

TABLE OF CHANGES – FORM
Form I-129, Petition for a Nonimmigrant Worker
OMB Number: 1615-0009
Date 02/12/2021

Reason for Revision: PCR

Legend for Proposed Text:

- Black font = Current text
- Red font = Changes

Expires 10/31/2021

Edition Date 09/30/2020

Current Page Number and Section	Current Text	Proposed Text
<p>Pages 3-4, Part 4. Processing Information</p>	<p>[Page 3]</p> <p>Part 4. Processing Information</p> <p>...</p> <p>2. Does each person in this petition have a valid passport? Yes/No. If no, go to Part 10. and type or print your explanation.</p> <p>[Page 4]</p> <p>...</p> <p>6. Is any beneficiary in this petition in removal proceedings? Yes. If yes, proceed to Part 10. and list the beneficiary's(ies) name(s). No</p> <p>7. Have you ever filed an immigrant petition for any beneficiary in this petition? Yes. If yes, how many? No</p> <p>8. Did you indicate you were filing a new petition in Part 2.? Yes. If yes, answer the questions below. No. If no, proceed to Item Number 10.</p> <p>a. Has any beneficiary in this petition ever been given the classification you are now requesting within the last seven years? Yes. If yes, proceed to Part 10. and type or print your explanation. No</p>	<p>[Page 3]</p> <p>Part 4. Processing Information</p> <p>...</p> <p>2. Does each person in this petition have a valid passport? Yes/No If no, go to Part 9. and type or print your explanation.</p> <p>[Page 4]</p> <p>...</p> <p>6. Is any beneficiary in this petition in removal proceedings? Yes. If yes, proceed to Part 9. and list the beneficiary's(ies) name(s). No</p> <p>7. Have you ever filed an immigrant petition for any beneficiary in this petition? Yes. If yes, how many? No</p> <p>8. Did you indicate you were filing a new petition in Part 2? Yes. If yes, answer the questions below. No. If no, proceed to Item Number 9.</p> <p>a. Has any beneficiary in this petition ever been given the classification you are now requesting within the last seven years? Yes. If yes, proceed to Part 9. and type or print your explanation. No</p>

	<p>b. Has any beneficiary in this petition ever been denied the classification you are now requesting within the last seven years? Yes. If yes, proceed to Part 10. and type or print your explanation. No</p> <p>9. Have you ever previously filed a nonimmigrant petition for this beneficiary? Yes. If yes, proceed to Part 10. and type or print your explanation. No</p> <p>10. If you are filing for an entertainment group, has any beneficiary in this petition not been with the group for at least one year? Yes. If yes, proceed to Part 10. and type or print your explanation. No</p> <p>...</p>	<p>b. Has any beneficiary in this petition ever been denied the classification you are now requesting within the last seven years? Yes. If yes, proceed to Part 9. and type or print your explanation. No</p> <p>9. Have you ever previously filed a nonimmigrant petition for this beneficiary? Yes. If yes, proceed to Part 9. and type or print your explanation. No</p> <p>10. If you are filing for an entertainment group, has any beneficiary in this petition not been with the group for at least one year? Yes. If yes, proceed to Part 9. and type or print your explanation. No</p> <p>...</p>
<p>Pages 5-7, Part 6. Information about The Beneficiary’s Public Benefits</p>	<p>[Page 5]</p> <p>Part 6. Information About The Beneficiary’s Public Benefits</p> <p>Part 6. only applies to petitions that also seek a change of a beneficiary’s status or an extension of a beneficiary’s nonimmigrant stay in the United States. If you are filing this petition without a request for the beneficiary’s change of status or extension of stay, you may skip Part 6.</p> <p>Provide the requested information and submit documentation as outlined in the Instructions. For additional beneficiaries, please respond to the questions in Attachment 1 below.</p> <p>[Page 6]</p> <p>1. Has the beneficiary received, since obtaining the nonimmigrant status that you seek to extend or that you seek to change on behalf of the beneficiary, received, or is the beneficiary currently certified to receive, the following public benefits? (select all that apply).</p> <p><input type="checkbox"/> Yes, the beneficiary has received or is currently certified to receive the following public benefits: (select all that apply)</p> <p><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</p>	<p>[Page 5]</p> <p>[delete]</p>

- (SNAP, formerly called “Food Stamps”)
- 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, the beneficiary has not received any of the above listed public benefits.
 No, the beneficiary is not certified to receive any of the above listed public benefits.

2. If the beneficiary has received or is currently certified to receive any of the above public benefits, provide information about the public benefits below. If you need additional space to complete any Item Number in this Part, use the space provided in **Part 10. Additional Information**. Submit evidence as outlined in the Instructions.

A. Type of Benefit

Agency that Granted the Benefit
Date the Beneficiary Started Receiving the Benefit or if Certified, Date the Beneficiary Will Start Receiving the Benefit (mm/dd/yyyy)
Date Benefit or Coverage Ended or Expires (mm/dd/yyyy)

B. Type of Benefit

Agency that Granted the Benefit
Date the Beneficiary Started Receiving the Benefit or if Certified, Date the Beneficiary Will Start Receiving the Benefit (mm/dd/yyyy)
Date Benefit or Coverage Ended or Expires (mm/dd/yyyy)

C. Type of Benefit

Agency that Granted the Benefit
Date the Beneficiary Started Receiving the Benefit or if Certified, Date the Beneficiary Will Start Receiving the Benefit (mm/dd/yyyy)
Date Benefit or Coverage Ended or Expires (mm/dd/yyyy)

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D. Type of Benefit

Agency that Granted the Benefit
Date the Beneficiary Started Receiving the Benefit or if Certified, Date the Beneficiary Will Start Receiving the Benefit (mm/dd/yyyy)
Date Benefit or Coverage Ended or Expires (mm/dd/yyyy)

3. If you answered “Yes” to **Item Number 1.**, do any of the following apply to the beneficiary? Provide the evidence listed in the Form I-129 Instructions.

	<p><input type="checkbox"/> The beneficiary is enlisted in the Armed Forces, or is serving in active duty or in the Ready Reserve Component of the U.S. Armed Forces.</p> <p><input type="checkbox"/> The beneficiary is the spouse or the child of an individual who is enlisted in the Armed Forces, or who is serving in active duty or in the Ready Reserve Component of the U.S. Armed Forces.</p> <p><input type="checkbox"/> At the time the beneficiary received the public benefits, the beneficiary (or the beneficiary's spouse or parent) was enlisted in the Armed Forces, or was serving in active duty or in the Ready Reserve Component of the U.S. Armed Forces.</p> <p><input type="checkbox"/> At the time the beneficiary received the public benefits, the beneficiary was present in the United States in a status exempt from the public charge ground of inadmissibility.</p> <p><input type="checkbox"/> At the time the beneficiary received the public benefits, the beneficiary was present in the United States after being granted a waiver of the public charge ground of inadmissibility.</p> <p><input type="checkbox"/> The beneficiary is a child currently residing abroad who entered the United States with a nonimmigrant visa to attend an N-600K, Application for Citizenship and Issuance of Certificate Under INA Section 322 interview.</p> <p><input type="checkbox"/> None of the above statements apply to the beneficiary.</p> <p>4.a. Has the beneficiary received, applied for, or has been certified to receive federally-funded Medicaid in connection with any of the following (select all that apply): Submit evidence as outlined in the Instructions.</p> <p><input type="checkbox"/> An emergency medical condition</p> <p><input type="checkbox"/> For a service under the Individuals with Disabilities Education Act (IDEA)</p> <p><input type="checkbox"/> Other school-based benefits or services available up to the oldest age eligible for secondary education under State law</p> <p><input type="checkbox"/> While under the of age 21</p> <p><input type="checkbox"/> While pregnant or during the 60-day period following the last day of pregnancy</p> <p>4.b. Provide the applicable dates mm/dd/yyyy to mm/dd/yyyy</p>	
<p>Page 8, Part 7. Certification Regarding the Release of Controlled Technology</p>	<p>[Page 8] Part 7. Certification Regarding the Release of Controlled Technology or Technical Data to Foreign Persons in the United States</p>	<p>[Page 6] Part 6. Certification Regarding the Release of Controlled Technology or Technical Data to Foreign Persons in the United States</p>

<p>or Technical Data to Foreign Persons in the United States</p>	<p>...</p>	<p>...</p>
<p>Page 8, Part 8. Declaration, Signature, and Contact Information of Petitioner or Authorized Signatory</p>	<p>[Page 8]</p> <p>Part 8. Declaration, Signature, and Contact Information of Petitioner or Authorized Signatory (Read the information on penalties in the instructions before completing this section.)</p> <p>...</p>	<p>[Page 6]</p> <p>Part 7. Declaration, Signature, and Contact Information of Petitioner or Authorized Signatory (Read the information on penalties in the instructions before completing this section.)</p> <p>...</p>
<p>Page 9, Part 9. Declaration, Signature, and Contact Information of Person Preparing Form, If Other Than Petitioner</p>	<p>[Page 9]</p> <p>Part 9. Declaration, Signature, and Contact Information of Person Preparing Form, If Other Than Petitioner</p> <p>...</p>	<p>[Page 7]</p> <p>Part 8. Declaration, Signature, and Contact Information of Person Preparing Form, If Other Than Petitioner</p> <p>...</p>
<p>Page 10, Part 10. Additional Information About Your Petition For Nonimmigrant Worker</p>	<p>[Page 10]</p> <p>Part 10. Additional Information About Your Petition For Nonimmigrant Worker</p> <p>If you require more space to provide any additional information within this petition, use the space below. If you require more space than what is provided to complete this petition, you may make a copy of Part 10. to complete and file with this petition. In order to assist us in reviewing your response, you must identify the Page Number, Part Number and Item Number corresponding to the additional information.</p> <p>...</p>	<p>[Page 8]</p> <p>Part 9. Additional Information About Your Petition For Nonimmigrant Worker</p> <p>If you require more space to provide any additional information within this petition, use the space below. If you require more space than what is provided to complete this petition, you may make a copy of Part 9. to complete and file with this petition. In order to assist us in reviewing your response, you must identify the Page Number, Part Number and Item Number corresponding to the additional information.</p> <p>...</p>
<p>Pages 15-20, H Classification Supplement to Form I-129</p>	<p>[Page 15]</p> <p>H Classification Supplement to Form I-129</p> <p>...</p> <p>5. If you selected a. or d. in Item Number 4., and are filing an H-1B cap petition (including a petition under the U.S. advanced degree exemption), provide the Beneficiary Confirmation Number from the H-1B Registration Selection Notice for the beneficiary named in this petition (if applicable).</p> <p>6. Are you filing this petition on behalf of a beneficiary subject to the Guam-CNMI cap exemption under Public Law 110-229? Yes No</p> <p>[Page 16]</p>	<p>[Page 13]</p> <p>H Classification Supplement to Form I-129</p> <p>...</p> <p>[delete]</p> <p>5. Are you filing this petition on behalf of a beneficiary subject to the Guam-CNMI cap exemption under Public Law 110-229? Yes No</p> <p>[Page 14]</p>

	<p>7. Are you requesting a change of employer and was the beneficiary previously subject to the Guam-CNMI cap exemption under Public Law 110-229? Yes No</p> <p>8.a. Does any beneficiary in this petition have ownership interest in the petitioning organization? Yes. If yes, please explain in Item Number 8.b. No</p> <p>8.b. Explanation ...</p> <p>Section 2. Complete This Section If Filing for H-2A or H-2B Classification ...</p> <p>5.e. Country of Citizenship or Nationality</p> <p>6.a. Have any of the workers listed in Item Number 5. above ever been admitted to the United States previously in H-2A/H-2B status? Yes. If yes, go to Part 10. of Form I-129 and write your explanation. No</p> <p>...</p> <p>If yes, list the name and address of service or agent used below. Please use Part 10. of Form I-129 if you need to include the name and address of more than one service or agent. ...</p> <p>Section 3. Complete This Section If Filing for H-3 Classification ...</p> <p>3. Does the training involve productive employment incidental to the training? If yes, explain the amount of compensation employment versus the classroom in Part 10. of Form I-129. Yes No</p> <p>...</p>	<p>6. Are you requesting a change of employer and was the beneficiary previously subject to the Guam-CNMI cap exemption under Public Law 110-229? Yes No</p> <p>7.a. Does any beneficiary in this petition have ownership interest in the petitioning organization? Yes. If yes, please explain in Item Number 7.b. No</p> <p>7.b. Explanation ...</p> <p>Section 2. Complete This Section If Filing for H-2A or H-2B Classification ...</p> <p>5.e. Country of Citizenship or Nationality</p> <p>6.a. Have any of the workers listed in Item Number 5. above ever been admitted to the United States previously in H-2A/H-2B status? Yes. If yes, go to Part 9. of Form I-129 and write your explanation. No</p> <p>...</p> <p>If yes, list the name and address of service or agent used below. Please use Part 10. of Form I-129 if you need to include the name and address of more than one service or agent. ...</p> <p>Section 3. Complete This Section If Filing for H-3 Classification ...</p> <p>3. Does the training involve productive employment incidental to the training? If yes, explain the amount of compensation employment versus the classroom in Part 9. of Form I-129. Yes No</p> <p>...</p>
<p>Pages 24-27, L Classification Supplement to Form I-129</p>	<p>[Page 24] L Classification Supplement to Form I-129 ...</p>	<p>[Page 22] L Classification Supplement to Form I-129 ...</p>

	<p>2. List the beneficiary's and any dependent family member's prior periods of stay in an H or L classification in the United States for the last seven years. Be sure to list only those periods in which the beneficiary and/or family members were physically present in the U.S. in an H or L classification. Do not include periods in which the beneficiary was in a dependent status, for example, H-4 or L-2 status. If more space is needed, go to Part 10. of Form I-129.</p> <p>...</p> <p>11. Do the companies currently have the same qualifying relationship as they did during the one-year period of the alien's employment with the company abroad? Yes No. If no, provide an explanation in Part 10. of Form I-129 that the U.S. company has and will have a qualifying relationship with another foreign entity during the full period of the requested period of stay.</p> <p>...</p> <p>13.b. If you answered yes to the preceding question, describe how and by whom the beneficiary's work will be controlled and supervised. Include a description of the amount of time each supervisor is expected to control and supervise the work. If you need additional space to respond to this question, proceed to Part 10. of the Form I-129, and type or print your explanation.</p> <p>13.c. If you answered yes to the preceding question, describe the reasons why placement at another worksite outside the petitioner, subsidiary, affiliate, or parent is needed. Include a description of how the beneficiary's duties at another worksite relate to the need for the specialized knowledge he or she possesses. If you need additional space to respond to this question, proceed to Part 10. of the Form I-129, and type or print your explanation.</p> <p>...</p>	<p>2. List the beneficiary's and any dependent family member's prior periods of stay in an H or L classification in the United States for the last seven years. Be sure to list only those periods in which the beneficiary and/or family members were physically present in the U.S. in an H or L classification. Do not include periods in which the beneficiary was in a dependent status, for example, H-4 or L-2 status. If more space is needed, go to Part 9. of Form I-129.</p> <p>...</p> <p>11. Do the companies currently have the same qualifying relationship as they did during the one-year period of the alien's employment with the company abroad? Yes No. If no, provide an explanation in Part 9. of Form I-129 that the U.S. company has and will have a qualifying relationship with another foreign entity during the full period of the requested period of stay.</p> <p>...</p> <p>13.b. If you answered yes to the preceding question, describe how and by whom the beneficiary's work will be controlled and supervised. Include a description of the amount of time each supervisor is expected to control and supervise the work. If you need additional space to respond to this question, proceed to Part 9. of the Form I-129, and type or print your explanation.</p> <p>13.c. If you answered yes to the preceding question, describe the reasons why placement at another worksite outside the petitioner, subsidiary, affiliate, or parent is needed. Include a description of how the beneficiary's duties at another worksite relate to the need for the specialized knowledge he or she possesses. If you need additional space to respond to this question, proceed to Part 9. of the Form I-129, and type or print your explanation.</p> <p>...</p>
<p>Pages 28-30, O and P Classifications Supplement to Form I- 129</p>	<p>[Page 28]</p> <p>O and P Classifications Supplement to Form I-129</p> <p>Section 1. Complete This Section if Filing for O or P Classification</p> <p>...</p> <p>[Page 29]</p>	<p>[Page 26]</p> <p>O and P Classifications Supplement to Form I-129</p> <p>Section 1. Complete This Section if Filing for O or P Classification</p> <p>...</p> <p>[Page 27]</p>

	<p>7.b. Explanation</p> <p>8. Does an appropriate labor organization exist for the petition? Yes No. If no, proceed to Part 10. and type or print your explanation.</p> <p>...</p>	<p>7.b. Explanation</p> <p>8. Does an appropriate labor organization exist for the petition? Yes No. If no, proceed to Part 9. and type or print your explanation.</p> <p>...</p>
<p>Pages 32-36, R-1 Classification Supplement to Form I-129</p>	<p>[Page 32]</p> <p>R-1 Classification Supplement to Form I-129</p> <p>Section 1. Complete This Section If You Are Filing For An R-1 Religious Worker</p> <p>...</p> <p>NOTE: Submit photocopies of Forms I-94 (Arrival-Departure Record), I-797 (Notice of Action), and/or other USCIS documents identifying these periods of stay in the R visa classification(s). If more space is needed, provide the information in Part 10. of Form I-129.</p> <p>...</p> <p>[Page 34]</p> <p>...</p> <p>Petitioner Attestations</p> <p>Does the petitioner attest to all of the requirements described in Item Numbers 6. - 12. below?</p> <p>6. The petitioner is a bona fide non-profit religious organization or a bona fide organization that is affiliated with the religious denomination and is tax-exempt as described in section 501(c)(3) of the Internal Revenue Code of 1986, subsequent amendment, or equivalent sections of prior enactments of the Internal Revenue Code. If the petitioner is affiliated with the religious denomination, complete the Religious Denomination Certification included in this supplement. Yes No. If no, type or print your explanation below and if needed, go to Part 10. of Form I-129.</p> <p>7. The petitioner is willing and able to provide salaried or non-salaried compensation to the beneficiary. If the beneficiary will be self-supporting, the petitioner must submit documentation establishing that the position the beneficiary will hold is part of an established</p>	<p>[Page 30]</p> <p>R-1 Classification Supplement to Form I-129</p> <p>Section 1. Complete This Section If You Are Filing For An R-1 Religious Worker</p> <p>...</p> <p>NOTE: Submit photocopies of Forms I-94 (Arrival-Departure Record), I-797 (Notice of Action), and/or other USCIS documents identifying these periods of stay in the R visa classification(s). If more space is needed, provide the information in Part 9. of Form I-129.</p> <p>...</p> <p>[Page 32]</p> <p>...</p> <p>Petitioner Attestations</p> <p>Does the petitioner attest to all of the requirements described in Item Numbers 6. - 12. below?</p> <p>6. The petitioner is a bona fide non-profit religious organization or a bona fide organization that is affiliated with the religious denomination and is tax-exempt as described in section 501(c)(3) of the Internal Revenue Code of 1986, subsequent amendment, or equivalent sections of prior enactments of the Internal Revenue Code. If the petitioner is affiliated with the religious denomination, complete the Religious Denomination Certification included in this supplement. Yes No. If no, type or print your explanation below and if needed, go to Part 9. of Form I-129.</p> <p>7. The petitioner is willing and able to provide salaried or non-salaried compensation to the beneficiary. If the beneficiary will be self-supporting, the petitioner must submit documentation establishing that the position the beneficiary will hold is part of an established</p>

	<p>program for temporary, uncompensated missionary work, which is part of a broader international program of missionary work sponsored by the denomination. Yes No. If no, type or print your explanation below and if needed, go to Part 10. of Form I-129.</p> <p>8. If the beneficiary worked in the United States in an R-1 status during the 2 years immediately before the petition was filed, the beneficiary received verifiable salaried or non-salaried compensation, or provided uncompensated self-support. Yes No. If no, type or print your explanation below and if needed, go to Part 10. of Form I-129.</p> <p>9. If the position is not a religious vocation, the beneficiary will not engage in secular employment, and the petitioner will provide salaried or non-salaried compensation. If the position is a traditionally uncompensated and not a religious vocation, the beneficiary will not engage in secular employment, and the beneficiary will provide self-support. Yes No. If no, type or print your explanation below and if needed, go to Part 10. of Form I-129.</p> <p>[Page 35]</p> <p>10. The offered position requires at least 20 hours of work per week. If the offered position at the petitioning organization requires fewer than 20 hours per week, the compensated service for another religious organization and the compensated service at the petitioning organization will total 20 hours per week. If the beneficiary will be self-supporting, the petitioner must submit documentation establishing that the position the beneficiary will hold is part of an established program for temporary, uncompensated missionary work, which is part of a broader international program of missionary work sponsored by the denomination. Yes No. If no, type or print your explanation below and if needed, go to Part 10. of Form I-129.</p> <p>11. The beneficiary has been a member of the petitioner's denomination for at least two years immediately before Form I-129 was filed and is otherwise qualified to perform the duties of the offered position. Yes No. If no, type or print your explanation below and if needed, go to Part 10. of Form I-129.</p> <p>12. The petitioner will notify USCIS within 14</p>	<p>program for temporary, uncompensated missionary work, which is part of a broader international program of missionary work sponsored by the denomination. Yes No. If no, type or print your explanation below and if needed, go to Part 9. of Form I-129.</p> <p>8. If the beneficiary worked in the United States in an R-1 status during the 2 years immediately before the petition was filed, the beneficiary received verifiable salaried or non-salaried compensation, or provided uncompensated self-support. Yes No. If no, type or print your explanation below and if needed, go to Part 9. of Form I-129.</p> <p>9. If the position is not a religious vocation, the beneficiary will not engage in secular employment, and the petitioner will provide salaried or non-salaried compensation. If the position is a traditionally uncompensated and not a religious vocation, the beneficiary will not engage in secular employment, and the beneficiary will provide self-support. Yes No. If no, type or print your explanation below and if needed, go to Part 9. of Form I-129.</p> <p>[Page 33]</p> <p>10. The offered position requires at least 20 hours of work per week. If the offered position at the petitioning organization requires fewer than 20 hours per week, the compensated service for another religious organization and the compensated service at the petitioning organization will total 20 hours per week. If the beneficiary will be self-supporting, the petitioner must submit documentation establishing that the position the beneficiary will hold is part of an established program for temporary, uncompensated missionary work, which is part of a broader international program of missionary work sponsored by the denomination. Yes No. If no, type or print your explanation below and if needed, go to Part 9. of Form I-129.</p> <p>11. The beneficiary has been a member of the petitioner's denomination for at least two years immediately before Form I-129 was filed and is otherwise qualified to perform the duties of the offered position. Yes No. If no, type or print your explanation below and if needed, go to Part 9. of Form I-129.</p> <p>12. The petitioner will notify USCIS within 14</p>
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	<p>days if an R-1 alien is working less than the required number of hours or has been released from or has otherwise terminated employment before the expiration of a period of authorized R-1 stay. Yes No. If no, type or print your explanation below and if needed, go to Part 10. of Form I-129.</p> <p>...</p>	<p>days if an R-1 alien is working less than the required number of hours or has been released from or has otherwise terminated employment before the expiration of a period of authorized R-1 stay. Yes No. If no, type or print your explanation below and if needed, go to Part 9. of Form I-129.</p> <p>...</p>
<p>Pages 37-42, Attachment-1 Attach to Form I-129 when more than one person is included in the petition.</p>	<p>[Page 37]</p> <p>Attachment-1 Attach to Form I-129 when more than one person is included in the petition. (List each person separately. Do not include the person you named on the Form I-129.)</p> <p>...</p> <p>Information About the Additional Beneficiary’s Public Benefits</p> <p>1. Has the beneficiary, since obtaining the nonimmigrant status that you seek to extend or that you seek to change on behalf of the beneficiary, received, or is the beneficiary currently certified to receive, any of the following public benefits? (select all that apply).</p> <p><input type="checkbox"/> Yes, the beneficiary has received or is currently certified to receive the following public benefits:</p> <p><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”) <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> <p><input type="checkbox"/> No, the beneficiary has not received any of the above listed public benefits. <input type="checkbox"/> No, the beneficiary is not certified to receive any of the above listed public benefits.</p> <p>2. If the beneficiary has received or is currently certified to receive any of the above public benefits, provide information about the public benefits below. If you need additional space to complete any Item Number in this Part, use the</p>	<p>[Page 35]</p> <p>Attachment-1 Attach to Form I-129 when more than one person is included in the petition. (List each person separately. Do not include the person you named on the Form I-129.)</p> <p>...</p> <p>[deleted]</p>

space provided in **Part 10. Additional Information**. Submit evidence as outlined in the Instructions.

A. Type of Benefit

Agency that Granted the Benefit
Date the Beneficiary Started Receiving the Benefit or if Certified, Date the Beneficiary Will Start Receiving the Benefit (mm/dd/yyyy)
Date Benefit or Coverage Ended or Expires (mm/dd/yyyy)

B. Type of Benefit

Agency that Granted the Benefit
Date the Beneficiary Started Receiving the Benefit or if Certified, Date the Beneficiary Will Start Receiving the Benefit (mm/dd/yyyy)
Date Benefit or Coverage Ended or Expires (mm/dd/yyyy)

C. Type of Benefit

Agency that Granted the Benefit
Date the Beneficiary Started Receiving the Benefit or if Certified, Date the Beneficiary Will Start Receiving the Benefit (mm/dd/yyyy)
Date Benefit or Coverage Ended or Expires (mm/dd/yyyy)

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D. Type of Benefit

Agency that Granted the Benefit
Date the Beneficiary Started Receiving the Benefit or if Certified, Date the Beneficiary Will Start Receiving the Benefit (mm/dd/yyyy)
Date Benefit or Coverage Ended or Expires (mm/dd/yyyy)

3. If you answered “Yes” to Item Number 1., do any of the following apply to the beneficiary? Provide the evidence listed in the Form I-129 Instructions.

The beneficiary is enlisted in the Armed Forces, or is serving in active duty or in the Ready Reserve Component of the U.S. Armed Forces.

The beneficiary is the spouse or the child of an individual who is enlisted in the Armed Forces, or is serving in active duty or in the Ready Reserve Component of the U.S. Armed Forces.

At the time the beneficiary received the public benefits, the beneficiary (or the beneficiary’s spouse or parent) was enlisted in the Armed Forces, or was serving in active duty or in the Ready Reserve Component of the U.S. Armed Forces.

	<p><input type="checkbox"/> At the time the beneficiary received the public benefits, the beneficiary was present in the United States in a status exempt from the public charge ground of inadmissibility.</p> <p><input type="checkbox"/> At the time the beneficiary received the public benefits, the beneficiary was present in the United States after being granted a waiver of the public charge ground of inadmissibility.</p> <p><input type="checkbox"/> The beneficiary is a child currently residing abroad who entered the United States with a nonimmigrant visa to attend an N-600K, Application for Citizenship and Issuance of Certificate Under INA Section 322 interview.</p> <p><input type="checkbox"/> None of the above statements apply to the beneficiary.</p> <p>4. Has the beneficiary received, applied for, or has been certified to receive federally-funded Medicaid in connection with any of the following (select all that apply): Submit evidence as outlined in the Instructions.</p> <p><input type="checkbox"/> An emergency medical condition</p> <p><input type="checkbox"/> For a service under the Individuals with Disabilities Education Act (IDEA)</p> <p><input type="checkbox"/> Other school-based benefits or services available up to the oldest age eligible for secondary education under State law</p> <p><input type="checkbox"/> While under the of age 21</p> <p><input type="checkbox"/> While pregnant or during the 60-day period following the last day of pregnancy</p> <p>5. Provide the applicable dates mm/dd/yyyy to mm/dd/yyyy</p> <p>...</p> <p>[Page 41]</p> <p>Information About the Additional Beneficiary’s Public Benefits</p> <p>1. Has the beneficiary, since obtaining the nonimmigrant status that you seek to extend or that you seek to change on behalf of the beneficiary, received, or is the beneficiary currently certified to receive, any of the following public benefits? (select all that apply).</p> <p><input type="checkbox"/> Yes, the beneficiary has received or is currently certified to receive the following public benefits:</p> <p><input type="checkbox"/> Any Federal, State, local or tribal cash assistance for income maintenance</p> <p><input type="checkbox"/> Supplemental Security Income (SSI)</p> <p><input type="checkbox"/> Temporary Assistance for Needy Families (TANF)</p>	<p>...</p> <p>[Page 41]</p> <p>[deleted]</p>
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- General Assistance (GA)
- Supplemental Nutrition Assistance Program (SNAP, formerly called "Food Stamps")
- 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, the beneficiary has not received any of the above listed public benefits.

No, the beneficiary is not certified to receive any of the above listed public benefits.

2. If the beneficiary has received or is currently certified to receive any of the above public benefits, provide information about the public benefits below. If you need additional space to complete any Item Number in this Part, use the space provided in **Part 10. Additional Information. Submit evidence as outlined in the Instructions.**

A. Type of Benefit
 Agency that Granted the Benefit
 Date the Beneficiary Started Receiving the Benefit or if Certified, Date the Beneficiary Will Start Receiving the Benefit (mm/dd/yyyy)
 Date Benefit or Coverage Ended or Expires (mm/dd/yyyy)

B. Type of Benefit
 Agency that Granted the Benefit
 Date the Beneficiary Started Receiving the Benefit or if Certified, Date the Beneficiary Will Start Receiving the Benefit (mm/dd/yyyy)
 Date Benefit or Coverage Ended or Expires (mm/dd/yyyy)

C. Type of Benefit
 Agency that Granted the Benefit
 Date the Beneficiary Started Receiving the Benefit or if Certified, Date the Beneficiary Will Start Receiving the Benefit (mm/dd/yyyy)
 Date Benefit or Coverage Ended or Expires (mm/dd/yyyy)

[Page 42]

D. Type of Benefit
 Agency that Granted the Benefit
 Date the Beneficiary Started Receiving the Benefit or if Certified, Date the Beneficiary Will Start Receiving the Benefit (mm/dd/yyyy)
 Date Benefit or Coverage Ended or Expires (mm/dd/yyyy)

3. If you answered "Yes" to Item Number 1., do any of the following apply to the beneficiary? Provide the evidence listed in the

	<p>Form I-129 Instructions.</p> <p><input type="checkbox"/> The beneficiary is enlisted in the Armed Forces, or is serving in active duty or in the Ready Reserve Component of the U.S. Armed Forces.</p> <p><input type="checkbox"/> The beneficiary is the spouse or the child of an individual who is enlisted in the Armed Forces, or is serving in active duty or in the Ready Reserve Component of the U.S. Armed Forces.</p> <p><input type="checkbox"/> At the time the beneficiary received the public benefits, the beneficiary (or the beneficiary’s spouse or parent) was enlisted in the Armed Forces, or was serving in active duty or in the Ready Reserve Component of the U.S. Armed Forces.</p> <p><input type="checkbox"/> At the time the beneficiary received the public benefits, the beneficiary was present in the United States in a status exempt from the public charge ground of inadmissibility.</p> <p><input type="checkbox"/> At the time the beneficiary received the public benefits, the beneficiary was present in the United States after being granted a waiver of the public charge ground of inadmissibility.</p> <p><input type="checkbox"/> The beneficiary is a child currently residing abroad who entered the United States with a nonimmigrant visa to attend an N-600K, Application for Citizenship and Issuance of Certificate Under INA Section 322 interview.</p> <p><input type="checkbox"/> None of the above statements apply to the beneficiary.</p> <p>4. Has the beneficiary received, applied for, or has been certified to receive federally-funded Medicaid in connection with any of the following (select all that apply): Submit evidence as outlined in the Instructions.</p> <p><input type="checkbox"/> An emergency medical condition</p> <p><input type="checkbox"/> For a service under the Individuals with Disabilities Education Act (IDEA)</p> <p><input type="checkbox"/> Other school-based benefits or services available up to the oldest age eligible for secondary education under State law</p> <p><input type="checkbox"/> While under the of age 21</p> <p><input type="checkbox"/> While pregnant or during the 60-day period following the last day of pregnancy</p> <p>5. Provide the applicable dates mm/dd/yyyy to mm/dd/yyyy</p>	
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