

TABLE OF CHANGES – INSTRUCTIONS
Form i-485, Application to Register Permanent Residence or Adjust Status
OMB Number: 1615-0023
07/07/2022

Reason for Revision: Public Charge NPRM
Project Phase: DHS Review

Legend for Proposed Text:

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

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Current Page Number and Section	Current Text	Proposed Text
<p>Page 4-8,</p> <p>General Instructions</p>	<p>[Page 5]</p> <p>How To Fill Out Form I-485</p> <p>1. Type or print legibly in black ink.</p> <p>...</p> <p>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.</p> <p>If you answer “Yes” to Part 8., Item Numbers 61. and 62., attach evidence of any public assistance you received, or are likely to receive while in the United States. For more information on the receipt of public benefits and its impact on public charge determinations, please see www.uscis.gov.</p>	<p>How To Fill Out Form I-485</p> <p>1. Type or print legibly in black ink.</p> <p>...</p> <p>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.</p> <p>If you answer “Yes” to Part 8., Item Number 61., you are required to complete Item Numbers 62. – 68.d. To find out whether you are subject to the public charge ground of inadmissibility, see the Appendices tab in the USCIS Policy Manual Volume 8, Part G, at https://www.uscis.gov/policy-manual/volume-8-part-g.</p> <p>[New]</p> <p>For Part 8., Item Number 62., the following individuals are members of your household and should be included in your household size:</p>

		<ul style="list-style-type: none"> • You; • Your spouse, if physically residing with you; • Your parents, if physically residing with you; • Your unmarried siblings under 21 years of age, if physically residing with you; • Your children as defined in INA 101(b)(1), if physically residing with you; • Any other individuals (including a spouse or child not physically residing with you) who are listed as dependents on your federal income tax return; and • Any other individuals who list you as a dependent on their federal income tax return. <p>For Part 8., Item Number 63., please check the appropriate box for your household’s annual income. You may include income provided to your household from sources who are not members of your household, including but not limited to alimony or child support. You must exclude any income from Supplemental Security Income (SSI); Temporary Assistance for Needy Families (TANF); State, Tribal, territorial, or local cash benefit programs for income maintenance (often called “General Assistance” in the State context, but which also exist under other names). You must also exclude any income from illegal activities or sources such as proceeds from illegal gambling or drug sales.</p> <p>For Part 8., Item Number 64., please check the appropriate box for the total value of your household assets. You must exclude any assets from illegal activities or sources such as proceeds from illegal gambling or drug sales. You may not include assets that are not owned by the members of your household.</p> <p>For Part 8., Item Number 65., please check the appropriate box for the total value of your household liabilities (including both secured and unsecured liabilities). Only include liabilities owed by members of your household.</p>
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For **Part 8., Item Number 67.**, please list all of your certifications, licenses, skills obtained through work experience, and educational certificates. This includes but is not limited to your workforce skills, training, licenses for specific occupations or professions, foreign language skills, and certificates documenting mastery or apprenticeships in skilled trades or professions. Educational certificates are issued by an educational institution (or a training provider) and certify that an occupation specific program of study was completed.

If you answer “Yes” to **Part 8., Item Number 68.a.**, complete the chart in **Part 8., Item Number 68.c.**, showing the dates of receipt and dollar amount received of public cash assistance for income maintenance: Supplemental Security Income (SSI); Temporary Assistance for Needy Families (TANF); State, Tribal, territorial, or local cash benefit programs for income maintenance (often called “General Assistance” in the State context, but which also exist under other names).

NOTE: Item Numbers 68.a. – 68.d. are only asking about public benefits (in other words, public cash assistance for income maintenance and long-term institutionalization at government expense) you received in the past or are currently receiving at the time the Form I-485 is filed, and where you were/are a listed beneficiary. Do not include any public benefits for which you are not listed as a beneficiary, even if you assisted with the application. Do not include benefits that you only applied for, or were approved to receive in the future but have not received in the past and/or are not currently receiving. Do not include public benefits you received only on behalf of another individual.

If you answer “Yes” to **Part 8., Item Number 68.b.**, complete the chart **Part 8., Item Number 68.d.** showing the name, city, and state of each institution in which you received long-term institutionalization at government expense. Do not include imprisonment for conviction of a crime or

	<p>10. Part 10. Applicant’s 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 (or parent or legal guardian, if applicable). A stamped or typewritten name in place of a signature is not acceptable.</p> <p>...</p>	<p>institutionalization for short periods for rehabilitation purposes. If you believe that your institutionalization violated Federal law, including the American Disabilities Act or the Rehabilitation Act, you must submit documentation to support your claim.</p> <p>For more information on the receipt of public benefits and its impact on public charge inadmissibility determinations, please see USCIS Policy Manual Volume 8, Part G, at https://www.uscis.gov/policy-manual/volume-8-part-g and the Public Charge Resources web content at https://www.uscis.gov/green-card/green-card-processes-and-procedures/public-charge/public-charge-resources.</p> <p>10. Part 10. Applicant’s 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 (or parent or legal guardian, if applicable). A stamped or typewritten name in place of a signature is not acceptable.</p> <p>...</p>
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