

# DRAFT

# **Request for Fee Waiver**

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

USCIS Form I-912 OMB No. 1615-0116 Expires 05/31/2015

▶ Before you fill out this form, please read the instructions.						FOR USCIS USE ONLY	
	1. Information About \\langle lying for a minor child, p	,					ation Receipted At a conly one box):
Line 1. a.	Family Name (Last Name)	Legal Name as					SCIS Field Office
Line 1. b.	Given Name (First Name)	it appears on N-400				L1	Fee Waiver Approved  Date:
Line 1. c.	Middle Initial	page 1.					Fee Waiver Denied
Line 2.	Alien Registration Number	<u> </u>	A- F	rom the N-400			Date:
Line 3.	Date of Birth	(mm	/dd/yyyy	From the N-40	00	US	CIS Service Center
Line 4.	Marital Status Neve	er Married	orced	Marriage Ann	ulled		Fee Waiver Approved
On page 7 of N-400 Married Wic				Legally Separ			Date:
Line 5. Applications and Petitions (Enter the form number(s) of the application(s) and/or petition(s) for which you are requesting a fee waiver.)  Biometrics services fees, where applicable, will be included in the fee waiver received.				or		Fee Waiver Denied Date:	
				ded in the fee waiver request.			
N-400							
Section Line 6.	2. Additional Informat  Complete the Table below i			e space, attach a sepa	arate sheet of	°paper.	)
				-			· · · · · · · · · · · · · · · · · · ·
Name (First, MI, Last)		(If applicable)	)	Is Individual Included in Fee Waiver Request?	(mm/dd/yy	r	
		Δ _		☐ Yes ☐ No			
				Yes No			
Leave Blank				Yes No			
				Yes No			
				Yes No			
				Yes No			
A-				Yes No			

Section 3. Basis for Your Request (Check any that apply. For additional information, see the form instructions.)					
Line 7. a. X	7. a. X I am or a relevant member of my household is currently receiving a means-tested benefit. (Complete Sections 4 as				
Line 7. b.	My household income is at or below 150% of the Federal Po	overty Guidelines. (Complete Sections 5 and 7.)			
Line 7. c.	I have a financial hardship. (Complete Sections 5, 6 and 7.)	If applicant receives a benefit that definitely qualifies for the fee waiver, better to apply based only on that reason			

Line 8. Complete the Table Below (If you need more space, attach a separate sheet of paper.)

List all benefits the applicant receives.

	Name of Person Receiving the Benefit	Name of Agency Awarding Benefit	Date Benefit Was Awarded	Is This Benefit Being Received Now?
6	If the person receiving the benefit is not the applicant, put relationship to applicant	Double-check the date the applicant began	Rest if this date is within the last three	☐ Yes         ☐ No           ☐ Yes         ☐ No
nt s.	in parentheses after name.	receiving the benefit. If the date is before the applicant became an	months. Should be	Yes No
	Elderly parents' receipt of	LPR, USCIS might investigate for fraud.	to get a new	Yes No
	SSI does not qualify, even if they live with the applicant.		especially from DTA	Yes No
				Yes No
	count, but SSI alone does.			Yes No
				Yes No

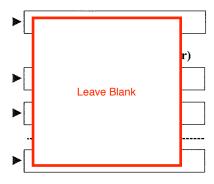
# Section 5. Household Income (Provide evidence of monthly income or other support.)

**Line 9.** Other than you, how many others in your household depend on the stated income?

Line 10. Average monthly wage income from household members

Line 11. Enter other money received each month that is not included in Line 14. (This could include spousal support, child support, unemployment, etc.)

TOTAL (USCIS will compare this amount to Federal Poverty Guidelines)



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Section	6. Financiai	Hardship						
Line 12.	Describe your particular situation. Be sure to include how this situation has caused you to incur costs (and what the costs were) or loss of income that you have experienced (and what that loss was). Complete this section in English; otherwise, provide an accompanying English translation. (If you need more space, attach a separate sheet of paper.)							
		Leave Blank						
	If you are cur							
Line 13.	Date that you !		<b>&gt;</b>					
Line 14.	Amount of une							
Line 15.	List your asset		f paper.)					
			lue (enter dollars)					
			· · · · · · · · · · · · · · · · · · ·					
			116 814					
	-							

**TOTAL Value of Assets** 

#### Section 6. Financial Hardship (Cont'd)

Line 16. List your average monthly costs, and provide evidence of monthly payments where possible. (If you need more space, attach a separate sheet of paper.)

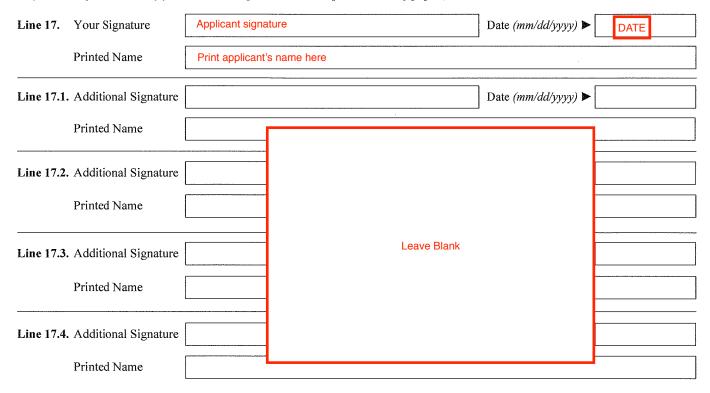


## Section 7. Your Signature and Authorization

Do not sign your Form I-912 until it is complete and you are ready to file.

I take full responsibility for the accuracy of all the information provided, including all supporting documentation. I authorize the release of any information, including the release of my Federal tax returns, that USCIS needs to determine my eligibility.

Each person applying for a fee waiver request must sign Form I-912. This includes individuals identified in Sections 1 and 2 if 14 years of age or older. (If you need more space, attach a separate sheet of paper.)



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Section 7. Your Signature and Authorization (continued)					
Line 17.5. Additional Signature	Date (mm/dd/yyyy) ▶				
Printed Name					
Line 17.6. Additional Signature	Date (mm/dd/yyyy) ▶				
Printed Name					
Line 17.7. Additional Signature	Date (mm/dd/yyyy) ▶				
Printed Name	· · · · · · · · · · · · · · · · · · ·				

### What to attach:

If you checked Line 7. a., Means-Tested Benefit

Attach a letter from the granting agency that includes the applicant's name, the granting agency's name, the benefit being received, and the amount of the benefit being received.

If applying based on a household member's receipt of a means-tested benefit, attach proof of the relationship and proof that the applicant and household member are residing together.

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