petition, including the **Petitioner's Declaration and Certification**, and that all of this information is complete, true, and correct. I completed this petition based only on information that the petitioner provided to me or authorized me to obtain or use.

Preparer's Signature

8.a. Preparer's Signature

8.b. Date of Signature (mm/dd/yyyy)

05/12/2020

Part 12. Additional Information

If you need extra space to provide any additional information within this petition, 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 petition 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.

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2. A-Number (if any)
▶ A-

3.a. Page Number 3.b. Part Number 3.c. Item Number

3.d. _____

4.a. Page Number 4.b. Part Number 4.c. Item Number

4.d. _____

5.a. Page Number 5.b. Part Number 5.c. Item Number

5.d. _____

6.a. Page Number 6.b. Part Number 6.c. Item Number

6.d. _____

7.a. Page Number 7.b. Part Number 7.c. Item Number

7.d. _____

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Not for
Production
05/12/2020