



PROJECT CITIZENSHIP

11 Beacon Street
Suite 720
Boston, MA 02108

March 10, 2023

Submitted via Federal eRulemaking Portal

Samantha Deshommes

Chief, Regulatory Coordination Division, Office of Policy and Strategy
U.S. Citizenship and Immigration Services, Department of Homeland Security
5900 Capital Gateway Drive
Camp Springs, MD 20746

Re: U.S. Citizenship and Immigration Services Fee Schedule, CIS No. 2687-21; DHS Docket No. USCIS-2021-0010; RIN 1615-AC68; Federal Register Number 2022-27066

Dear Chief Deshommes:

Project Citizenship thanks the U.S. Citizenship and Immigration Services (“USCIS”) for the opportunity to comment on its Proposed Rule regarding the Fee Schedule and Changes to Certain Other Immigration Benefit Request Requirements, published 01/04/2023, 88 FR 402 (“the Proposed Rule”).

We are a nonprofit organization based in Boston, Massachusetts. Launched in 2014, we help permanent residents in New England overcome barriers to U.S. citizenship. Our mission is to ensure that all immigrants understand and have access to the path to citizenship, regardless of their ability to pay. We help over 1,000 people apply for citizenship annually, through our small full-time staff and hundreds of trained pro bono volunteers.

We appreciate USCIS’ efforts to continue offering a fee waiver for low income-populations in the Proposed Rule. Since 2021, over 70% of our clients apply for naturalization or a certificate of citizenship with a fee waiver and the Proposed Rule will ensure we can continue our work. Additionally, we recognize that USCIS has limited the fee increases for naturalization applicants in the Proposed Rule, and value that USCIS has calculated the fees in the Proposed Rule based primarily on the applicant’s ability to pay.

We commend USCIS for keeping the application fees for filing paper Form N-400 and Form N-600 applications to be the same as electronically filed Forms N-400 and N-600 in the Proposed Rule. Access to technology and technological literacy varies widely across immigrant communities. Maintaining the same fee for all citizenship applicants, no matter how they submit a Form N-400 or Form N-600, means potential citizenship applicants with limited technology or technological literacy will not be penalized. We appreciate this recognition.

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However, there are important improvements USCIS could make to the Proposed Rule. We strongly urge USCIS to: (1) contemplate whether the fee to renew a permanent residence card should be comparable to the Form N-400 fee to encourage individuals to naturalize, (2) continue to accept prior editions of the Form I-912, (3) combine the Form N-400 and N-600 forms, fees, adjudications, and processing to make naturalization and derivation easier for families, and (4) withdraw the previously proposed 2020 Fee Schedule.

I. USCIS' Fee Schedule Should Incentivize Naturalization

USCIS should adjust the filing fee for the Form N-400, Application for Naturalization, to be comparable to that of the Form I-90, Application to Renew Permanent Resident Card. Many immigrants, for practical reasons, do not consider whether to naturalize until their initial green card is nearing its expiration. Often, in our experience, potential applicants decide which benefit to pursue based purely on the cost. Under the Proposed Rule, the fee for an application for naturalization will be \$760, whereas the fee to renew a permanent resident card will be \$455 - \$465. The difference of approximately \$300 will be a determining factor for many who do not qualify for a fee waiver or reduced fee request.

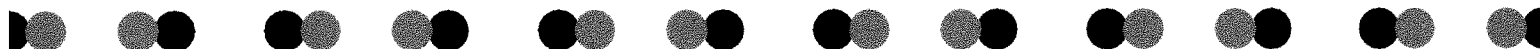
The decision to apply to naturalize should not be based on one's finances. Instead, it should be based on whether someone desires to make their permanent home here, vote, and become an American. Adjusting the fees under the Proposed Rule so that the cost of renewing one's permanent residency and applying for citizenship is comparable would reduce a barrier to naturalization and ensure that more individuals who would like to naturalize have the opportunity, no matter their income.

II. USCIS Should Continue to Accept Prior Editions of the Form I-912

The Proposed Rule appears to require that applicants who request a fee waiver do so with the current edition of the Form I-912, Request for Fee Waiver ("Fee Waiver"). See the Proposed Rule 8 CFR § 106.3(a)(2). This is a change from current policy, which permits prior editions or a written request, and we believe this change will prevent many applicants eligible for fee waivers from successfully requesting them.

The current edition of the Form I-912 is daunting (see attached). It is 11 pages long, and the instructions about how to complete it are also 11 pages long. The Instructions for the current edition of the Form I-912 estimate that it takes 1 hour and 10 minutes for an applicant to complete.

For simplicity, we use the 05/10/2013 edition of the Form I-912, which is 5 pages long, for our clients who qualify to request a fee waiver based on receipt of a means-tested benefit (see attached). In 2022 alone, this saved us the cost of printing and mailing 5,694 pages. In addition, the ability to submit the simpler prior edition of Form I-912 saves our clients, volunteers, and staff significant time by not needing to investigate and provide each applicant's "other names used," "U.S. Social Security Number," "type of benefit," "date benefit expires," as well as an interpreter's (if applicable) and preparer's contact information and signatures, which are required fields on the current Form I-912 that don't exist on the 05/10/2013 edition of the Form I-912.



We are confident the current more flexible policy saves USCIS time and money as well. In addition to scanning and reviewing many extra pages, we believe USCIS will incur significant additional mailing costs under the Proposed Rule due to rejecting and returning many more applications with fee waiver requests by mail when the current, much more complex Form I-912 is not included or completed correctly.

III. USCIS Should Combine the Form N-400 and Form N-600 to Increase Efficiency and Help Families

Through the Proposed Rule, we believe USCIS has an opportunity to promote efficiency in adjudication and processing, while helping families gain proof of their U.S. citizenship together. Under the Immigration and Nationality Act, children who have Legal Permanent Residence and live in the physical and legal custody of their parent in the U.S. derive U.S. citizenship as soon as their parent naturalizes. See INA § 320. However, to obtain proof of this derivation from USCIS, each child must file a Form N-600, Application for Certificate of Citizenship and pay the corresponding filing fee. In Boston, the current Form N-600 processing time is 27 months. Under the Proposed Rule, USCIS will increase the cost of filing the Form N-600, 18%, from \$1,170 to \$1,385.

It is unclear why USCIS doesn't combine the Form N-600, Application for Certificate of Citizenship, with the Form N-400, Application for Naturalization, and allow parents to request proof of the derivation of their minor children who are Legal Permanent Residents living in their physical and legal custody when they naturalize. Combining the forms, fees, and adjudications would save both families and USCIS considerable time and money.

The evidence required for a Form N-600, that is, proof of the U.S. citizen parent's marriage(s) and divorce(s) and physical and legal custody of the child are most readily available at the time of derivation. In our experience, the further an applicant gets from the time period in which they derived, the less likely they will be able to furnish the required documents. We have clients who are estranged from their U.S. citizen parents and cannot obtain the evidence they need to support a Form N-600.

We are disappointed that USCIS has missed an opportunity to combine the Form N-600 and Form N-400 processing, adjudication, and filing fees for children who derive U.S. citizenship today. Instead, under the Proposed Rule, these families must continue to file separate Form N-600s for each child, wait years for adjudication, and face an 18% increase in the cost to get proof of their children's U.S. citizenship.

IV. USCIS should withdraw the 2020 Fee Schedule

Finally, we request USCIS withdraw the previously proposed 2020 USCIS Fee Schedule and Immigration Benefit Request Requirements (CIS No. 2627-18; DHS Docket No. USCIS-2019-0010, Aug. 3, 2020) (the "2020 Fee Schedule"). The 2020 Fee Schedule never went into effect because it has been subject to preliminary injunctions issued in *Immigration Legal Resource Center et al., v Wolf, et al.*, Case No. 20-cv-05883-JSW (N.D. Cal., Sept. 29, 2020) and *NWIRP v. USCIS*, Case No. 19-3283 (RDM) (D.D.C. Oct. 8, 2020).



USCIS has not withdrawn the 2020 Fee Schedule, and there is no final judgment in the cases, which have been stayed pending the results of the Proposed Rule. The Proposed Rule appropriately removes many of the objectionable features contained in the 2020 Fee Schedule, such as the effective elimination of fee waivers based on receipt of means tested benefits.

The Proposed Rule reflects a considered policy judgment on the part of USCIS that the 2020 Fee Schedule is undesirable as a policy matter and is inconsistent with the goals of the federal immigration laws. However, we anticipate that the Proposed Rule may also be subject to judicial review after it is adopted. If, for any reason a court were to find that some portion of the Proposed Rule is unlawful, the result should not be a return to the 2020 Fee Schedule. Rather, by formally withdrawing the 2020 Fee Schedule, USCIS can ensure that the result would be a return to the current status quo, which is the 2016 Fee Schedule that is now in effect. Also, USCIS must state that its withdrawal of the 2020 Fee Schedule is severable from the remainder of the Proposed Rule, so that any judicial invalidation of any portion of the Proposed Rule would not endanger the lawful and appropriate decision to withdraw the 2020 Fee Schedule.

V. Conclusion

Project Citizenship encourages USCIS to reconsider the Proposed Rule with respect to the cost of naturalization relative to the cost of renewing proof of legal permanent residence, considering the practical economic decisions many low-income legal permanent residents make. We also hope USCIS will continue to accept prior editions of the Form I-912 because it will save both applicants and USCIS time and money. We urge USCIS to improve and simplify the application and adjudication processes for the Form N-600 for minor children of naturalization applicants. Changing the Proposed Rule in these ways would enable both Project Citizenship and USCIS to further accomplish our mutual mission of enabling eligible individuals to naturalize and gain proof of their U.S. citizenship. Finally, we hope USCIS will formally withdraw the previously proposed 2020 Fee Schedule.

Sincerely,



Dr. Mitra Shavarini
Executive Director



Attachment 1 – Form I-912, 09/03/21 edition



Request for Fee Waiver
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-912
OMB No. 1615-0116
Expires: 09/30/2024

For USCIS Use Only	Application Received At (Select only one box)	
	<input type="checkbox"/> USCIS Field Office <input type="checkbox"/> Fee Waiver Approved <input type="checkbox"/> Fee Waiver Denied Date: _____ Date: _____	<input type="checkbox"/> USCIS Service Center <input type="checkbox"/> Fee Waiver Approved <input type="checkbox"/> Fee Waiver Denied Date: _____ Date: _____

► **START HERE - Type or print in black ink.**

If you need extra space to complete any section of this request or if you would like to provide additional information about your circumstances, use the space provided in Part 11. Additional Information. Complete and submit as many copies of Part 11., as necessary, with your request.

Part 1. Basis for Your Request (Each basis is further explained in the Specific Instructions section of the Form I-912 Instructions)

Select at least one basis or more for which you may qualify and provide supporting documentation for any basis you select. You only need to qualify and provide documentation for one basis for U.S. Citizenship and Immigration Services (USCIS) to grant your fee waiver. If you choose, you may select more than one basis; you must provide supporting documentation for each basis you want considered.

- ☐ I am, my spouse is, or the head of household living in my household is currently receiving a means-tested benefit. (Complete **Parts 2. - 4.** and **Parts 7. - 10.**)
- ☐ My household income is at or below 150 percent of the Federal Poverty Guidelines. (Complete **Parts 2. - 3., Part 5.,** and **7. - 10.**)
- ☐ I have a financial hardship. (Complete **Parts 2. -3.** and **Parts 6. - 10.**)

Part 2. Information About You (Requestor)

Provide information about yourself if you are the person requesting a fee waiver for a petition or application you are filing. If you are the parent or legal guardian filing on behalf of a child or person with a physical disability or developmental or mental impairment, provide information about the child or person for whom you are filing this form.

1. Full Name

Family Name (Last Name)

Given Name (First Name)

Middle Name

2. Other Names Used (if any)

List all other names you have used, including nicknames, aliases, and maiden name.

Family Name (Last Name)

Given Name (First Name)

Middle Name

3. Alien Registration Number (A-Number) (if any)

► A-

4. USCIS Online Account Number (if any)

►

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

6. U.S. Social Security Number (if any)

►

Part 2. Information About You (Requestor) (continued)

☐ Single, Never Married ☐ Married ☐ Divorced ☐ Widowed ☐ Marriage Annulled ☐ Separated

☐ Other (Explain) _____

Part 3. Applications and Petitions for Which You Are Requesting a Fee Waiver

Applications or Petitions for You and Your Family Members												
Full Name	A-Number (if any)								Date of Birth	Relationship to You	Forms Being Filed	
	A-									Self		
	A-											
	A-											
	A-											
Total Number of Forms (including self)												

Part 4. Means-Tested Benefits

1. If you, your spouse, or the head of household (including parent if the child is under 21 years of age) living with you is receiving any means-tested benefits, list the information in the table below and attach supporting documentation. If you are the parent or legal guardian filing on behalf of a child or person with a physical disability or developmental or mental impairment, provide information about the child or person for whom you are filing this form if he or she is receiving a means-tested benefit.

Means-Tested Benefit Recipients					
Full Name of Person Receiving the Benefit	Relationship to You	Name of Agency Awarding Benefit	Type of Benefit	Date Benefit was Awarded	Date Benefit Expires (or must be renewed)

Part 5. Income at or Below 150 Percent of the Federal Poverty Guidelines

Your Employment Status

☐ Employed (full-time, part-time, seasonal, self-employed) ☐ Unemployed or Not Employed ☐ Retired ☐ Other (Explain) _____

Part 5. Income at or Below 150 Percent of the Federal Poverty Guidelines (continued)

2. If you are currently unemployed, are you currently receiving unemployment benefits? ☐ Yes ☐ No

A. Date you became unemployed
(mm/dd/yyyy)

Information About Your Spouse

3. If you are married or separated, does your spouse live in your household? ☐ Yes ☐ No

A. If you answered "No" to **Item Number 3.**, does your spouse provide any financial support to your household? ☐ Yes ☐ No

Your Household Size

4. Are you the person providing the primary financial support for your household? ☐ Yes ☐ No

If you answered "Yes" to **Item Number 4.**, type or print your name on the line marked "self" in the table below. If you answered "No" to **Item Number 4.**, type or print your name on the line marked "self" in the table below and add the head of household's name on the line below yours.

Household Size					
Full Name	Date of Birth	Relationship to You	Married	Full-Time Student	Is any income earned by this person counted towards the household income?
		Self	<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	<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
Total Household Size (including self)					

Your Annual Household Income

Provide information about your income and the income of all family members counted as part of your household. You must list all amounts in U.S. dollars.

5. Your Annual Income \$

6. Annual Income of All Family Members

Provide the annual income of all family members counted as part of your household as listed in **Item Number 4.** (Do not include the amount provided in **Item Number 5.**)

\$

7. Total Additional Income or Financial Support \$

Provide the total annual amount you receive in additional income or financial support from a source outside of your household. (Do not include the amount provided in **Item Numbers 5.** or **6.**) You must add all of the additional income and financial support amounts and put the total amount in the space provided. Type or print "0" in the total box if there are none. Select the type of additional income or financial support that you receive and provide documentation.

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Parental Support | <input type="checkbox"/> Educational Stipends | <input type="checkbox"/> Unemployment Benefits | <input type="checkbox"/> Financial Support From Adult Children, Dependents, Other People Living in the Household |
| <input type="checkbox"/> Spousal Support (Alimony) | <input type="checkbox"/> Royalties | <input type="checkbox"/> Social Security Benefits | |
| <input type="checkbox"/> Child Support | <input type="checkbox"/> Pensions | <input type="checkbox"/> Veteran's Benefits | <input type="checkbox"/> Other (Explain) |

Part 5. Income at or Below 150 Percent of the Federal Poverty Guidelines (continued)

8. Total Household Income (add the amounts from **Item Numbers 5., 6., and 7.**) \$

9. Has anything changed since the date you filed your Federal tax returns? (For example, your marital status, ☐ Yes ☐ No income, or number of dependents.)

If you answered "Yes" to **Item Number 9.**, provide an explanation below. Provide documentation if available. You may also use this space to provide any additional information about your circumstances that you would like USCIS to consider.

Part 6. Financial Hardship

If you selected **Item Number 3.** in **Part 1.**, complete this section.

1. If you or any family members have a situation that has caused you to incur expenses, debts, or loss of income, describe the situation in the box below. Specify the amounts of the expenses, debts, and income losses in as much detail as possible. Examples may include medical expenses, job loss, eviction, and homelessness.

2. If you have cash or assets that you can quickly convert to cash, list those in the table below. For example, bank accounts, stocks, or bonds. (Do not include retirement accounts.)

Assets	
Type of Asset	Value (U.S. Dollars)
Total Value of Assets	

Part 6. Financial Hardship (continued)

3. Total Monthly Expenses and Liabilities

\$

Provide the total monthly amount of your expenses and liabilities. You must add all of the expense and liability amounts and type or print the total amount in the space provided. Type or print "0" in the total box if there are none. Select the types of expenses or liabilities you have each month and provide evidence of monthly payments, where possible.

- | | | |
|--|--|--------------------------------|
| <input type="checkbox"/> Rent and/or Mortgage | <input type="checkbox"/> Loans and/or Credit Cards | <input type="checkbox"/> Other |
| <input type="checkbox"/> Food | <input type="checkbox"/> Car Payment | _____ |
| <input type="checkbox"/> Utilities | <input type="checkbox"/> Commuting Costs | _____ |
| <input type="checkbox"/> Child and/or Elder Care | <input type="checkbox"/> Medical Expenses | _____ |
| <input type="checkbox"/> Insurance | <input type="checkbox"/> School Expenses | _____ |

Part 7. Requestor's Statement, Contact Information, Certification, and Signature

NOTE: Read the **Penalties** section of the Form I-912 Instructions before completing this part.

Each person applying for a fee waiver request must complete, sign, and date Form I-912 and provide the required documentation. This includes family members identified in **Part 3**. Signature fields for family members are at the end of this part. If an individual is under 14 years of age, a parent or legal guardian may sign the request on their behalf. USCIS rejects any Form I-912 that is not signed by all individuals requesting a fee waiver and may deny a request that does not provide required documentation.

Select the box for either **Item A.** or **B.** in **Item Number 1.** If applicable, select the box for **Item Number 2.**

1. Requestor's Statement Regarding the Interpreter

- A. ☐ I can read and understand English, and I have read and understand every question and instruction on this request and my answer to every question.
- B. ☐ The interpreter named in **Part 9.** read to me every question and instruction on this request and my answer to every question in , a language in which I am fluent, and I understood everything.

2. Requestor's Statement Regarding the Preparer (if applicable)

- ☐ At my request, the preparer named in **Part 10.**, , prepared this request for me based only upon information I provided or authorized.

Requestor's Contact Information

3. Requestor's Daytime Telephone Number

4. Requestor's Mobile Telephone Number (if any)

5. Requestor's Email Address (if any)

Requestor's Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any of my records that USCIS may need to determine my eligibility for the immigration benefit I seek.

I further authorize release of information contained in this request, in supporting documents, and in my USCIS records to other entities and persons where necessary for the administration and enforcement of U.S. immigration laws.

I certify, under penalty of perjury, that I provided or authorized all of the information in my request, I understand all of the information contained in, and submitted with, my request, and that all of this information is complete, true, and correct.

Part 7. Requestor's Statement, Contact Information, Certification, and Signature (continued)

WARNING: If you knowingly and willfully falsify or conceal a material fact or submit a false document with your Form I-912, USCIS will deny your fee waiver request and may deny any other immigration benefit. In addition, you may face severe penalties provided by law and may be subject to criminal prosecution.

Requestor's Signature

6. Requestor's Signature

Date of Signature (mm/dd/yyyy)



NOTE TO ALL REQUESTORS: If you do not completely fill out this request or fail to submit required documents listed in the Instructions, USCIS may deny your request.

Family Members' Signatures

NOTE: Each family member **must** type or print their full name and sign in the spaces below. You can find additional family members' signature spaces in **Item Numbers 7. - 10.** below. All family members identified in **Part 3.** must sign and date Form I-912.

I certify that the information provided by the requestor in **Part 7.** applies to me.

7. Family Member 1

Family Member's Name

Family Member's Signature

Date of Signature (mm/dd/yyyy)

8. Family Member 2

Family Member's Name

Family Member's Signature

Date of Signature (mm/dd/yyyy)

9. Family Member 3

Family Member's Name

Family Member's Signature

Date of Signature (mm/dd/yyyy)

10. Family Member 4

Family Member's Name

Family Member's Signature

Date of Signature (mm/dd/yyyy)

11. Family Member 5

Family Member's Name

Family Member's Signature

Date of Signature (mm/dd/yyyy)

Part 8. Family Member's Statement, Contact Information, Certification, and Signature

NOTE: Read the **Penalties** section of the Form I-912 Instructions before completing this part.

If the information provided by the requestor in **Part 7** is not applicable to a family member identified in **Part 3**, (for example, the family member used an interpreter or speaks a different language) that individual should complete **Part 8**. USCIS rejects any Form I-912 that is not signed by all individuals requesting a fee waiver.

Select the box for either **Item A.** or **B.** in **Item Number 1**. If applicable, select the box for **Item Number 2**.

1. Family Member's Statement Regarding the Interpreter for

A. ☐ I can read and understand English, and I have read and understand every question and instruction on this request and my answer to every question.

B. ☐ The interpreter named in **Part 9** read to me every question and instruction on this request and my answer to every question in , a language in which I am fluent, and I understood everything.

2. Family Member's Statement Regarding the Preparer for

☐ At my request, the preparer named in **Part 10**, , prepared this request for me based only upon information I provided or authorized.

Family Member's Contact Information

3. Family Member's Daytime Telephone Number

4. Family Member's Mobile Telephone Number (if any)

5. Family Member's Email Address (if any)

Family Member's Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any of my records that USCIS may need to determine my eligibility for the immigration benefit I seek.

I further authorize release of information contained in this request, in supporting documents, and in my USCIS records to other entities and persons where necessary for the administration and enforcement of U.S. immigration laws.

I certify, under penalty of perjury, that I provided or authorized all of the information in my request, I understand all of the information contained in, and submitted with, my request, and that all of this information is complete, true, and correct.

Family Member's Signature

6. Family Member's Signature

Date of Signature (mm/dd/yyyy)



NOTE TO ALL FAMILY MEMBERS: If you do not completely fill out this request or fail to submit required documents listed in the Instructions, USCIS may deny your request.

Part 9. Interpreter's Contact Information, Certification, and Signature

1. Did any person filing this request use an interpreter? ☐ Yes, (complete this section) ☐ No (skip to **Part 10.**)
2. Was the same interpreter used for all individuals requesting a fee waiver (as listed in **Part 3.**)? ☐ Yes ☐ No

NOTE for Family Members: If you used a different interpreter than the one used by the requestor, make additional copies of **Part 9.**, provide the following information, indicate the family member for whom he or she interpreted, and include the pages with your completed Form I-912.

Provide the following information about the interpreter for

Interpreter's Full Name

3. Interpreter's Family Name (Last Name) Interpreter's Given Name (First Name)
4. Interpreter's Business or Organization Name (if any)

Interpreter's Mailing Address

(USPS ZIP Code Lookup)

5. Street Number and Name Apt. ☐ Ste. ☐ Flr. ☐ Number
- City or Town State ZIP Code
- Province Postal Code Country

Interpreter's Contact Information

6. Interpreter's Daytime Telephone Number
7. Interpreter's Mobile Telephone Number (if any)
8. Interpreter's Email Address (if any)

Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and , which is the same language specified in **Part 7., Item B. in Item Number 1.**, and I have read to this requestor in the identified language every question and instruction on this request and his or her answer to every question. The requestor informed me that he or she understands every instruction, question, and answer on the request, including the **Applicant's Certification**, and has verified the accuracy of every answer.

Interpreter's Signature

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

Part 10. Contact Information, Declaration, and Signature of the Person Preparing this Request, if Other Than the Requestor

1. Did any person prepare this request on your behalf? ☐ Yes, (complete this section) ☐ No, skip
2. Was the same preparer used for all individuals requesting a fee waiver (as listed in **Part 3**)? ☐ Yes ☐ No

NOTE for Family Members: If you used a different preparer than the one used by the requestor, provide the following information, and include the pages with your completed Form I-912.

Provide the following information about the preparer for

Preparer's Full Name

3. Preparer's Family Name (Last Name)

Preparer's Given Name (First Name)

4. Preparer's Business or Organization Name (if any)

Preparer's Mailing Address

5. Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

Province

Postal Code

Country

Preparer's Contact Information

6. Preparer's Daytime Telephone Number

7. Preparer's Mobile Telephone Number (if any)

8. Preparer's Email Address (if any)

Preparer's Statement

9. A. ☐ I am not an attorney or accredited representative but have prepared this request on behalf of the requestor and with the requestor's consent.
- B. ☐ I am an attorney or accredited representative and my representation of the requestor in this case ☐ extends ☐ does not extend beyond the preparation of this request.

NOTE: If you are an attorney or accredited representative, you may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, or G-28I, Notice of Entry of Appearance as Attorney In Matters Outside the Geographical Confines of the United States, with this request.

Part 10. Contact Information, Declaration, and Signature of the Person Preparing this Request, if Other Than the Requestor (continued)***Preparer's Certification***

By my signature, I certify, under penalty of perjury, that I prepared this request at the request of the requestor. The requestor then reviewed this completed request and informed me that he or she understands all of the information contained in, and submitted with, his or her request, including the **Applicant's Certification**, and that all of this information is complete, true, and correct. I completed this request based only on information that the requestor provided to me or authorized me to obtain or use.

Preparer's Signature

10. Preparer's Signature

Date of Signature (mm/dd/yyyy)



Part 11. Additional Information

If you need extra space to provide any additional information within this request, 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 request or attach a separate sheet of paper. Include 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.

1. Family Name (Last Name) Given Name (First Name) Middle Name

2. A-Number (if any) ► A-

--	--	--	--	--	--	--	--	--	--

3. A. Page Number B. Part Number C. Item Number

D.

4. A. Page Number B. Part Number C. Item Number

D.

5. A. Page Number B. Part Number C. Item Number

D.

6. A. Page Number B. Part Number C. Item Number

D.

Attachment 2 – Form I-912, 05/10/13 edition



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 (mm/dd/yyyy)	Relationship to You
	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.)*

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
			<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?

▶

(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.)

▶

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

▶

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.)*

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="display: flex; justify-content: flex-end; align-items: center;"> <div style="margin-right: 10px;">TOTAL Value of Assets</div> <div style="border: 1px solid black; width: 250px; height: 30px;"></div> </div>	

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)	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	

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