



Request for Reduced Fee
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-942
OMB No.1615-0133
Expires 12/31/2023

For USCIS Use Only	Request Received At (Select only one box)			
	<input type="checkbox"/> USCIS Field Office <input type="checkbox"/> Reduced Fee Approved <input type="checkbox"/> Reduced Fee Denied Date: _____ Date: _____		<input type="checkbox"/> USCIS Service Center <input type="checkbox"/> Reduced Fee Approved <input type="checkbox"/> Reduced Fee Denied Date: _____ Date: _____	

▶ **START HERE - Type or print in black ink.**

Part 1. Information About You (Requestor)

Provide information about yourself. If you are the legal guardian filing on behalf of a person with a physical disability or developmental or mental impairment, provide information about the person for whom you are filing this form.

1. Full Name

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

2. Date of Birth (mm/dd/yyyy)

3. Alien Registration Number (A-Number)

▶ **A-**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

4. Marital Status

Single, Never Married
 Married
 Divorced
 Widowed
 Marriage Annulled
 Separated
 Other (Explain)

Part 2. Information About Family Members Filing This Request With You

1. In the table below, add the family members filing this request with you.

Full Name	A-Number (if any)	Date of Birth	Relationship to You																			
	A- <table style="display: inline-table; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 15px; height: 15px;"></td><td style="border: 1px solid black; width: 15px; height: 15px;"></td><td style="border: 1px solid black; width: 15px; height: 15px;"></td><td style="border: 1px solid black; width: 15px; height: 15px;"></td><td style="border: 1px solid black; width: 15px; height: 15px;"></td><td style="border: 1px solid black; width: 15px; height: 15px;"></td><td style="border: 1px solid black; width: 15px; height: 15px;"></td><td style="border: 1px solid black; width: 15px; height: 15px;"></td><td style="border: 1px solid black; width: 15px; height: 15px;"></td><td style="border: 1px solid black; width: 15px; height: 15px;"></td><td style="border: 1px solid black; width: 15px; height: 15px;"></td><td style="border: 1px solid black; width: 15px; height: 15px;"></td><td style="border: 1px solid black; width: 15px; height: 15px;"></td><td style="border: 1px solid black; width: 15px; height: 15px;"></td><td style="border: 1px solid black; width: 15px; height: 15px;"></td><td style="border: 1px solid black; width: 15px; height: 15px;"></td><td style="border: 1px solid black; width: 15px; height: 15px;"></td><td style="border: 1px solid black; width: 15px; height: 15px;"></td><td style="border: 1px solid black; width: 15px; height: 15px;"></td></tr></table>																					
	A- <table style="display: inline-table; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 15px; height: 15px;"></td><td style="border: 1px solid black; width: 15px; height: 15px;"></td><td style="border: 1px solid black; width: 15px; height: 15px;"></td><td style="border: 1px solid black; width: 15px; height: 15px;"></td><td style="border: 1px solid black; width: 15px; height: 15px;"></td><td style="border: 1px solid black; width: 15px; height: 15px;"></td><td style="border: 1px solid black; width: 15px; height: 15px;"></td><td style="border: 1px solid black; width: 15px; height: 15px;"></td><td style="border: 1px solid black; width: 15px; height: 15px;"></td><td style="border: 1px solid black; width: 15px; height: 15px;"></td><td style="border: 1px solid black; width: 15px; height: 15px;"></td><td style="border: 1px solid black; width: 15px; height: 15px;"></td><td style="border: 1px solid black; width: 15px; height: 15px;"></td><td style="border: 1px solid black; width: 15px; height: 15px;"></td><td style="border: 1px solid black; width: 15px; height: 15px;"></td><td style="border: 1px solid black; width: 15px; height: 15px;"></td><td style="border: 1px solid black; width: 15px; height: 15px;"></td><td style="border: 1px solid black; width: 15px; height: 15px;"></td><td style="border: 1px solid black; width: 15px; height: 15px;"></td></tr></table>																					
	A- <table style="display: inline-table; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 15px; height: 15px;"></td><td style="border: 1px solid black; width: 15px; height: 15px;"></td><td style="border: 1px solid black; width: 15px; height: 15px;"></td><td style="border: 1px solid black; width: 15px; height: 15px;"></td><td style="border: 1px solid black; width: 15px; height: 15px;"></td><td style="border: 1px solid black; width: 15px; height: 15px;"></td><td style="border: 1px solid black; width: 15px; height: 15px;"></td><td style="border: 1px solid black; width: 15px; height: 15px;"></td><td style="border: 1px solid black; width: 15px; height: 15px;"></td><td style="border: 1px solid black; width: 15px; height: 15px;"></td><td style="border: 1px solid black; width: 15px; height: 15px;"></td><td style="border: 1px solid black; width: 15px; height: 15px;"></td><td style="border: 1px solid black; width: 15px; height: 15px;"></td><td style="border: 1px solid black; width: 15px; height: 15px;"></td><td style="border: 1px solid black; width: 15px; height: 15px;"></td><td style="border: 1px solid black; width: 15px; height: 15px;"></td><td style="border: 1px solid black; width: 15px; height: 15px;"></td><td style="border: 1px solid black; width: 15px; height: 15px;"></td><td style="border: 1px solid black; width: 15px; height: 15px;"></td></tr></table>																					
	A- <table style="display: inline-table; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 15px; height: 15px;"></td><td style="border: 1px solid black; width: 15px; height: 15px;"></td><td style="border: 1px solid black; width: 15px; height: 15px;"></td><td style="border: 1px solid black; width: 15px; height: 15px;"></td><td style="border: 1px solid black; width: 15px; height: 15px;"></td><td style="border: 1px solid black; width: 15px; height: 15px;"></td><td style="border: 1px solid black; width: 15px; height: 15px;"></td><td style="border: 1px solid black; width: 15px; height: 15px;"></td><td style="border: 1px solid black; width: 15px; height: 15px;"></td><td style="border: 1px solid black; width: 15px; height: 15px;"></td><td style="border: 1px solid black; width: 15px; height: 15px;"></td><td style="border: 1px solid black; width: 15px; height: 15px;"></td><td style="border: 1px solid black; width: 15px; height: 15px;"></td><td style="border: 1px solid black; width: 15px; height: 15px;"></td><td style="border: 1px solid black; width: 15px; height: 15px;"></td><td style="border: 1px solid black; width: 15px; height: 15px;"></td><td style="border: 1px solid black; width: 15px; height: 15px;"></td><td style="border: 1px solid black; width: 15px; height: 15px;"></td><td style="border: 1px solid black; width: 15px; height: 15px;"></td></tr></table>																					

Part 3. Household Income

Your Employment Status

1. Employment Status

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

Part 3. Household Income (continued)

Information About Your Spouse

2. If you are married or separated, does your spouse live in your household? Yes No
- A. If you answered "No" to **Item Number 2.**, does your spouse provide any financial support to your household? Yes No

Your Household Size

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

If you answered "Yes" to **Item Number 3.**, type or print your name on the line marked "self" in the table below. If you answered "No" to **Item Number 3.**, 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	Does Person Earn Income Counted Toward 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 income and the income of all family members counted as part of your household. You must list all amounts in U.S. dollars.

4. Your Annual Income

5. Annual Income of All Household Members
 Provide the annual income of all family members counted as part of your household as listed above under **Household Size** in **Item Number 3.** (Do not include the amount provided in **Item Number 4.**)

6. Total Additional Income or Financial Support

Provide the total annual amount you receive in additional regular income or financial support from a source outside of your household. (Do not include the amount provided in **Item Number 4.** or **5.**) You must add all of the additional income and financial support amounts that you regularly receive and put the total amount in the space provided. Type or print "0" in the total box if there is none. Select the type of additional income or financial support that you receive and provide documentation.

- | | | |
|--|--|--|
| <input type="checkbox"/> Parental Support | <input type="checkbox"/> Unemployment | <input type="checkbox"/> Other (Explain) |
| <input type="checkbox"/> Spousal Support (Alimony) | <input type="checkbox"/> Social Security Benefits | _____ |
| <input type="checkbox"/> Child Support | <input type="checkbox"/> Veteran's Benefits | _____ |
| <input type="checkbox"/> Educational Stipends | <input type="checkbox"/> Financial Support From Adult Children, Dependents, Other People | _____ |
| <input type="checkbox"/> Royalties | <input type="checkbox"/> Living in the Household | _____ |
| <input type="checkbox"/> Pensions | | _____ |

7. Total Household Income (add the amounts from **Item Numbers 4., 5., and 6.**)

Part 3. Household Income (continued)

8. 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 8.**, provide an explanation below. Provide documentation if available.

Part 4. Requestor's Contact Information, Certification, and Signature

Requestor's Contact Information

Provide your daytime telephone number, mobile telephone number (if any), and email address (if any).

1. Requestor's Daytime Telephone Number
2. Requestor's Mobile Telephone Number (if any)
3. Requestor's Email Address (if any)

Requestor's Certification and Signature

I certify, under penalty of perjury, that I provided or authorized all of the responses and information contained in and submitted with my request, I read and understand or, if interpreted to me in a language in which I am fluent by the interpreter listed in **Part 5.**, understood, all of the responses and information contained in, and submitted with, my request and that all of the responses and the information are complete, true, and correct. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for an immigration request and to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

4. Requestor's Signature Date of Signature (mm/dd/yyyy)

Part 5. Interpreter's Contact Information, Certification, and Signature

Interpreter's Full Name

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

Interpreter's Contact Information

3. Interpreter's Daytime Telephone Number 4. Interpreter's Mobile Telephone Number (if any)
5. Interpreter's Email Address (if any)

Interpreter's Certification and Signature

I certify, under penalty of perjury, that I am fluent in English and , and I have interpreted every question on the request and instructions and interpreted the requestor's answers to the questions in that language, and the requestor informed me that they understood every instruction, question, and answer on the request.

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

Part 6. Contact Information, Declaration, and Signature of the Person Preparing this Request, if Other Than the Requestor

Preparer's Full Name

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

Preparer's Contact Information

3. Preparer's Daytime Telephone Number 4. Preparer's Mobile Telephone Number (if any)
5. Preparer's Email Address (if any)

Preparer's Certification and Signature

I certify, under penalty of perjury, that I prepared this request for the requestor at their request and with express consent and that all of the responses and information contained in and submitted with the request are complete, true, and correct and reflects only information provided by the requestor. The requestor reviewed the responses and information and informed me that they understand the responses and information in or submitted with the request.

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

Part 7. 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. Type or print 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.
