

**TABLE OF CHANGES – INSTRUCTIONS**  
**Form I-485, Application to Register Permanent Residence or Adjust Status**  
**OMB Number: 1615-0023**  
**Date 03/08/2021**

**Reason for Revision:** SSA + LRIF Revision

**Project Phase:** 60 Day

Legend for Proposed Text:

- Black font = Current text
- **Red font** = Changes

Expires 10/31/2020

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Current Page Number and Section	Current Text	Proposed Text
<b>Page 4-8, General Instructions</b>	<p>[Page 4]</p> <p><b>General Instructions</b></p> <p>...</p> <p><b>5. Alternate and/or Safe Address.</b> If you are filing an adjustment of status application based on VAWA or as a special immigrant juvenile, human trafficking victim (T nonimmigrant), or crime victim (U nonimmigrant) and you do not feel safe receiving mail about this application at your home address, provide an alternative, safe mailing address in <b>Part 1., Item Numbers 14.a. - 14.f.</b> This address may be a post office box, the address of a friend, your attorney, a community-based organization that is helping you, or any other address where you can safely and timely receive mail. If you do not provide an alternate, safe address in <b>Part 1., Item Numbers 14.a. - 14.f.</b>, USCIS may use the address of the preparer you listed on your Form I-485. If you do not use a preparer and do not provide a safe address, then USCIS will use the U.S. Mailing Address you provide in <b>Part 1., Item Numbers 13.a. - 13.f.</b></p>	<p>[Page 4]</p> <p><b>General Instructions</b></p> <p>...</p> <p><b>6. Questions regarding Social Security Number (SSN). Part 1., Item Number 15. asks if the Social Security Administration (SSA) has ever officially</b></p>

	<p><b>6. Form I-94 Arrival-Departure Record.</b>          If U.S. Customs and Border Protection (CBP) or USCIS issued you a Form I-94, Arrival-Departure Record, provide your Form I-94 number and date that your authorized period of stay expires or expired (as shown on Form I-94). The Form I-94 number also is known as the Departure Number on some versions of Form I-94.</p>	<p>issued you a Social Security Card. If the SSA ever issued a Social Security card to you in your name or a previously used name such as your maiden name, then you must enter the SSN from your card in <b>Item Number 16.</b></p> <p>If your application is approved, the SSA may assign you an SSN and issue you a Social Security card, or issue you a replacement card. If you want the SSA to assign you a Social Security number and issue you a Social Security card, or issue you a new or replacement Social Security card, then answer “Yes” to both <b>Item Number 17.</b> and <b>Item Number 18.</b></p> <p>You are not required to request an SSN using this application. Completing <b>Item Numbers 15. - 18.</b> is optional. However, you must have an SSN properly assigned in your name to work in the United States.</p> <p>If your employer uses E-Verify to confirm new employees’ eligibility to legally work in the United States, the information you provide on Form I-9, Employment Eligibility Verification, will be compared to data in SSA and DHS databases. Employees must have an SSN in order for E-Verify to confirm their eligibility to legally work in the United States.</p> <p><b>NOTE:</b> Based on existing confidentiality provisions (see 8 U.S.C. 1255a(c)(5) and Section (c)(5) of Pub. L. 106-553), USCIS will not share information with SSA if an applicant files Form I-485 based on the legalization program in Section 245A of the INA or the LIFE Act (Pub. L. 106-553), as amended by the LIFE Act Amendments (Pub. L. 106-544). Applicants covered by these confidentiality provisions may not waive them and should contact SSA after the approval of their Form I-485.</p> <p><b>7. Form I-94 Arrival-Departure Record.</b>          If U.S. Customs and Border Protection (CBP) or USCIS issued you a Form I-94, Arrival-Departure Record, provide your Form I-94 number and date that your authorized period of stay expires or expired (as shown on Form I-94). The Form I-94 number also is known as the Departure Number on some versions of Form I-94.</p>
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**NOTE:** If you were admitted to the United States by CBP at an airport or seaport after April 30, 2013, you may have been issued an electronic Form I-94 by CBP, instead of a paper Form I-94. You may visit the CBP website at [www.cbp.gov/i94](http://www.cbp.gov/i94) to obtain a paper version of an electronic Form I-94. CBP **does not** charge a fee for this service. Some travelers admitted to the United States at a land border, airport, or seaport, after April 30, 2013, with a passport or travel document, who were issued a paper Form I-94 by CBP, may also be able to obtain a replacement Form I-94 from the CBP website without charge. If your Form I-94 cannot be obtained from the CBP website, it may be obtained by filing Form I-102, Application for Replacement/Initial Nonimmigrant Arrival-Departure Record, with USCIS. USCIS **does** charge a fee for this service.

**7. Biographic Information.** Provide the biographic information requested in **Part 7., Item Numbers 1. - 6.** Providing this information as part of your application may reduce the time you spend at your USCIS ASC appointment as described in the **Biometric Services Appointment** section of these Instructions.

**A. Ethnicity and Race.** Select the boxes that best describe your ethnicity and race.

**Categories and Definitions for Ethnicity and Race**

**(1) Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. (**NOTE:** This category is only included under Ethnicity in **Part 7., Item Number 1.**)

**(2) White.** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

**(3) Asian.** A person having origins in any of the original peoples of the Far East,

[no change]

**8. Biographic Information.** Provide the biographic information requested in **Part 7., Item Numbers 1. - 6.** Providing this information as part of your application may reduce the time you spend at your USCIS ASC appointment as described in the **Biometric Services Appointment** section of these Instructions.

[no change]

Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

**(4) Black or African American.** A person having origins in any of the black racial groups of Africa.

**(5) American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

**(6) Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**B. Height.** Select the values that best match your height in feet and inches. For example, if you are five feet and nine inches, select “5” for feet and “09” for inches. Do not enter your height in meters or centimeters.

**C. Weight.** Enter your weight in pounds. If you do not know your weight, or need to enter a weight under 30 pounds or over 699 pounds, enter “000.” Do not enter your weight in kilograms.

**D. Eye Color.** Select the box that best describes the color of your eyes.

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**E. Hair Color.** Select the box that best describes the color of your hair.

**8. Part 8. General Eligibility and Inadmissibility Grounds.** Select the answer you think is correct. If you answer “Yes” to any questions (**or if you answer “No,” but are unsure of your answer**), provide an explanation of the events and circumstances in the space provided in **Part 14. Additional Information.**

**9. Part 10. Applicant’s Statement, Contact Information, Declaration,**

**9. Part 8. General Eligibility and Inadmissibility Grounds.** Select the answer you think is correct. If you answer “Yes” to any questions (**or if you answer “No,” but are unsure of your answer**), provide an explanation of the events and circumstances in the space provided in **Part 14. Additional Information.**

**10. Part 10. Applicant’s Statement, Contact Information, Declaration, Certification, and Signature.** Select the

	<p><b>Certification, and Signature.</b> 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 <b>MUST</b> contain the signature of the applicant (or parent or legal guardian, if applicable). A stamped or typewritten name in place of a signature is not acceptable.</p> <p><b>10. Part 11. Interpreter’s Contact Information, Certification, and Signature.</b> If you used anyone as an interpreter to read the Instructions and questions on this application to you in a language in which you are fluent, the interpreter must fill out this section, provide his or her name, the name and address of his or her business or organization (if any), his or her daytime telephone number, his or her mobile telephone number (if any), and his or her email address (if any). The interpreter must sign and date the application.</p> <p><b>11. Part 12. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant.</b> This section must contain the signature of the person who completed your application, if other than you, the applicant. If the same individual acted as your interpreter <b>and</b> your preparer, that person should complete both <b>Part 11.</b> and <b>Part 12.</b> 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 <b>MUST</b> 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 be obliged to also submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, along with your</p>	<p>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 <b>MUST</b> contain the signature of the applicant (or parent or legal guardian, if applicable). A stamped or typewritten name in place of a signature is not acceptable.</p> <p><b>11. Part 11. Interpreter’s Contact Information, Certification, and Signature.</b> If you used anyone as an interpreter to read the Instructions and questions on this application to you in a language in which you are fluent, the interpreter must fill out this section, provide his or her name, the name and address of his or her business or organization (if any), his or her daytime telephone number, his or her mobile telephone number (if any), and his or her email address (if any). The interpreter must sign and date the application.</p> <p><b>12. Part 12. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant.</b> This section must contain the signature of the person who completed your application, if other than you, the applicant. If the same individual acted as your interpreter <b>and</b> your preparer, that person should complete both <b>Part 11.</b> and <b>Part 12.</b> 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 <b>MUST</b> 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 be obliged to also submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, along with your</p>
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	<p>application.</p> <p><b>We recommend that you print or save a copy of your completed application to review in the future and for your records. We recommend that you review your copy of your completed application before you come to your biometric services appointment at a USCIS ASC.</b> At your appointment, USCIS will permit you to complete the application process only if you are able to confirm, under penalty of perjury, that all of the information in your application was complete, true, and correct at the time of filing. If you are not able to make that attestation in good faith at that time, USCIS will require you to return for another appointment.</p>	<p>application.</p> <p>[no change]</p>
<p><b>Page 19, Paperwork Reduction Act</b></p>	<p><b>[Page 19]</b></p> <p><b>Paperwork Reduction Act</b></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 6 hours and 15 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 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, Regulatory Coordination Division, Office of Policy and Strategy, 20 Massachusetts Ave NW, Washington, DC 20529-2140; OMB No. 1615-0023. <b>Do not mail your completed Form I-485 to this address.</b></p>	<p><b>[Page 19]</b></p> <p><b>Paperwork Reduction Act</b></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 6 hours and <b>25</b> 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 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, <b>Office of Policy and Strategy, Regulatory Coordination Division, 5900 Capital Gateway Drive, Mail Stop #2140, Camp Springs, MD 20588-0009</b>; OMB No. 1615-0023. <b>Do not mail your completed Form I-485 to this address.</b></p>