

Part 2. Information About You (Requestor) (continued)

6. Date of Birth (mm/dd/yyyy) 7. U.S. Social Security Number (if any)

8. Marital Status
 Single, Never Married Married Divorced Widowed Marriage Annulled Separated
 Other (Explain)

Part 3. Applications and Petitions for Which You Are Requesting a Fee Waiver

1. In the table below, add the form numbers of the applications and petitions for which you are requesting a fee waiver.

Applications or Petitions for You and Your Family Members					
Full Name	A-Number (if any)		Date of Birth	Relationship to You	Forms Being Filed
	A-				
	A-				
	A-				
	A-				
Total Number of Forms (including self)					

Part 4. Means-Tested Benefits

If you selected **Item Number 1.A.** in **Part 1.**, complete this section.

1. If you, your spouse, or the head of household (including parent if the child is under 21 years of age) living with you is receiving any means-tested benefits, list the information in the table below and attach supporting documentation. If you are the parent or legal guardian filing on behalf of a child or person with a physical disability or developmental or mental impairment, provide information about the child or person for whom you are filing this form if he or she is receiving a means-tested benefit.

Means-Tested Benefit Recipients					
Full Name of Person Receiving the Benefit	Relationship to You	Name of Agency Awarding Benefit	Type of Benefit	Date Benefit was Awarded	Date Benefit Expires (or must be renewed)

Part 5. Income at or Below 150 Percent of the Federal Poverty Guidelines

Provide information about your adjusted gross income. See Instructions for more details.

If you selected **Item Number 1.B.** in **Part 1.**, complete this section.

Your Employment Status

1. Employment Status

Employed (full-time, part-time, seasonal, self-employed) Unemployed or Not Employed Retired Other (Explain)

2. If you are currently unemployed, are you currently receiving unemployment benefits? Yes No

A. Date you became unemployed (mm/dd/yyyy)

Information About Your Spouse

3. If you are married or separated, does your spouse live in your household?
 Yes (add your spouse to the table below and provide his or her gross income in **Item Number 7.** below)
 No

A. If you answered “No” to **Item Number 3.**, does your spouse provide any financial support to your household?
 Yes (provide financial support income in **Item Number 8.** below)
 No

Your Household Size

4. Are you the person providing the primary financial support for your household? Yes No

If you answered “Yes” to **Item Number 4.**, type or print your name on the line marked “self” in the table below. If you answered “No” to **Item Number 4.**, type or print your name on the line marked “self” in the table below and add the head of household’s name on the line below yours.

Household Size					
Full Name	Date of Birth	Relationship to You	Married	Full-Time Student	Is any income earned by this person counted towards the household income?
		self	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Total Household Size (including self)					

Your Annual Household Income

Provide information about your adjusted gross income and the adjusted gross income of all family members counted as part of your household. You must list all amounts in U.S. dollars.

5. Your Annual Income \$

Part 5. Income at or Below 150 Percent of the Federal Poverty Guidelines (continued)

6. Annual Income of All Family Members

Provide the annual **adjusted gross** income of all family members counted as part of your household as listed in **Item Number 4**. (Do not include the amount provided in **Item Number 5**.)

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7. Total Additional Income or Financial Support

\$

If you received additional income on a continuing monthly or annual basis for the most recent full year, and it is NOT listed in your Federal tax return, provide the amount of additional income below (for example, child support). Attach evidence of the additional income. You must add all of the additional income and financial support amounts and put the total amount in the space provided. Type or print "0" in the total box if no additional income is received. For types of additional income, see Instructions.

Type of Income			Annual Amount (in dollars)
Parental Support	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Spousal Support (Alimony)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Royalties	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Pensions	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Unemployment Benefits	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Veteran's Benefits	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Financial Support from Adult Children, Dependents, Other People Living in the Household	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Other (Explain)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Total Additional Income and Financial Support			

8. Total Adjusted Gross Household Income (add the amounts from **Item Numbers 5, 6., and 7.**)

\$

9. Has anything changed since the date you filed your Federal tax returns? (For example, your marital status, income, or number of dependents.) Yes No

If you answered "Yes" to **Item Number 9.**, provide an explanation below. Provide documentation if available. You may also use this space to provide any additional information about your circumstances that you would like USCIS to consider.

Part 6. Financial Hardship

If you selected **Item Number 1.C.** in **Part 1.**, complete this section.

- 1. You may also use this space to provide any additional information about your circumstances that you would like U.S. Citizenship and Immigration Services (USCIS) to consider. If you or any family members have a situation that has caused you to incur expenses, debts, or loss of income, describe the situation in the box below. Specify the amounts of the expenses, debts, and income losses in as much detail as possible. Examples may include medical expenses, job loss, eviction, and homelessness. This may include homelessness, major medical debt for yourself or a family member, and natural disasters declaration posted to www.uscis.gov (Part 1, Item A. in Number 2.).

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- 2. If you have cash or assets that you can quickly convert to cash, list those in the table below. For example, bank accounts, stocks, or bonds. (Do not include retirement accounts.)

Assets	
Type of Asset	Value (U.S. Dollars)
Total Value of Assets	

- 3. Total Monthly Expenses and Liabilities \$

Provide the total monthly amount of your expenses and liabilities. You must add all of the expense and liability amounts and type or print the total amount in the space provided. Type or print "0" in the total box if there are none. Select the types of expenses or liabilities you have each month and provide evidence of monthly payments, where possible.

- Rent and/or Mortgage Loans and/or Credit Cards Other
- Food Car Payment _____
- Utilities Commuting Costs _____
- Child and/or Elder Care Medical Expenses _____
- Insurance School Expenses _____

Part 7. Requestor's Statement, Contact Information, Certification, and Signature

The person whose information is provided in **Part 2**, may sign on behalf of the entire household. If the person listed in **Part 2** is under 14 years of age, a parent or legal guardian may sign on their behalf.

NOTE: Read the **Penalties** section of the Form I-912 Instructions before completing this part.

Select the box for either **Item A.** or **B.** in **Item Number 1.** If applicable, select the box for **Item Number 2.**

1. Requestor's Statement Regarding the Interpreter

- A. I can read and understand English, and I have read and understand every question and instruction on this request and my answer to every question.
- B. The interpreter named in **Part 8**, read to me every question and instruction on this request and my answer to every question in , a language in which I am fluent, and I understood everything.

2. Requestor's Statement Regarding the Preparer (if applicable)

- At my request, the preparer named in **Part 9**, , prepared this request for me based only upon information I provided or authorized.

Requestor's Contact Information

3. Requestor's Daytime Telephone Number

4. Requestor's Mobile Telephone Number (if any)

5. Requestor's Email Address (if any)

Requestor's 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 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 request, in supporting documents, and in my USCIS records to other entities and persons where necessary for the administration and enforcement of U.S. immigration laws.

I certify, under penalty of perjury, that I provided or authorized all of the information in my request, I understand all of the information contained in, and submitted with, my request, and that all of this information is complete, true, and correct.

I certify that the information provided by the requestor in **Part 7**, applies to the household members identified in **Part 3**.

WARNING: If you knowingly and willfully falsify or conceal a material fact or submit a false document with your Form I-912, USCIS will deny your fee waiver request and may deny any other immigration benefit. In addition, you may face severe penalties provided by law and may be subject to criminal prosecution.

Requestor's Signature

6. Requestor's Signature

Date of Signature (mm/dd/yyyy)

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

Part 8. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the **interpreter**.

Interpreter's Full Name

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

Interpreter's Mailing Address

[\(USPS ZIP Code Lookup\)](#)

- 3. Street Number and Name Apt. Ste. Flr. Number
- City or Town State ZIP Code
- Province Postal Code 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 7., Item B. in Item Number 1.**, and I have read to this requestor in the identified language every question and instruction on this request and his or her answer to every question. The requestor informed me that he or she understands every instruction, question, and answer on the request, including the **Applicant's Certification**, and has verified the accuracy of every answer.

Interpreter's Signature

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

Part 9. Contact Information, Declaration, and Signature of the Person Preparing this Request, if Other Than the Requestor

Provide the following information about the preparer for (if applicable)

Preparer's Full Name

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

Preparer's Mailing Address

3. Street Number and Name Apt. Ste. Flr. Number
- City or Town State ZIP Code
- Province Postal Code 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 request on behalf of the requestor and with the requestor's consent.
- B. I am an attorney or accredited representative and my representation of the requestor in this case extends does not extend beyond the preparation of this request.

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 G-28I, Notice of Entry of Appearance as Attorney In Matters Outside the Geographical Confines of the United States, with this request.

Preparer's Certification

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

Preparer's Signature

8. Preparer's Signature Date of Signature (mm/dd/yyyy)

Part 10. Additional Information

If you need extra space to provide any additional information within this request, 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 request or attach a separate sheet of paper. Include 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.

1. Family Name (Last Name) Given Name (First Name) Middle Name

2. A-Number (if any) ▶ A-

3. A. Page Number B. Part Number C. Item Number

D.

4. A. Page Number B. Part Number C. Item Number

D.

5. A. Page Number B. Part Number C. Item Number

D.

6. A. Page Number B. Part Number C. Item Number

D.

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