



Amendment to Legacy Form I-526

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

USCIS
Form I-527

OMB No. 1615-XXXX
Expires XX/XX/XXXX

For USCIS Use Only	Fee Receipt	Classification	Action Block
		Priority Date	
	Remarks		
	Received Resubmitted	Relocated Sent Received	

To be completed by an attorney or BIA-accredited representative (if any).	☐ Select this box if Form G-28 is attached to represent the petitioner.	Attorney or Accredited Representative USCIS Online Account Number (if any)
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► **START HERE - Type or print in black ink.**

Part 1. Petition Amendment

1. This amendment is being filed to amend a petition under INA 203(b)(5)(M) filed before March 15, 2022.

Previous Petition Receipt Number:

Reasons for Amendment (Select All that Apply)

2. ☐ Termination of Regional Center

Notice Date of Termination: (mm/dd/yyyy)

Has your New Commercial Enterprise (NCE) associated with a new approved regional center?

☐ Yes ☐ No

Have you made a qualifying investment in another NCE?

☐ Yes ☐ No

3. ☐ NCE or JCE Debarment

Notice Date of Debarment: (mm/dd/yyyy)

Have you associated with a new NCE in good standing?

☐ Yes ☐ No

Have you invested additional investment capital to the extent necessary to satisfy remaining job creation requirements under INA 203(b)(5)(A)(ii)?

☐ Yes ☐ No

Part 2. Information About You

Provide the following information about yourself.

1. Alien Registration Number (A-Number) (if any) 2. USCIS Online Account Number (if any)

► A-

►

3. Your Full Legal Name (**Do not** provides a nickname)

Family Name (Last Name)

Given Name (First Name)

Middle Name

Part 2. Information About You (continued)

4. Other Names Used (if any)

Provide 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**.

Family Name (Last Name)

Given Name (First Name)

Middle Name

Other Information

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

6. Country(ies) of Citizenship or Nationality

NOTE: If you are a citizen of more than one country or your nationality differs from your citizenship, provide the information in **Part 12. Additional Information**.

7. Country of Last Foreign Residence

8. Current Mailing Address

In Care Of Name (if any)

Street Number and Name

Apt. Ste. Flr. Number

☐ ☐ ☐

City or Town

State

ZIP Code

[\(USPS ZIP Code Lookup\)](#)

Province

Postal Code

Country

9. Is your current mailing address the same as your physical address?

☐ Yes

☐ No

If you answered "No" to **Item Number 9.**, provide your physical address in **Item Numbers 10.**

If your physical address has changed since you submitted Form I-526 or you have not updated your address with USCIS by submitting a USCIS Form AR-11, provide your current physical address.

10. Current Physical Address

In Care Of Name (if any)

Street Number and Name

Apt. Ste. Flr. Number

☐ ☐ ☐

City or Town

State

ZIP Code

Province

Postal Code

Country

Part 2. Information About You (continued)

Employment

11. Provide your current employment. (If none, so state.)

Employer Name

Street Number and Name

Apt. Ste. Flr. Number

☐ ☐ ☐

City or Town

State

ZIP Code

Province

Postal Code

Country

Job Title

From (mm/dd/yyyy)

To (mm/dd/yyyy)

Part 3. Regional Center Information

1. Is your previous petition identified in **Part 1., Item Number 1.** associated with a Regional? ☐ Yes ☐ No

Provide the information required in **Item Numbers 2. - 3.** for the Regional Center associated with your previous petition identified in **Part 1., Item Number 1.**

2. Legal Name of Regional Center Associated With Your Previous Petition

3. Regional Center Identification Number Associated With Your Previous Petition

If you have associated with a new Regional Center (regardless of whether indicated in **Part 1., Item Number 2.**), provide the information in **Item Numbers 4. - 5.** for your new Regional Center. If you have not associated with a new Regional Center, leave blank.

4. Legal Name of New Regional Center

5. New Regional Center Identification Number

Part 4. Information About the NCE

Information About the NCE

Provide the information in **Item Numbers 1. - 2.** for the NCE associated with your previous petition identified in **Part 1., Item Number 1.**

1. Legal Name of NCE Associated With Your Previous Petition (**Required Field - Do Not Leave Blank**)

Part 4. Information About the New Commercial Enterprise (NCE) (continued)

2. NCE Identification Number Associated With Your Previous Petition

3. Have you made a qualifying investment in or otherwise associated with another NCE (whether or not indicated in **Part 1., Item Numbers 2. or 3.**)? ☐ Yes ☐ No

If you answered "Yes" to **Item Number 3.**, provide the information in **Item Numbers 4.a. - 4.b.** for the NCE in which you have made a new qualifying investment or otherwise association.

4. a. Legal Name of NCE

- b. Other Name(s) the NCE is Authorized to Use or do Business as (d/b/a)

5. Is the NCE comprised of a holding company and its wholly owned subsidiaries? ☐ Yes ☐ No

If you answered "Yes" to **Item Number 5.**, describe the overall organizational structure of the NCE and list each wholly owned subsidiary along with its date and jurisdiction of formation. If you need additional space, use the space provided in **Part 12.**

Additional Information.

Subsidiary Name	Date of Formation	Jurisdiction of Formation

6. Date NCE Formed (mm/dd/yyyy)

7. a. State or Territory Where the NCE Was Established

- b. List any other State or Territory Where the NCE is Registered to do Business

8. Federal Employer Identification Number

NCE Mailing Address (and Physical Address when Applicable)

- ☐ Mailing Address Same as Physical Address

9. Street Number and Name

Apt. Ste. Flr. Number

☐ ☐ ☐

City or Town

State

ZIP Code

NCE Contact Information

10. Telephone Number of NCE

11. Email address

12. Website Address

Part 4. Information About the New Commercial Enterprise (NCE) (continued)

Address Where the NCE Is Principally Doing Business (See Instructions)

13. Street Number and Name	Apt. Ste. Flr.	Number
	☐ ☐ ☐	
City or Town	State	ZIP Code
Census Tract(s)		
14. Nature of Activity (for example, furniture manufacturer)	15. Included Industries (provide North American Industry Classification System (NAICS) codes)	

Type of NCE (Select only one box)

16. a. ☐ NCE formed after November 29, 1990.
- b. ☐ NCE resulting from the purchase of a business formed on or before November 29, 1990, that is restructured or reorganized.
- c. ☐ NCE resulting from a capital investment in and substantial expansion of a business formed on or before November 29, 1990.
17. Have you invested or are you actively in the process of investing in a troubled business? ☐ Yes ☐ No

NOTE: If you answered "Yes" to **Item Number 17.**, you must provide an explanation in **Part 12. Additional Information** of how the NCE qualifies as a troubled business.

NCE Ownership and Capital Investment

18. What percentage of the NCE do you own? %

New Capital from Other Investors

19. Has there been any new capital invested into the NCE by other persons not seeking classification as an alien investor under INA section 203(b)(5) that was not identified in your previous petition identified in **Part 1.**, **Item Number 1.**? ☐ Yes ☐ No

If you answered "Yes" to **Item Number 19.**, provide the name, percentage of ownership and amount of capital for each person not identified in your previous petition. If you need additional space or there are additional persons, provide the information in **Part 12. Additional Information**.

20. a. Name of Person	b. Percentage of Ownership	c. Amount of Capital Invested
	%	\$

Part 5. Information About the Job-Creating Entity (JCE) (if different from the NCE)

Provide the information below for the JCE associated with your investment if different than the NCE. If you are seeking to add more than one JCE with this amendment, provide the information below for each JCE in **Part 12. Additional Information**.

Provide the information in **Item Number 1.** for the JCE (if any) associated with your previous petition identified in **Part 1.**, **Item Number 1.**

1. Legal Name of the JCE Associated With Your Previous Petition

Part 5. Information About the Job-Creating Entity (JCE) (if different from the NCE) (continued)

2. Has the termination of your prior regional center or debarment of your prior NCE or JCE, as applicable, resulted in your investment being associated with a new JCE that was not associated with your previous petition identified in **Part 1, Item Number 1.** ☐ Yes ☐ No

If you answered "Yes," to **Item Number 2.**, provide the information in **Item Numbers 3.a. - 3.b.** for the new JCE.

3. a. Legal Name of JCE

- b. Other Name(s) the JCE is Authorized to Use or Do Business as (d/b/a)

4. Is the JCE comprised of a holding company and its wholly owned subsidiaries? ☐ Yes ☐ No

If you answered "Yes" to **Item Number 4.**, describe the overall organizational structure of the NCE and list each wholly owned subsidiary along with its date and jurisdiction of formation. If you need additional space, use the space provided in **Part 12.**

Additional Information.

Subsidiary Name	Date of Formation	Jurisdiction of Formation

5. Date JCE Formed (mm/dd/yyyy)

6. a. State or Territory Where the JCE Was Established

- b. List any Other State or Territory Where the NCE is Registered to do Business

7. Federal Employer Identification Number ▶

JCE Mailing Address (and Physical Address When Applicable)

- ☐ Mailing Address Same as Physical Address

8. Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

JCE Contact Information

9. Telephone Number of JCE

10. Email address

11. Website Address

Part 6. Information About Your Investment

1. a. Was your previous petition identified in **Part 1., Item Number 1.** associated with a project or offering submitted with an approved Form I-924 application or amendment as an exemplar Form I-526 prior to March 15, 2022? ☐ Yes ☐ No

- b. If you answered "Yes" to **Item Number 1.a.**, what is the receipt number for the regional center's Form I-956F?

2. a. Have you invested or are you actively in the process of investing into an offering and project associated with a Form I-956F, Application for Approval of an Investment in a Commercial Enterprise, filed after enactment of the EB-5 Reform and Integrity Act of 2022? ☐ Yes ☐ No

- b. If you answered "Yes" to **Item Number 2.a.**, what is the receipt number for the regional center's Form I-956F?

Investment Type and Required Capital Investment (If Different from Your Original Form I-526)

3. Has the type of investment you are making changed from what was indicated in your previous petition identified in **Part 1., Item Number 1.**? ☐ Yes ☐ No

If you answered "Yes" to **Item Number 3.**, select the appropriate box for **Item Numbers 4. - 6.** to indicate the new type of investment you are making.

4. ☐ Rural Area

This petition is based on an investment in a rural area.

- a. Is the NCE principally doing business in an area outside a metropolitan statistical area (as designated by the Director of the Office of Management and Budget)? ☐ Yes ☐ No

- b. Is the NCE principally doing business in an area outside the outer boundary of a city or town having a population of 20,000 or more (based on the most recent decennial census of the United States)? ☐ Yes ☐ No

5. ☐ High Unemployment Area

This petition is based on an investment in a high unemployment area.

6. ☐ Non-TEA Adjustment Area

This petition is based on an investment in an area that is not a targeted employment area.

Composition of New Investment (if applicable)

7. Enter the amount and date of all additional investment(s) in the NCE. If you are actively in the process of investing capital in the NCE and/or if you were actively in the process of investing capital in the NCE at the time you filed your Form I-526, then enter the amount(s) and date(s) you anticipate making and/or made the investment(s). If you need additional space, use the space provided in **Part 12. Additional Information.**

Date of Investment (mm/dd/yyyy)	Amount of Investment
	\$
	\$
	\$
	\$
Total	\$

8. Total Amount of Money Deposited or Committed to Deposit into U.S. Business Accounts for NCE, including Qualified Escrow Accounts

\$

Part 6. Information About Your Investment (continued)

9. Total Value of Assets Purchased for Use in NCE \$
10. Total Value of All Property Transferred From Abroad for Use in NCE \$
11. Total of All Debt Financing \$
12. Total Stock or Other Equity Purchases \$
13. Other Capital \$

Your Sources of Investment Capital

Please identify the sources of the capital you have invested or are actively in the process of investing into the NCE, as well as any funds used to pay administrative costs and fees associated with your investment. (Select all that apply.)

14. a. ☐ Income
- b. ☐ Loan Proceeds (including mortgage of real estate)
- c. ☐ Sale of Real Estate
- d. ☐ Gift (including capital obtained through inheritance)
- e. ☐ Tangible Assets (Equipment, Inventory, etc.)
- f. ☐ Insurance Proceeds
- g. ☐ Sale of Securities
- h. ☐ Other

15. In the space below, describe the documentation included with this petition to demonstrate that the capital you have invested or are actively in the process of investing was obtained through lawful means.

16. Total Amount of Your Capital That Has Been or Will Be Made Available to the JCE \$

Part 7. Employment Creation Information

Information About Your Employment with the NCE or JCE

1. a. Are you employed by the NCE or JCE (if applicable)? ☐ Yes ☐ No
- b. If you are employed by the NCE or JCE, what is your position, office, or title with the NCE or JCE?

NOTE: If you need additional space, provide the information in **Part 12. Additional Information.**

Part 7. Employment Creation Information (continued)

Completed Employment Creation

2. a. Has your investment in the NCE indicated in your previous petition identified in **Part 1, Item Number 1.** created employment prior to filing this amendment? ☐ Yes ☐ No
- b. If you answered "Yes" to **Item Number 2.a.**, provide the number of Full-Time Direct and Indirect Positions Created (including jobs estimated to be created using reasonable methodologies).

NAICS Code	Industry Name	Number of Jobs Created
	Total	

Direct Employment Creation in the NCE

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

Estimated Direct and Indirect Employment

4. If the new commercial enterprise is associated with a Regional Center, does this petition rely on indirect job creation? ☐ Yes ☐ No

NOTE: If you answered "Yes" to **Item Number 4.**, indicate the economic model used to estimate indirect job creation in **Part 12. Additional Information.**

5. Total number of Full-Time Direct and Indirect Positions estimated to be created (including jobs estimated to be created using reasonable methodologies).

NAICS Code	Industry Name	Number of Jobs Created
	Total	

Part 8. Processing Information

Select the appropriate box to indicate how you will seek lawful permanent resident status.

- | | |
|--|---|
| 1. a. ☐ Immigrant Visa Processing | 2. a. ☐ Application for Adjustment of Status |
| b. Country of Citizenship or Nationality
<input type="text"/> | b. Country of Last Permanent Residence Abroad
<input type="text"/> |
| c. Country of Current Residence
<input type="text"/> | |

Part 8. Processing Information (continued)

3. Address in Country of Last Permanent Residence Abroad

Street Number and Name

Apt. Ste. Flr. Number

☐ ☐ ☐

City or Town

Province

Postal Code

Country

4. Telephone Number

5. If your native alphabet is other than Roman letters, type or print the foreign address in your native alphabet, below.

Street Number and Name

Apt. Ste. Flr. Number

☐ ☐ ☐

City or Town

Province

Postal Code

Country

Immigration Proceedings

Please indicate whether you are in exclusion, deportation, or removal proceedings before the Department of Homeland Security (DHS) or the Department of Justice's (DOJ), Executive Office for Immigration Review (EOIR) Immigration Court or Board of Immigration Appeals. You also must provide an explanation for why you are in proceedings in **Part 12. Additional Information**.

6. Are you currently or ever been in immigration proceedings before the Department of Homeland Security (DHS) or Department of Justice (DOJ)? ☐ Yes ☐ No

Type of Proceedings (Select **only one**)

7. ☐ Exclusion ☐ Deportation ☐ Removal

Location of Proceedings

8. City or Town

State

9. Are you currently or ever been subject to a final order of exclusion, deportation, or removal, or subject to reinstatement of such an order? ☐ Yes ☐ No

Employment in the United States

10. Have you ever worked in the United States without permission? ☐ Yes ☐ No

Part 8. Processing Information (continued)

11. If you answered "Yes" to **Item Number 10.**, provide an explanation below. If you need additional space, use **Part 12. Additional Information.**

DRAFT

Part 9. Contact Information, Certification, and Signature of the Petitioner or Authorized Signatory***Petitioner's or Authorized Signatory's Contact Information***

1. Petitioner's or Authorized Signatory's Family Name (Last Name)

Petitioner's or Authorized Signatory's Given Name (First Name)

2. Petitioner's or Authorized Signatory's Title

3. Petitioner's or Authorized Signatory's Daytime Telephone Number

4. Petitioner's or Authorized Signatory's Mobile Telephone Number (if any)

5. Petitioner's or Authorized Signatory's Email Address (if any)

Petitioner's or Authorized Signatory's Certification and Signature

If filing this petition on behalf of an organization, I certify that I am authorized to do so by the organization:

- 1) I reviewed and provided or authorized all of the information in my petition;
- 2) I understood all of the information contained in, and submitted with, my petition; and
- 3) All of this information was complete, true, and correct at the time of filing.

Furthermore, I authorize the release of any information from any and all of my records as authorized signatory and the petitioner's records that USCIS may need to determine the petitioner's eligibility for an immigration request and to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

6. Petitioner's or Authorized Signatory's Signature

Date of Signature (mm/dd/yyyy)



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

If you used anyone as an interpreter to read the Instructions and questions on this petition to you in a language in which you are fluent, the interpreter must fill out this section.

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)

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 petition and Instructions and interpreted the petitioner's or authorized signatory's answers to the questions in that language, and the petitioner or authorized signatory informed me that they understood every instruction, question, and answer on the petition.

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

Part 11. Contact Information, Certification, and Signature of the Person Preparing this Petition, if Other Than the Petitioner or Authorized Signatory

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)

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)

Part 11. Contact Information, Certification, and Signature of the Person Preparing this Petition, if Other Than the Petitioner or Authorized Signatory (continued)

Preparer's Certification and Signature

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

6. Preparer's Signature

Date of Signature (mm/dd/yyyy)

DRAFT
NOT FOR
PRODUCTION

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. Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)

2. A-Number (if any) ▶ A-

3. Page Number Part Number Item Number

4. Page Number Part Number Item Number

5. Page Number Part Number Item Number

6. Page Number Part Number Item Number

7. Page Number Part Number Item Number