



**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.

**Section 1. Information About You** *(Provide information about yourself. If you are applying for a minor child, provide information about the minor child.)*

**Line 1. a.** Family Name (Last Name) Legal Name as it appears on N-400 page 1.

**Line 1. b.** Given Name (First Name)

**Line 1. c.** Middle Initial

**Line 2.** Alien Registration Number ► A- From the N-400

**Line 3.** Date of Birth *(mm/dd/yyyy)* ► From the N-400

**Line 4.** Marital Status  Never Married  Divorced  Marriage Annulled  
On page 7 of N-400  Married  Widow(er)  Legally Separated

**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 request.

N-400

**FOR USCIS USE ONLY**

Application Received At *(check only one box):*

**USCIS Field Office**

Fee Waiver Approved  
Date: \_\_\_\_\_

Fee Waiver Denied  
Date: \_\_\_\_\_

**USCIS Service Center**

Fee Waiver Approved  
Date: \_\_\_\_\_

Fee Waiver Denied  
Date: \_\_\_\_\_

**Section 2. Additional Information for Dependent(s)**

**Line 6.** Complete the Table below if applicable. *(If you need more space, attach a separate sheet of paper.)*

Name (First, MI, Last)	A-Number (If applicable)	Is Individual Included in Fee Waiver Request?	Date of Birth (mm/dd/yyyy)	Relationship to You
Leave Blank	A-	<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	A-	<input type="checkbox"/> Yes <input type="checkbox"/> No		

**Section 3. Basis for Your Request** (Check any that apply. For additional information, see the form instructions.)

- Line 7. a.**  I am or a relevant member of my household is currently receiving a means-tested benefit. (Complete Sections 4 and 7.)
- Line 7. b.**  My household income is at or below 150% of the Federal Poverty 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.

**Section 4. Means-Tested Benefit**

**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?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
<span style="color: blue;">If the person receiving the benefit is not the applicant, put relationship to applicant in parentheses after name.</span>	<span style="color: red;">Double-check the date the applicant began receiving the benefit. If the date is before the applicant became an LPR, USCIS might investigate for fraud.</span>	<span style="color: blue;">Best if this date is within the last three months. Should be fairly simple to get a new letter, especially from DTA.</span>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<span style="color: red;">Elderly parents' receipt of SSI does not qualify, even if they live with the applicant.</span>			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
<span style="color: red;">SSDI alone does not count, but SSI alone does.</span>			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> 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)

Leave Blank

**Section 6. Financial 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 l

**Line 14.** Amount of une

**Line 15.** List your asset *(f paper.)*

	Value (enter dollars)
<b>TOTAL Value of Assets</b>	<input type="text"/>

**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.)*

Type of Cost			Value (Enter Dollars)
Rent	Leave Blank		
Mortgage			
Food			
Utilities			
Child/Elder Care			
Insurance			
		<b>TOTAL Monthly Costs</b>	

**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.)**

**Line 17.** Your Signature  Date (mm/dd/yyyy) ►

Printed Name

**Line 17.1.** Additional Signature  Date (mm/dd/yyyy) ►

Printed Name

**Line 17.2.** Additional Signature

Printed Name

**Line 17.3.** Additional Signature

Printed Name

**Line 17.4.** Additional Signature

Printed Name



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**Section 7. Your Signature and Authorization (continued)**

**Line 17.5.** Additional Signature  Date (mm/dd/yyyy) ▶

Printed Name

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**Line 17.6.** Additional Signature  Date (mm/dd/yyyy) ▶

Printed Name

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**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.

