

TABLE OF CHANGES – INSTRUCTIONS
Form I-539, Instructions for Application to Extend/Change Nonimmigrant Status
OMB Number: 1615-0003
02/11/2021

Reason for Revision:

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 1-14, Who May File Form I-539?	<p>[Page 1]</p> <p>Who May File Form I-539?</p> <p>Extension of Stay or Change of Status Nonimmigrants in the United States may apply for an extension of stay or a change of status on this application, except as noted in the Who May Not File Form I-539 section of these Instructions.</p> <p>Multiple Applicants</p> <p>You may include your spouse and your unmarried children under 21 years of age as co-applicants in your application for the same extension or change of status, but only if you are all now in the same status or they are all in derivative status. You must complete Form I-539A for each person that you want to include on your application. If you need additional space, you may print additional copies of the Form I-539A to complete for additional co-applicants.</p> <p>NOTE: Extensions granted to members of a family group must be for the same period of time. The shortest period granted to any member of the family shall be granted to all members of the family.</p>	<p>[Page 1]</p> <p>Who May File Form I-539?</p> <p>[no change]</p> <p>NOTE: Extensions granted to members of a family group must be for the same period of time. The shortest period granted to any member of the family shall be granted to all members of the family.</p>

Part 5. Public Benefits

In general, as a condition on the approval of this application, you must demonstrate that you have not received since obtaining the nonimmigrant status you seek to extend or from which you seek to change, one or more public benefits set forth in 8 CFR 212.21(b) (and listed below) for more than 12 months within any 36 month period (such that, for instance, receipt of two benefits in one month counts as two months).

You must provide information about all public benefits you have received since obtaining the nonimmigrant status you seek to extend or from which you seek to change. You do not need to provide information on your receipt of public benefits if you are filing under one of these categories: A1, A2, G1, G2, G3, G4, NATO1, NATO2, NATO3, NATO4, NATO5, NATO6, NATO7, T1, T2, T3, T4, T5, T6, U1, U2, U3, U4, U5).

Receipt means when a benefit-granting agency provides a public benefit to you whether in the form of cash, voucher, services, or insurance coverage. Only the amount received by or attributable to you will be considered.

In the space provided, please provide all requested information about each public benefit received, regardless of how long you received the public benefit. USCIS will calculate the duration you received public benefits, as described below, for purposes of determining your eligibility for an extension of stay or change of status. If you received public benefits intermittently throughout the year, provide each instance separately. For example, if you received SNAP from January to February and from June to December, list the information separately.

Indicate whether, since obtaining the nonimmigrant status you seek to extend or from which you seek to change, or have been certified to receive, any of the following public benefits (You need to

[delete]

respond even if you fall within one of the categories of individuals for whom receipt of public benefits will not be considered – see table below for evidence that must be provided to document that you qualify for the exclusion):

1. Any Federal, state, local, or tribal cash assistance for income maintenance;
2. Supplemental Security Income (SSI);
3. Temporary Assistance for Needy Families (TANF);
4. Federal, state, or local cash benefit programs for income maintenance (often called “General Assistance” in the state context, but which may exist under other names);
5. Supplemental Nutrition Assistance Program (SNAP, formerly called “Food Stamps”);
6. Section 8 Housing Assistance under the Housing Choice Voucher Program;
7. Section 8 Project-Based Rental Assistance (including Moderate Rehabilitation);
8. Public Housing under the Housing Act of 1937, 42 U.S.C. 1437 et seq.; and
9. Federally-funded Medicaid.

NOTE: You only need to report public benefits received on or after October 15, 2019 but not any received before October 15, 2019.

If you have not received any public benefits, please select that option.

If you are not certified to receive any of the above listed public benefits, please select that option.

If you have received or are certified to receive the public benefits but requested disenrollment, please provide, in addition to providing the information about any exclusions below, evidence of your request to disenroll if the public benefit-granting agency has not processed your request.

Unless you qualify for certain exclusions listed in the table below, you are ineligible for extension of stay and change of status if you have received, since obtaining the nonimmigrant status that you seek to extend or from which you seek to change, the benefits listed above for more than 12

months in the aggregate within any 36-month period (such that, for instance, receipt of two public benefits in one month counts as two months).

[Page 3]

The following is a list of exclusions from the public benefit considerations listed above. If you belong to one of the following categories, submit the evidence listed for the applicable categories.

[Table]

Exclusion

U.S. Armed Forces Service Members

Description

At the time the public benefit was received or at the time you file your Form I-539, or at time of adjudication of your Form I-539, the applicant is:

- An alien enlisted in the U.S. Armed Forces, or serving in active duty or in the Ready Reserve component of the U.S. Armed Forces;
- The spouse or child of the service member (listed in **Item Number 1.**, above); or
- The spouse or child of an individual enlisted in the U.S. Armed Forces, or serving in active duty or in the Ready Reserve component of the U.S. Armed Forces.

Evidence you must submit to qualify for exclusions (as applicable)

- Service Members: Certified evidence of alien's enlistment/service issued by the authorizing official of the executive department in which service member is serving.
- Spouses and Children of Service Members:
 - Copy of Form DD-1173, United States Uniformed Services Identification and Privilege Card (Dependent).

Exclusion

Federally-funded Medicaid

Description

- Receipt by an alien under 21 years of age;
- The recipient of Medicaid payment(s) for an "emergency medical condition;"
- The receipt of Medicaid for services provided under the Individuals with Disabilities Education Act (IDEA);
- The receipt of Medicaid for school-based benefits for children who are of an age eligible for secondary education as determined under state or local law; or
- Receipt during pregnancy and during the 60-day period after the last day of the pregnancy.

Evidence you must submit to qualify for exclusions (as applicable)

- A statement with information regarding the "emergency medical condition" determination (if applicable);
- Documentation of these payments under the IDEA or school-based service; or
- Pregnancy verification letter from medical professional including estimated duration of pregnancy.

[Page 4]

Exclusion

Children Who Will Naturalize Under INA 322

Description

- Child currently residing abroad who entered the United States with a nonimmigrant visa to attend N-600K, Application for Citizenship and Issuance of Certificate Under INA Section 322 interview.

Evidence you must submit to qualify for exclusions (as applicable)

- A copy of the N-600K interview notice.

Exclusion

Public Benefits While in an Immigration Category Exempt from Public Charge

	<p>Description</p> <ul style="list-style-type: none"> • Received public benefits while in a category that is exempt from public charge inadmissibility; or • Received public benefits while in a category for which you had received a waiver for public charge inadmissibility. <p>Evidence you must submit to qualify for exclusions (as applicable)</p> <ul style="list-style-type: none"> • Information that evidences your status or that you received a waiver for the public charge ground of inadmissibility, such as <ul style="list-style-type: none"> o Approval notice (Form I-797, Notice of Action); or o Form I-94, Arrival/Departure Record. <p>Documentation</p> <p>If you have received any of the public benefits listed above, submit evidence in the form of a letter, notice, certification, or other agency documents that contain the following:</p> <ol style="list-style-type: none"> 1. Your name; 2. Name and contact information for the public benefit granting agency; 3. Type of benefit; 4. Date you started receiving the benefit or if certified, date you will start receiving the benefit; and 5. Date benefit or coverage ended or expires (mm/dd/yyyy) (if applicable). <p>If you have received public benefits as listed above, please indicate whether an exclusion applies to you in Item Number 3. and provide the evidence listed in the chart above to demonstrate why the benefit should not be considered.</p> <p>Nonimmigrant Categories</p> <p>This application may be submitted by the following nonimmigrants listed in alphabetical order. ...</p>	<p>Nonimmigrant Categories</p> <p>[no change]</p>
<p>Page 14-16, General Instructions</p>	<p>[Page 15] General Instructions</p>	<p>[Page 11] General Instructions</p>

USCIS provides forms free of charge through the USCIS website. In order to view, print, or fill out our forms, you should use the latest version of Adobe Reader, which you can download for free at <http://get.adobe.com/reader/>. If you do not have Internet access, you may call the USCIS Contact Center at **1-800-375-5283**. The USCIS Contact Center provides information in English and Spanish. For TTY (deaf or hard of hearing) call: **1-800-767-1833**.

...

8. Part 6. Statement, Contact Information, Declaration, Certification, and Signature. Select the appropriate box to indicate whether you read this application yourself or whether you had an interpreter assist you. If someone assisted you in completing the application, select the box indicating that you used a preparer. Further, you must sign and date your application and provide your daytime telephone number, mobile telephone number (if any), and email address (if any). Every application **MUST** contain the signature of the applicant 9or parent or legal guardian, if applicable). A stamped or typewritten name in place of a signature is not acceptable.

9. Part 7. Contact Information, Certification, and Signature. If you used an interpreter to read the instructions and complete the questions on this form, the interpreter must fill out this section, provide the name of her or her business/organization, the business/organization's address, his or her daytime telephone number, and his or her e-mail address. The interpreter must also sign and date the form.

[Page 16]

10. Part 8. Contact Information,

USCIS provides forms free of charge through the USCIS website. In order to view, print, or fill out our forms, you should use the latest version of Adobe Reader, which you can download for free at <http://get.adobe.com/reader/>. If you do not have Internet access, you may call the USCIS **National Customer Service Center** at **1-800-375-5283** and ask that we mail a form to you. For TTY (deaf or hard of hearing) call: **1-800-767-1833**.

...

[Page 12]

8. Part 5. Statement, Contact Information, Declaration, Certification, and Signature. Select the appropriate box to indicate whether you read this application yourself or whether you had an interpreter assist you. If someone assisted you in completing the application, select the box indicating that you used a preparer. Further, you must sign and date your application and provide your daytime telephone number, mobile telephone number (if any), and email address (if any). Every application **MUST** contain the signature of the applicant 9or parent or legal guardian, if applicable). A stamped or typewritten name in place of a signature is not acceptable.

[Page 13]

9. Part 6. Contact Information, Certification, and Signature. If you used an interpreter to read the instructions and complete the questions on this form, the interpreter must fill out this section, provide the name of her or her business/organization, the business/organization's address, his or her daytime telephone number, and his or her e-mail address. The interpreter must also sign and date the form.

10. Part 7. Contact Information, Declaration, and Signature of the

	<p>Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant. This section must contain the signature of the person who completed you application, if other than you, the applicant. If the same individual acted as your interpreter and your preparer, that person should complete both Part 7. and Part 8. If the person who completed this application is associated with a business or organization, that person should complete the business or organization name and address information. Anyone who helped you complete this application MUST sign and date the application. A stamped or typewritten name in place of a signature is not acceptable. If the person who helped you prepare your application is an attorney or accredited representative, he or she may also need to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, along with your application.</p> <p>...</p>	<p>Person Preparing this Application, If Other Than the Applicant. This section must contain the signature of the person who completed you application, if other than you, the applicant. If the same individual acted as your interpreter and your preparer, that person should complete both Part 6. and Part 7. If the person who completed this application is associated with a business or organization, that person should complete the business or organization name and address information. Anyone who helped you complete this application MUST sign and date the application. A stamped or typewritten name in place of a signature is not acceptable. If the person who helped you prepare your application is an attorney or accredited representative, he or she may also need to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, along with your application.</p> <p>...</p>
<p>Page 17, What Is the Filing Fee?</p>	<p>[Page 17]</p> <p>What Is the Filing Fee?</p> <p>...</p> <p>How To Check If the Fees Are Correct</p> <p>Form I-539’s filing fee and biometric services fees are current as of the edition date in the lower left corner of this page. However, because USCIS fees change periodically, you can verify that the fees are correct by following one of the steps below.</p> <ol style="list-style-type: none"> 1. Visit the USCIS website at www.uscis.gov, select “FORMS” and check the appropriate fee; or 2. Visit the USCIS Contact Center at www.uscis.gov/contactcenter to get answers to your questions and connect with a live USCIS representative. The USCIS Contact Center provides information in English and Spanish. For TTY (deaf or hard of hearing) call: 1-800-767-1833. <p>...</p>	<p>[Page 14]</p> <p>What Is the Filing Fee?</p> <p>...</p> <p>[no change]</p> <ol style="list-style-type: none"> 2. Call the USCIS National Customer Service Center at 1-800-375-5283 and ask for the fee information. For TTY (deaf or hard of hearing) call: 1-800-767-1833. <p>...</p>

<p>Page 17-18, Where To File?</p>	<p>[Page 17]</p> <p>Where To File?</p> <p>Please see our website at www.uscis.gov/I-539 or visit the USCIS Contact Center at www.uscis.gov/contactcenter to connect with a USCIS representative for the most current information about where to file this application. The USCIS Contact Center provides information in English and Spanish. For TTY (deaf or hard of hearing) call: 1-800-767-1833.</p> <p>...</p>	<p>[Page 15]</p> <p>Where To File?</p> <p>Please see our website at www.uscis.gov/I-539 or call our National Customer Service Center at 1-800-375-5283 for the most current information about where to file this application. For TTY (deaf or hard of hearing) call: 1-800-767-1833.</p> <p>...</p>
<p>Page 18, Address Changes</p>	<p>[Page 18]</p> <p>Address Changes</p> <p>An applicant who is not a U.S. citizen must notify USCIS of his or her new address within 10 days of moving from his or her previous residence. For information on filing a change of address, go to the USCIS website at www.uscis.gov/addresschange or reach out to the USCIS Contact Center at www.uscis.gov/contactcenter for help. The USCIS Contact Center provides information in English and Spanish. For TTY (deaf or hard of hearing) call: 1-800-767-1833</p> <p>...</p>	<p>[Page 15]</p> <p>Address Changes</p> <p>An applicant who is not a U.S. citizen must notify USCIS of his or her new address within 10 days of moving from his or her previous residence. For information on filing a change of address, go to the USCIS website at www.uscis.gov/addresschange or contact the USCIS National Customer Service Center at 1-800-375-5283. For TTY (deaf or hard of hearing) call: 1-800-767-1833.</p> <p>...</p>
<p>Page 19-20, DHS Privacy Notice</p>	<p>[Page 19]</p> <p>DHS Privacy Notice</p> <p>AUTHORITIES: The information requested on this application, and the associated evidence, is collected pursuant to the Immigration and Nationality Act sections 1103 and 1184, and Title 8 of the Code of Federal Regulations (CFR) parts 103, 214, and 248.</p> <p>PURPOSE: The primary purpose for providing the requested information on this application is to apply for an extension of stay or a change from one nonimmigrant category to another nonimmigrant category. DHS will use the information you provide to grant or deny the immigration benefit you are</p>	<p>[Page 16]</p> <p>USCIS Privacy Act Statement</p> <p>AUTHORITIES: The information requested on this benefit petition, and the associated evidence, is collected pursuant to the Immigration and Nationality Act, 8 U.S.C. sections 1103 and 1184, and Title 8 of the Code of Federal Regulations (CFR) parts 103, 214 and 248.</p> <p>PURPOSE: The primary purpose for providing the requested information on this benefit application is to apply for an extension of stay or a change from one nonimmigrant category to another nonimmigrant category. USCIS will use the information you provide to grant or deny the benefit sought.</p>

	<p>seeking.</p> <p>DISCLOSURE: The information you provide is voluntary. However, failure to provide the requested information, including your Social Security number, and any requested evidence, may delay a final decision or result in denial of your application.</p> <p>[Page 20]</p> <p>ROUTINE USES: DHS may share the information you provide on this application and any additional requested evidence with other Federal, state, local, and foreign government agencies and authorized organizations. DHS follows approved routine uses described in the associated published system of records notices [DHS/USCIS-001 - Alien File, Index, and National File Tracking System and DHS/USCIS-007 - Benefits Information System] and the published privacy impact assessment [DHS/USCIS/PIA-016(a) Computer Linked Application Information Management System and Associated Systems], which can be found at www.dhs.gov/privacy. DHS may also share the information, as appropriate, for law enforcement purposes or in the interest of national security.</p>	<p>[Page 17]</p> <p>DISCLOSURE: The information you provide is voluntary. However, failure to provide the requested information, and any requested evidence, may delay a final decision or result in denial of your form.</p> <p>ROUTINE USES: The information you provide on this benefit petition may be shared with other Federal, State, local, and foreign government agencies and authorized organizations in accordance with approved routine uses, as described in the associated published system of records notices [DHS/USCIS-007 - Benefits Information System and DHS/USCIS/ICE/CBP-001 - Alien File, Index, and National File Tracking System, which can be found at www.dhs.gov/privacy.] The information may also be made available, as appropriate for law enforcement purposes or in the interest of national security.</p>
<p>Page 20, Paperwork Reduction Act</p>	<p>[Page 20]</p> <p>Paperwork Reduction Act</p> <p>An agency may not conduct or sponsor an information collection, and a person is not required to respond to a collection of information, unless it displays a currently valid Office of Management and Budget (OMB) control number. The public reporting burden for this collection of information is estimated at 2.00 hours and 38 minutes per response, including the time for reviewing instructions, gathering the required documentation and information, completing the application, preparing statements, attaching necessary documentation, and submitting the application. The collection of biometrics</p>	<p>[Page 17]</p> <p>Paperwork Reduction Act</p> <p>An agency may not conduct or sponsor an information collection, and a person is not required to respond to a collection of information, unless it displays a currently valid Office of Management and Budget (OMB) control number. The public reporting burden for this collection of information is estimated at 2.00 hours per response, including the time for reviewing instructions, gathering the required documentation and information, completing the application, preparing statements, attaching necessary documentation, and submitting the application. The collection of biometrics</p>

	<p>is estimated to require 1 hour and 10 minutes. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: U.S. Citizenship and Immigration Services, Office of Policy and Strategy, Regulatory Coordination Division, 5900 Capital Gateway Drive, Mail Stop #2140, Camp Springs, MD 20588-0009; OMB No. 1615-0003. Do not mail your completed Form I-539 to this address.</p>	<p>is estimated to require 1.17 hours. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: U.S. Citizenship and Immigration Services, Office of Policy and Strategy, Regulatory Coordination Division, 5900 Capital Gateway Drive, Mail Stop #2140, Camp Springs, MD 20588-0009; OMB No. 1615-0003. Do not mail your completed Form I-539 to this address.</p>
--	---	---