



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
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.		<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Elderly parents' receipt of SSI does not qualify, even if they live with the applicant.			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
SSDI alone does not count, but SSI alone does.			<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)
TOTAL Value of Assets	<input style="width: 100%; height: 20px;" 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	
TOTAL Monthly Costs	

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

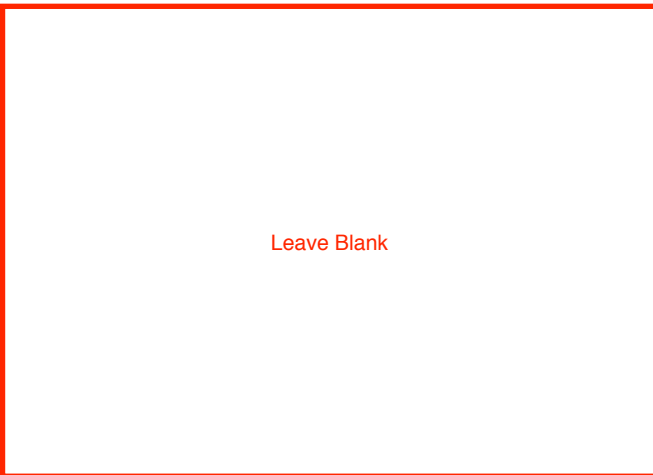
Printed Name

Line 17.3. Additional Signature

Printed Name

Line 17.4. Additional Signature

Printed Name



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.