



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)

Line 1. b. Given Name (First Name)

Line 1. c. Middle Initial

Line 2. Alien Registration Number ► A-

Line 3. Date of Birth *(mm/dd/yyyy)* ►

Line 4. Marital Status Never Married Divorced Marriage Annulled
 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.

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 <i>(mm/dd/yyyy)</i>	Relationship to You
<div style="border: 1px solid blue; padding: 5px; width: fit-content;"> Line 6 is only filled out for derivative beneficiaries, so it should be left blank for N-400s. </div>	A-	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	A-	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	A-	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	A-	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	A-	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	A-	<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.

Can apply based on more than one factor.

Section 4. Means-Tested Benefit

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

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
			<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

List all benefits the applicant receives.

If the person receiving the benefit is not the applicant, put relationship to applicant in parentheses after name.

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.

Best if this date is within the last three months. Should be fairly simple to get a new letter, especially from DTA.

Elderly parents' receipt of SSI does not qualify, even if they live with the applicant.

SSDI alone does not count, but SSI alone does.

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? ▶

(round to the nearest dollar)

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.) ▶

This amount should include support from adult children.

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

This amount should be 150% or less of the Federal Poverty Guidelines. Amounts can be found on the i-912P.

If applicant and spouse are legally separated, spouse is not a member of the household. Be sure to include any alimony or other support on Line 11.

Household includes: applicant, spouse, parents living with applicant, unmarried children (or wards) under 21, unmarried children (or wards) between 21 and 24 if attending school full-time and living with the applicant, unmarried children (or wards) for whom the applicant has legal guardianship due to the child's disability. If the applicant lives with a person who does not count as a member of the household (like a roommate), that person's income will not be considered.

Attach supporting documents, such as most recent tax return. If applicant did not file taxes, use other documents, such as W-2s, pay stubs, or a letter from the applicant's employer. Applicants may get transcripts of their previous tax returns by visiting www.irs.gov/Individuals/Get-Transcript

Attach addenda if needed to provide more information.

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.)*

Applications based on financial hardship are the least certain to be accepted. If the applicant wants to apply on this basis, explain this issue and warn that a denial may cause the naturalization process to take longer. This is really an issue of time vs. money.

Extraordinary circumstances include medical bills, medical emergencies, and other unexpected expenses or emergency situations.

Do not try to use credit card debt as a financial hardship. USCIS may view that debt as self-inflicted and will deny the fee waiver.

Attach a declaration or affidavit from the applicant that explains the situation clearly and completely.

If you are currently unemployed, you must complete Lines 13 and 14.

Line 13. Date that you became unemployed *(mm/dd/yyyy)* ►

Line 14. Amount of unemployment compensation (monthly) that you are receiving (enter dollars)

Line 15. List your assets and the value of your assets. *(If you need more space, attach a separate sheet of paper.)*

Type of Asset	Value (enter dollars)
<div style="border: 1px solid blue; padding: 5px;"> Examples include cars, real-estate, stocks, bonds, and bank accounts. Attach supporting documents if possible to show the value. </div>	
TOTAL Value of Assets	<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.)*

Be sure to attach supporting evidence.

Type of Cost	Value (Enter Dollars)	Type of Cost	Value (Enter Dollars)
Rent		Loan Payment	
Mortgage		Commuting Costs	
Food		Medical	
Utilities		School	
Child/Elder Care		Other Expenses	
Insurance		TOTAL Monthly Costs	<input type="text"/>

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 Date (mm/dd/yyyy) ►
 Printed Name

Line 17.3. Additional Signature Date (mm/dd/yyyy) ►
 Printed Name

Line 17.4. Additional Signature Date (mm/dd/yyyy) ►
 Printed Name

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**

If applying based on receipt of 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.

If you checked Line 7. b., Household Income

If applying based on income, attach the applicant's most recent tax return. If no tax return is available, attach several recent pay stubs, the applicant's W-2s, or a statement from the applicant's employer. Advocates may also choose to submit recent pay stubs if the tax return is more than a few months old.

If the applicant receives another source of support, such as child support or alimony payments, attach evidence to show the amount of these payments.

If you checked Line 7. c., Financial Hardship

If the applicant is applying based on a financial hardship, attach as much documentation as possible to corroborate the applicant's story. Also attach an affidavit or statement from the applicant fully explaining the situation.

If the applicant claims any assets or monthly costs, attach supporting documents.

