**TABLE OF CHANGES – INSTRUCTION**

**Form I-942, Instructions for Request for Reduced Fee**

**OMB Number: 1615-0133**

**08/03/2023**

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| **Reason for Revision: Limited Rev**  **Project Phase: OMBReview**  Legend for Proposed Text:   * Black font = Current text * Red font = Changes   Expires 12/31/2023  Edition Date 12/02/2021 |

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| **Current Page Number and Section** | **Current Text** | **Proposed Text** |
| **Pages 1-2,**  **General Instructions** | **[Page 1]**  **General Instructions**  …  **How To Fill Out Form I-942**  **1.** Type or print legibly in black ink.  **2.** If you need extra space to complete any item within this request, use the space provided in **Part 8. Additional Information** or attach a separate sheet of paper; type or print your name and Alien Registration Number (A-Number) (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers.  **3.** Answer all questions fully and accurately. If a question does not apply to you (for example, if you have never been married and the question asks, “Provide the name of your current spouse”), type or print “N/A,” unless otherwise directed. If your answer to a question which requires a numeric response is zero or none (for example, “How many children do you have” or “How many times have you departed the United States”), type or print “None,” unless otherwise directed. | **[Page 1]**  **General Instructions**  …  **How To Fill Out Form I-942**  **1.** Type or print legibly in black ink.  **2.** If you need extra space to complete any item within this request, use the space provided in **Part 7. Additional Information** or attach a separate sheet of paper; type or print your name and Alien Registration Number (A-Number) (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers.  **3.** Answer all questions fully and accurately. If a question does not apply to you (for example, if you have never been married and the question asks, “Provide the name of your current spouse”), type or print “N/A,” unless otherwise directed. If your answer to a question which requires a numeric response is zero or none (for example, “How many children do you have” or “How many times have you departed the United States”), type or print “None,” unless otherwise directed. |
| **Pages 2-5,**  **Specific Instructions** | **[Page 2]**  **Specific Instructions**  **…**  **Part 3. Household Income**  **…**  **[Page 3]**  **Item Number 3. Your Household Size.** Indicate whether you are providing the primary financial support for your household.  Complete the table with the information requested about the members of your household including their names, dates of birth, relationship to you, whether the person is married, whether the person is a full-time student, and whether the person earns income counted towards the household income.  For the last column (Is any income earned by this person counted towards the household income?), select yes if income is received consistently or regularly as wages or salary from these household members’ employment or business.  At the end of the table, provide the total number of household members. Include the following people, who are dependent on your income, your spouse’s income, or the head of household’s income, as part of your household size:  **1.** You;  **2.** The head of your household (if not you);  **A.** You are the head of household if you filed the most recent Federal tax return for your household (includes filing as head of household) or earned the majority of the income for your household.  **B.** If you are not the head of household, the head of household is the person who filed the most recent Federal tax return on which you are listed as a dependent or the person who provides the majority of your household’s income.  **…**  **[Page 4]**  **Part 4. Requestor’s Statement, Contact Information, Certification, and Signature**  **Item Numbers 1.** - **6.** Select the appropriate box to indicate whether you read this request yourself or whether you had an interpreter assist you. If someone assisted you in completing the request, select the box indicating that you used a preparer. Further, you must sign and date your request and provide your daytime telephone number, mobile telephone number (if any), and email address (if any). Every request **MUST** contain the signature of the requestor (or parent or legal guardian, if applicable). A stamped or typewritten name in place of a signature is not acceptable.  **[Page 5]**  **Item Numbers 7.** - **10.** Each person applying for a reduced fee must sign and date Form I-942. This includes family members identified in **Part 2.** A legal guardian may sign the request on behalf of the applicant. USCIS will reject any Form I-942 that is not signed by all individuals requesting a reduced fee.  If the information provided by the requestor in **Part 4.** is not applicable to a family member identified in **Part 2.** (for example, the family member used a different interpreter or speaks a different language), that individual should complete **Part 5.**  **Part 5. Family Member’s Statement, Contact Information, Certification, and Signature**  **NOTE:** If the information provided by the requestor in **Part 4.** is not applicable to a family member identified in  **Part 2.**, (for example, the family member used a different interpreter or speaks a different language) that individual should complete **Part 5.** Make additional copies of **Part 5.** for each family member to sign, as applicable, and include the pages with your completed Form I-942. USCIS will reject any Form I-942 that is not signed by all individuals requesting a reduced fee.  **Item Numbers 1.** - **6.** Select the appropriate box to indicate that you, the family member, either read this request yourself or someone interpreted this request for you from English to a language in which you are fluent. If applicable, select the box to indicate if someone prepared this request for you. Further, you must sign and date your request and provide your daytime telephone number, mobile telephone number (if any), and email address (if any). Every request **MUST** contain the signature of the requestor (or parent or legal guardian, if applicable). A stamped or typewritten name in place of a signature is not acceptable.  **Part 6. Interpreter’s Contact Information, Certification, and Signature**  **NOTE for Family Members:**  If you used a different interpreter than the one used by the requestor, make additional copies of **Part 6.**, provide the following information, and include the pages with your completed Form I-942.  **Item Numbers 1.** - **9.** If you used anyone as an interpreter to read the Instructions and questions on this request 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 request.  **Part 7. Contact Information, Declaration, and Signature of the Person Preparing this Request, if Other Than the Requestor**  **NOTE for Family Members:** If you used a different preparer than the one used by the requestor, make additional copies of **Part 7.**, provide the following information, and include the pages with your completed Form I-942.  **Item Numbers 1.** - **10.** This section must contain the signature of the person who completed your request, if other than you, the requestor. If the same individual acted as your interpreter **and** your preparer, that person should complete both **Part 6.** and **Part 7.** If the person who completed this request 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 request **MUST** sign and date the request. A stamped or typewritten name in place of a signature is not acceptable. If the person who helped you prepare your request 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, or Form G-28I, Notice of Entry of Appearance as Attorney In Matters Outside the Geographic Confines of the United States, along with your request.  **Part 8. Additional Information**  **Item Numbers 1.** - **6.** If you need extra space to provide any additional information within this request, use the space provided in **Part 8. Additional Information**. If you need more space than what is provided in Part 8., you may make copies of **Part 8.** to complete and file with your 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.  **[Page 6]**  **We recommend that you print or save a copy of your completed request to review in the future and for your records.** | **[Page 2]**  **Specific Instructions**  **…**  **Part 3. Household Income**  **…**  **[Page 3]**  **Item Number 3. Your Household Size.** Indicate whether you are providing the primary financial support for your household.  Complete the table with the information requested about the members of your household including their names, dates of birth, relationship to you, whether the person is married, whether the person is a full-time student, and whether the person earns income counted towards the household income.  For the last column (Does Person Earn Income Counted Toward Household Income?), select yes if income is received consistently or regularly as wages or salary from these household members’ employment or business.  At the end of the table, provide the total number of household members. Include the following people, who are dependent on your income, your spouse’s income, or the head of household’s income, as part of your household size:  **1.** Type or print your name on the line marked “Self” in the table;  **2.** The head of your household (if not you);  **A.** You are the head of household if you filed the most recent Federal tax return for your household (includes filing as head of household) or earned the majority of the income for your household.  **B.** If you are not the head of household, the head of household is the person who filed the most recent Federal tax return on which you are listed as a dependent or the person who provides the majority of your household’s income. Type or print that name in the line below yours.  **…**  **Part 4. Requestor’s Contact Information, Certification, and Signature**  **Item Numbers 1. – 4.** You must sign and date your request and, if applicable, provide your daytime telephone number, mobile telephone number, and email address. The signature of a parent or legal guardian, if applicable, is acceptable. A stamped or typewritten name in place of a signature is not acceptable.  [delete]  [delete]  **Part 5. Interpreter’s Contact Information, Certification, and Signature**  **NOTE for Family Members:**  If you used a different interpreter than the one used by the requestor, make additional copies of **Part 5.**, provide the following information, and include the pages with your completed Form I-942.  **Item Numbers 1. – 6.** If you used anyone as an interpreter to read the Instructions and questions on this request to you in a language in which you are fluent, the interpreter must fill out this section and sign and date the request.  **Part 6. Contact Information, Declaration, and Signature of the Person Preparing this Request, if Other Than the Requestor**  **NOTE for Family Members:** If you used a different preparer than the one used by the requestor, make additional copies of **Part 6.**, provide the following information, and include the pages with your completed Form I-942.  **Item Numbers 1. – 6.** The person who completed your request, if other than the requestor, must sign this section. If the same individual acted as your interpreter and your preparer, then that person should complete both **Part 5.** and **Part 6.** A stamped or typewritten name in place of a signature is not acceptable.  **Part 7. Additional Information**  **Item Numbers 1.** - **6.** If you need extra space to provide any additional information within this request, use the space provided in **Part 7. Additional Information**. 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| **Pages 7,**  **Paperwork Reduction Act** | **[Page 7]**  **Paperwork Reduction Act**  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 45 minutes per response, including the time for reviewing instructions, gathering the required documentation and information, completing the request, preparing statements, attaching necessary documentation, and submitting the request. 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, Office of Policy and Strategy, Regulatory Coordination Division, 5900 Capital Gateway Drive, Mail Stop #2140, Camp Springs, MD 20588-0009; OMB No. 1615-0133**. Do not mail your completed Form I-942 to this address.** | **Paperwork Reduction Act**  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 35 minutes per response, including the time for reviewing instructions, gathering the required documentation and information, completing the request, preparing statements, attaching necessary documentation, and submitting the request. 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, Office of Policy and Strategy, Regulatory Coordination Division, 5900 Capital Gateway Drive, Mail Stop #2140, Camp Springs, MD 20588-0009; OMB No. 1615-0133**. Do not mail your completed Form I-942 to this address.** |