Petition by Investor to Remove Conditions on Permanent Resident Status

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-829
OMB No. 1615-0045
Expires: 03/31/2027

For USCIS Use Only			
	Received (mm/dd/yyyy)	**Fee Receipt**	**Action Block**
	Resubmitted (mm/dd/yyyy)		
	Relocated (mm/dd/yyyy)		
	Received (mm/dd/yyyy)		
	Sent (mm/dd/yyyy)		
	Petitioner Interviewed (mm/dd/yyyy) _____	**Remarks**	
	Immigrant Classification _____		
	DOE/A _____		

To be completed by an Attorney or Accredited Representative (if any).	☐ **Select this box if Form G-28 is attached.**	**Attorney State Bar Number** (if applicable)	**Attorney or Accredited Representative USCIS Online Account Number** (if any)

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

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Part 1. Basis for Petition

1. Is the investment associated with a Regional Center?
☐ Yes ☐ No

If you answered "Yes" to **Item Number 1.**, complete **Item Numbers 2.a.** and **2.b.**

2.a. What is the name of the Regional Center?

2.b. Regional Center Identification Number

3.a. What is the name of the New Commercial Enterprise (NCE)?

3.b. NCE Identification Number
►

Select **only one** box

4. ☐ I am a conditional permanent resident based on my investment in a commercial enterprise.

5. ☐ I am a conditional permanent resident who is the spouse, former spouse, or child of an investor, and I am filing separately from the investor's Form I-829.

6. ☐ I am a conditional permanent resident spouse or child of an investor who has died.

Part 2. Information About You

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2. Alien Registration Number (A-Number) (if any)
► **A-**

3. USCIS Online Account Number (if any)
►

4. U.S. Social Security Number (if any)
►

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

6. Sex ☐ Male ☐ Female

7. Country of Birth

8. Country of Citizenship or Nationality

9. Date of Admission as a Conditional Permanent Resident (mm/dd/yyyy)

10. Form I-526 Receipt Number on Which This Petition is Based
►

Part 2. Information About You (continued)

11. Any Additional Form I-526 or Form I-829 Receipt Numbers for Other Petitions Filed by Investor

►

Other Names You Have Used

List all other names you have ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in **Part 12. Additional Information**.

12.a. Family Name (Last Name)

12.b. Given Name (First Name)

12.c. Middle Name

13.a. Family Name (Last Name)

13.b. Given Name (First Name)

13.c. Middle Name

Your U.S. Mailing Address

14.a. In Care Of Name (if any)

14.b. Street Number and Name

14.c. ☐ Apt. ☐ Ste. ☐ Flr.

14.d. City or Town

14.e. State **14.f.** ZIP Code

15. Is your mailing address the same as your physical address?

☐ Yes ☐ No

If you answered "No" to **Item Number 15.**, you **MUST** provide your current physical address in the **Item Numbers 16.a. - 16.h.** If you need extra space to complete this section, use the space provided in **Part 12. Additional Information**.

Physical Address

Provide your physical addresses for the last five years. Provide your present address first. If you need extra space to complete this section, use the space provided in **Part 12. Additional Information**.

16.a. Street Number and Name

16.b. ☐ Apt. ☐ Ste. ☐ Flr.

16.c. City or Town

16.d. State **16.e.** ZIP Code

16.f. Province

16.g. Postal Code

16.h. Country

Criminal History

17. Since becoming a conditional permanent resident, have you **EVER** been arrested, cited, charged, indicted, convicted, fined, or imprisoned for violating any law or ordinance (excluding minor traffic violations)?

☐ Yes ☐ No

18. Since becoming a conditional permanent resident, have you **EVER** committed any crime for which you were not arrested?

☐ Yes ☐ No

If you answered "Yes" to **Item Number 17.**, you must provide certified court dispositions, arrest reports, statements of charges, indictment information, or any other charging documents that were issued. If you answered "Yes" to **Item Number 18.**, provide the date and location (town or city/state or province/country) of the events and provide an explanation in the space provided in **Part 12. Additional Information**.

Part 3. Information About Your Current or Former Conditional Permanent Resident Spouse

NOTE: If you have both a current spouse and a former conditional permanent resident spouse, use the space provided in **Part 12. Additional Information** to provide this same information about your current spouse or former conditional permanent resident spouse who you did not already include in **Part 3.** below.

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

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Part 3. Information About Your Current or Former Conditional Permanent Resident Spouse (continued)

2. Sex ☐ Male ☐ Female

3. Alien Registration Number (A-Number) (if any)
► **A-**

4. USCIS Online Account Number (if any)
►

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

Other Names Used

List all other names your current spouse or former conditional permanent resident spouse has ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in **Part 12. Additional Information**.

6.a. Family Name (Last Name)
6.b. Given Name (First Name)
6.c. Middle Name

7.a. Family Name (Last Name)
7.b. Given Name (First Name)
7.c. Middle Name

Physical Address

Provide your current spouse or former conditional permanent resident spouse's physical addresses for the last five years. Provide the present address first. If you need extra space to complete this section, use the space provided in **Part 12. Additional Information**.

8.a. Street Number and Name
8.b. ☐ Apt. ☐ Ste. ☐ Flr.
8.c. City or Town
8.d. State **8.e.** ZIP Code
8.f. Province
8.g. Postal Code
8.h. Country

Other Information

9. ☐ Current Spouse
☐ Former Conditional Permanent Resident Spouse

10. Date of Marriage (mm/dd/yyyy)

11. Date Marriage Terminated (if applicable) (mm/dd/yyyy)

12. Is this spouse currently living with you? ☐ Yes ☐ No

13. Is this spouse applying with you? ☐ Yes ☐ No

14. Current Immigration Status (for example, conditional permanent resident, tourist/visitor, entered without inspection)

15. Is the current immigration status of your spouse or former spouse based on your current immigration status? ☐ Yes ☐ No

Part 4. Information About Your Children

Provide the following information about your children.

Child 1

1.a. Family Name (Last Name)
1.b. Given Name (First Name)
1.c. Middle Name

2. Sex ☐ Male ☐ Female

3. Alien Registration Number (A-Number) (if any)
► **A-**

4. USCIS Online Account Number (if any)
►

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

Other Names Your Child Has Used

List all other names your child has ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in **Part 12. Additional Information**.

6.a. Family Name (Last Name)
6.b. Given Name (First Name)
6.c. Middle Name

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Part 4. Information About Your Children (continued)

Mailing Address

7.a. Street Number and Name

7.b. ☐ Apt. ☐ Ste. ☐ Flr.

7.c. City or Town

7.d. State **7.e.** ZIP Code

7.f. Province

7.g. Postal Code

7.h. Country

8. Is this child currently living with you? ☐ Yes ☐ No

9. Is this child applying with you? ☐ Yes ☐ No

10. Current Immigration Status (for example, conditional permanent resident, tourist/visitor, entered without inspection)

Child 2

11.a. Family Name (Last Name)

11.b. Given Name (First Name)

11.c. Middle Name

12. Sex ☐ Male ☐ Female

13. Alien Registration Number (A-Number) (if any)
► **A-**

14. USCIS Online Account Number (if any)
►

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

Other Names Your Child Has Used

List all other names your child has ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in **Part 12. Additional Information**.

16.a. Family Name (Last Name)

16.b. Given Name (First Name)

16.c. Middle Name

Mailing Address

17.a. Street Number and Name

17.b. ☐ Apt. ☐ Ste. ☐ Flr.

17.c. City or Town

17.d. State **17.e.** ZIP Code

17.f. Province

17.g. Postal Code

17.h. Country

18. Is this child currently living with you? ☐ Yes ☐ No

19. Is this child applying with you? ☐ Yes ☐ No

20. Current Immigration Status (for example, conditional permanent resident, tourist/visitor, entered without inspection)

Child 3

21.a. Family Name (Last Name)

21.b. Given Name (First Name)

21.c. Middle Name

22. Sex ☐ Male ☐ Female

23. Alien Registration Number (A-Number) (if any)
► **A-**

24. USCIS Online Account Number (if any)
►

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

Other Names Your Child Has Used

List all other names your child has ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in **Part 12. Additional Information**.

26.a. Family Name (Last Name)

26.b. Given Name (First Name)

26.c. Middle Name

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Part 4. Information About Your Children (continued)

Mailing Address

27.a. Street Number and Name

27.b. ☐ Apt. ☐ Ste. ☐ Flr.

27.c. City or Town

27.d. State **27.e.** ZIP Code

27.f. Province

27.g. Postal Code

27.h. Country

28. Is this child currently living with you? ☐ Yes ☐ No

29. Is this child applying with you? ☐ Yes ☐ No

30. Current Immigration Status (for example, conditional permanent resident, tourist/visitor, entered without inspection)

Child 4

31.a. Family Name (Last Name)

31.b. Given Name (First Name)

31.c. Middle Name

32. Sex ☐ Male ☐ Female

33. Alien Registration Number (A-Number) (if any)

► **A-**

34. USCIS Online Account Number (if any)

►

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

Other Names Your Child Has Used

List all other names your child has ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in **Part 12. Additional Information**.

36.a. Family Name (Last Name)

36.b. Given Name (First Name)

36.c. Middle Name

Mailing Address

37.a. Street Number and Name

37.b. ☐ Apt. ☐ Ste. ☐ Flr.

37.c. City or Town

37.d. State **37.e.** ZIP Code

37.f. Province

37.g. Postal Code

37.h. Country

38. Is this child currently living with you? ☐ Yes ☐ No

39. Is this child applying with you? ☐ Yes ☐ No

40. Current Immigration Status (for example, conditional permanent resident, tourist/visitor, entered without inspection)

If you need extra space to complete this section, use the space provided in **Part 12. Additional Information**.

Part 5. Biographic Information

1. Ethnicity (Select **only one** box)

☐ Hispanic or Latino
☐ Not Hispanic or Latino

2. Race (Select **all applicable** boxes)

☐ White
☐ Asian
☐ Black or African American
☐ American Indian or Alaska Native
☐ Native Hawaiian or Other Pacific Islander

3. Height Feet Inches

4. Weight Pounds

5. Eye Color (Select **only one** box)

☐ Black ☐ Blue ☐ Brown
☐ Gray ☐ Green ☐ Hazel
☐ Maroon ☐ Pink ☐ Unknown/Other

6. Hair Color (Select **only one** box)

☐ Bald (No hair) ☐ Black ☐ Blond
☐ Brown ☐ Gray ☐ Red
☐ Sandy ☐ White ☐ Unknown/Other

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Part 6. Additional Information About the Regional Center and the New Commercial Enterprise (NCE)

1. Receipt Number for the Approved Application For Regional Center Designation Upon Which the Related EB-5 Immigrant Visa Petition Was Based.

►

2. Was the Regional Center associated with the investor terminated? ☐ Yes ☐ No

Physical Address of the NCE

3.a. Street Number and Name

3.b. ☐ Apt. ☐ Ste. ☐ Flr.

3.c. City or Town

3.d. State **3.e.** ZIP Code

4. Telephone Number

5. Internet Web site Address (if established)

6. Included Industries (select North American Industry Classification System (NAICS) code or codes)

7. IRS Tax Identification Number

8. Date Business Established (mm/dd/yyyy)

9. Date of the Investor's **Initial** Investment (mm/dd/yyyy)

10. Amount of the Investor's **Initial** Investment

$

Subsequent Investments in the NCE

Provide the following information about how much you have invested in the NCE since your **initial** investment.

11.a. Date of Subsequent Investment (mm/dd/yyyy)

11.b. Amount of Subsequent Investment

$

11.c. Type of Subsequent Investment (for example, cash, equipment, inventory, other tangible property, cash equivalents, or qualifying indebtedness as described in 8 CFR 204.6(e))

NOTE: If multiple investments have been made since the investor's **initial** investment in the commercial enterprise, use the space provided in **Part 12. Additional Information** to list the dates, amounts, and type of investments.

12. Amount of Capital Investment Sustained in the NCE

$

13. Changes in Assets of the NCE. Has the commercial enterprise sold any assets, including but not limited to investment securities and real property, and distributed the proceeds of the sale to any of its equity holders or had any other capital distributions or withdrawals since the date of your **initial** investment? ☐ Yes ☐ No

If you answered "Yes" to **Item Number 13.**, use the space provided in **Part 12. Additional Information** to provide an explanation.

14. Provide the total amount of capital invested by EB-5 investors into the NCE.

$

15. Provide the number of EB-5 investors associated with the NCE.

16. Has the NCE filed for bankruptcy, ceased business operations, materially changed the nature of the business, or made any changes in its organization or ownership since the date of your **initial** investment, or have any criminal or civil proceedings been filed against the NCE or any of its owners, officers, directors, general partners, managers or other persons with a similar interest or in a similar position of authority for the NCE involving fraud or other unlawful activity? ☐ Yes ☐ No

If you answered "Yes" to **Item Number 16.**, use the space provided in **Part 12. Additional Information** to provide an explanation.

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Part 7. Information About the Job Creating Entity (JCE)

JCE 1

1. Name of the JCE

Physical Address

2.a. Street Number and Name

2.b. ☐ Apt. ☐ Ste. ☐ Flr.

2.c. City or Town

2.d. State **2.e.** ZIP Code

JCE 2

3. Name of the JCE

Physical Address

4.a. Street Number and Name

4.b. ☐ Apt. ☐ Ste. ☐ Flr.

4.c. City or Town

4.d. State **4.e.** ZIP Code

JCE 3

5. Name of the JCE

Physical Address

6.a. Street Number and Name

6.b. ☐ Apt. ☐ Ste. ☐ Flr.

6.c. City or Town

6.d. State **6.e.** ZIP Code

If there are additional **JCEs**, use **Part 12. Additional Information** to provide the names and physical addresses of the additional JCEs.

7. Has any of the JCEs filed for bankruptcy, ceased business operations, materially changed the nature of the business, or made any changes in its organization or ownership since the date of your **initial** investment, or have any criminal or civil proceedings been filed against any of the JCEs or any of their owners, officers, directors, general partners, managers or other persons with a similar interest or in a similar position of authority for any of the JCEs involving fraud or other unlawful activity?

☐ Yes ☐ No

If you answered "Yes" to **Item Number 7.**, use the space provided in **Part 12. Additional Information** to provide an explanation.

Part 8. Information About Job Creation

Information about direct job creation at the NCE:

1.a. Number of Full-Time Direct and Qualifying Employees in the NCE at the Time of Your **Initial** Investment

1.b. Number of Full-Time Direct and Qualifying Employees in the NCE at the Time of Filing This Petition

1.c. Difference in Number of Full-Time Direct and Qualifying Employees

1.d. Amount of Capital Invested in the NCE That Was Not Funded by EB-5 Investors **$**

Information about indirect job creation outside of the NCE (if applicable)

2.a. Number of Full-Time Economically Direct, Indirect and Induced Jobs Created as a Result of EB-5 Investment

2.b. Amount of Capital From EB-5 Investors That Was Transferred to the JCE **$**

2.c. Amount of Capital Invested in the JCE That Was Not Funded by Investors Who Received or are Seeking Classification as Alien Investors **$**

3. Are you investing in a troubled business?

☐ Yes ☐ No

If the investment was made into a troubled business:

4.a. How many full-time, qualifying positions were maintained as a result of the investment?

4.b. How many full-time, qualifying positions were created as a result of the investment?

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Part 8. Information About Job Creation (continued)

5. If ten full-time jobs for qualifying employees have not yet been created, please indicate the number of jobs expected to be created within a reasonable time.

6. Changes to Business Plan. Have you made an investment and created jobs in the United States according to the plan presented in the Form I-526? ☐ Yes ☐ No

If you answered "No" to **Item Number 6.**, use the space provided in **Part 12. Additional Information** to provide an explanation of the changes made to the original business plan submitted with the approved Form I-526.

Part 9. Petitioner's Contact Information, Certification, and Signature

Petitioner's Contact Information

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

1. Petitioner's Daytime Telephone Number

2. Petitioner's Mobile Telephone Number (if any)

3. Petitioner's Email Address (if any)

Petitioner'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 petition, I read and understand or, if interpreted to me in a language in which I am fluent by the interpreter listed in **Part 10.**, understood, all of the responses and information contained in, and submitted with, my petition, and that all of the responses and the information is 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.a. Petitioner's Signature

➡

4.b. Date of Signature (mm/dd/yyyy)

Part 10. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.

Interpreter's Full Name

1.a. Interpreter's Family Name (Last Name)

1.b. 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

I certify, under penalty of perjury, that I am fluent in English and , and I have interpreted every question on the petition and Instructions and interpreted the applicant's answers to the questions in that language, and the petitioner informed me that he or she understood every instruction, question, and answer on the petition.

6.a. Interpreter's Signature

6.b. Date of Signature (mm/dd/yyyy)

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Part 11. Contact Information, Declaration, and Signature of the Person Preparing this Petition, if Other Than the Petitioner

Preparer's Full Name

1.a. Preparer's Family Name (Last Name)

1.b. Preparer's Given Name (First Name)

2. Preparer's Business or Organization Name (if any)

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 petition for the petitioner at his or her request and with express consent and that all of the responses and information contained in and submitted with the petition is complete, true, and correct and reflects only information provided by the petitioner. The petitioner reviewed the responses and information and informed me that he or she understands the responses and information in or submitted with the petition.

6.a. Preparer's Signature

6.b. Date of Signature (mm/dd/yyyy)

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Part 12. Additional Information

If you need extra space to provide any additional information within this petition, 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 petition 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; and sign and date each sheet.

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2. A-Number (if any)

► **A-**

3.a. Page Number **3.b.** Part Number **3.c.** Item Number

3.d.

4.a. Page Number **4.b.** Part Number **4.c.** Item Number

4.d.

5.a. Page Number **5.b.** Part Number **5.c.** Item Number

5.d.

6.a. Page Number **6.b.** Part Number **6.c.** Item Number

6.d.

7.a. Page Number **7.b.** Part Number **7.c.** Item Number

7.d.

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