

# **Request for Fee Waiver**

# **Department of Homeland Security**

U.S. Citizenship and Immigration Services

		n Receipted	At (Select only one box)		
Fo USC			USCIS S	ervice Center	
U	<b>Be</b> Fee Waiver Approved Fee Waiver De	enied	Eee Waiver Approved	Fee Waiver Denied	
On	Date: Date:		Date:	Date:	
	START HERE - Type or print in black ink.				
	If you need extra space to complete any secti information about your circumstances, us Complete and submit as many co	e the space	provided in Part <mark>10.</mark> Add	itional Information.	
	<b>t 1. Basis for Your Request</b> (Each basis is a m I-912 Instructions)	further expl	ained in the <b>Specific Ins</b>	tructions section of the	
need waiv	et at least one basis or more for which you may qualify to qualify and provide documentation for one basis for er. If you choose, you may select more than one basis idered.	or U.S. Citizei	ship and Immigration Service	es (USCIS) to grant your fee	
1.	A. I am, my spouse is, or the head of household in (Complete Parts 2 4. and Parts 7 9.)	living in my ł	ousehold is currently receivin	ng a means-tested benefit.	
	<ul> <li>B. My household income is at or below 150 percent of the Federal Poverty Guidelines. (Complete Parts 2 3., Part 5., and Parts 7 9.)</li> </ul>				
	C. I have a financial hardship. (Complete Parts 23. and Parts 6 9.)				
2.	What is your current immigrant or nonimmigrant statu	s?			
Par	t 2. Information About You (Requestor)				
your	ide information about yourself if you are the person re self. If you are the parent or legal guardian filing on b ide information about the child or person for whom you	ehalf of a chi	ld or person with a developme		
1.	Check here if you are a parent or legal guardian fi	ling on behal	f of the person seeking the fee	waiver.	
2.	Full Name				
	Family Name (Last Name)	Given Name	e (First Name)	Middle Name	
3.	Other Names Used (if any)				
	List all other names you have used, including nicknam	es, aliases, ai	id maiden name.		
	Family Name (Last Name)	Given Name	e (First Name)	Middle Name	

	Family Name (Last Name)		Given Name (First Name)	Middle Name
4.	Alien Registration Number (A-Number) (if any)	5.	USCIS Online Account Number (if any	)
	► A-			

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)       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	<b>A-Number</b> (if any)	Date of Birth	<b>Relationship to You</b>	Forms Being Filed		
	A-					
	A-					
	A-					
	A-		JK			
		Total Number of	f 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 they are 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.

Ya	our Employment Status
1.	Employment Status
	Employed (full-time, part-time, seasonal, self-employed)       Unemployed or Retired       Other (Explain)         Not Employed       Not Employed       Image: Seasonal self seasonal se
2.	If you are currently unemployed, are you currently receiving unemployment benefits?
	A. Date you became unemployed (mm/dd/yyyy)
3.	What is your total household size
4.	What is the total number of household members earning income including yourself
5.	Name of head of household (if not you):
Yo	ur Annual Household Income
	vide information about your adjusted gross income and the adjusted gross income of all family members counted as part of your aschold. You must list all amounts in U.S. dollars.
6.	Your Annual Adjusted Gross Income \$
7.	Annual Adjusted Gross Income of All Family Members
	Provide the annual adjusted gross income of all family members counted as part of your household. (Do not include the amount provided in Item Number 6.)
8.	Total Adjusted Gross Household Income (add the amounts from Item Numbers 6. and 7.)       \$
9.	Has anything changed since the date you filed your Federal tax returns or is there any difference in your circumstances from the information on your petition? (For example, your marital status, income, or number of dependents as related to documents provided.)

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. This may include homelessness, major medical debt for yourself or a family member, and natural disasters declaration posted to <u>www.uscis.gov</u>.



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)	CTION
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.

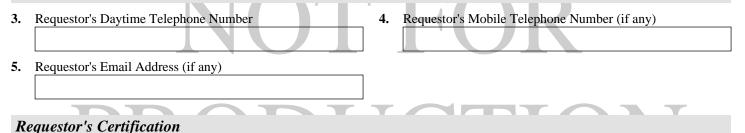
Select the box for either Item A. or B. in Item Number 1. If applicable, select the box for Item Number 2.

- 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**



# Copies of any documents I have submitted are exact photocopies of unalter

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)	
In	terpreter'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
In	terpreter's Contact Information	
4.	Interpreter's Daytime Telephone Number 5.	Interpreter's Mobile Telephone Number (if any)
6.	Interpreter's Email Address (if any)	CTION
In	terpreter's Certification	
I ar in <b>I</b> this	rtify, under penalty of perjury, that: In fluent in English and Part 7., Item B. in Item Number 1., and I have read to this request request and his or her answer to every question. The requestor inf answer on the request, including the Applicant's Certification, ar	formed me that he or she understands every instruction, question,
In	terpreter'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)
Pr	eparer's Mailing Address
3.	Street Number and Name Apt. Ste. Flr. Number
	City or Town State ZIP Code
	Province Postal Code Country
Pı	reparer's Contact Information
4.	Preparer's Daytime Telephone Number 5. Preparer's Mobile Telephone Number (if any)
6.	Preparer's Email Address (if any)
Pr	eparer'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)			
<b>→</b>				

# 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.

Family Name (Last Name)	Given Name (First Name)	Middle Name
A. Page Number B. Part Number	C. Item Number	
	C. Item Number	
	C. Item Number	<u>0</u> N 4
	C. Item Number	
	D.	A-Number (if any) ► A-   A. Page Number   B. Part Number   C. Item Number     D.     A. Page Number   B. Part Number   C. Item Number     Output     A. Page Number   B. Part Number   C. Item Number     D.     A. Page Number   B. Part Number   C. Item Number     D.     A. Page Number   B. Part Number   C. Item Number     D.     A. Page Number   B. Part Number   C. Item Number     A. Page Number     B. Part Number     C. Item Number