



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

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

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

Part 1. Basis for Your Request (For additional information, see the Form I-912 instructions.)

1. I am unable to pay the filing fees of the applications or petitions because (Select **all** applicable boxes):
- A. ☐ I am, or my spouse, or the head of household living in my household, is currently receiving a means-tested **benefit**.
- B. ☐ My household income is at or below 150 percent of the Federal Poverty **Guidelines**.
- C. ☐ I have a financial **hardship**.

Part 2. Information About You (The Requestor)

Provide information about yourself. If you are applying for a minor child, **provide information about the minor child**.

1. Your 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 **your** maiden name.

Family Name (Last Name)

Given Name (First Name)

Middle Name

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

► A-

4. USCIS ELIS Account Number (if any)

►

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

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

►

7. Marital Status

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

☐ Other

If you need extra space to provide additional information, use the space provided in **Part 12. Additional Information**.

Part 3. Information About Your Status

1. What is your current status in the United States? (Select **only one**)

- ☐ No Status ☐ Legal Permanent Resident ☐ Nonimmigrant ☐ Special Immigrant Juvenile
☐ Status based on Violence Against Woman Act (VAWA) ☐ T Nonimmigrant Status ☐ U Nonimmigrant Status
☐ Asylee/Refugee ☐ Other

2. Class of Admission

3. I am (Select **only one**):

- ☐ Employed (full-time, part-time, seasonal, self-employed) ☐ Unemployed (currently seeking employment) ☐ Retired
☐ Not **employed** ☐ A full-time student
☐ Other

4. If you are currently unemployed, are you currently receiving unemployment benefits?

☐ Yes ☐ No

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

Part 4. Applications and Petitions for Fee Waivers

Enter the form numbers of the applications and/or petitions for which you and other family members filing with you are requesting a fee waiver. A biometric services fee, where applicable, will be included in the fee waiver request. If you need extra space to complete this section, use the space provided in **Part 12. Additional Information**.

1. I am filing the following forms with this Form I-912 request:

Form Number	Number of Forms

2. The following family members **are filing** forms **together** with my request for a fee waiver. **If no other forms are being filed together with your request, type or print "N/A."**

Family Members Filing with the Requestor				
Full Name	A-Number (if any)	Date of Birth	Relationship to You	
▶ A-				
▶ A-				
▶ A-				
▶ A-				
▶ A-				
▶ A-				

Part 5. Means-Tested Benefits

If you answer "Yes" to either **Item Numbers 1.** or **2.**, provide information in the table below and attach supporting documentation. If you need extra space to complete this section, use the space provided in **Part 12. Additional Information**.

1. Are you receiving any means-tested benefits?

☐ Yes ☐ No

2. Is your spouse or head of household living with you receiving a means-tested benefit?

☐ Yes ☐ No

Part 5. Means-Tested Benefits (continued)

Means-Tested Benefit Recipients					
Full Name of Person Receiving the Benefit	Relationship to You	Type of Benefit and Name of Agency Awarding Benefit	Date Benefit was Awarded	Is the Benefit Being Received Now?	Date Benefit Expires or Must be Renewed
				<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	

Part 6. Income Below 150 Percent of the Federal Poverty Guidelines**Household Size**

Provide evidence of annual income or other support and provide information about the members of your household.

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

If you answered "Yes" to **Item Number 1.**, type or print your name in the table below. If you answered "No" to **Item Number 1.**, add your name and the head of household's name in the table below.

- A. Are there family members living in your home who are dependent upon your income, your spouse's income, or head of household's income? ☐ Yes ☐ No

If you answered "Yes," provide information about the family members in the table below.

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

If you answered "Yes," provide information about your spouse in the table below.

2. Do you claim dependents on your federal tax returns? ☐ Yes ☐ No

If you answered "Yes," provide information about your dependents in the table below.

If you need extra space to complete this section, use the space provided in **Part 12. Additional Information.**

Household Size					
Full Name	Date of Birth	Relationship to You	Married	Full-Time Student	Does Person Earn Income Counted Toward 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
			<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 you)					

Part 6. Income Documentation Below 150 Percent of the Poverty Line (continued)

Household Income

Provide information about your income and the income of household members.

3. Provide your annual total income.

4. Provide the annual total income of all household members.

5. Additional Income

Provide the **annual** amounts you receive in additional income or financial support. Type or print "0" if there are none. For requestors who are using a computer to fill out this request, the **total** additional income or financial support received will be calculated automatically. For requestors who are not using a computer, make sure to add up all of the additional income and financial support amounts and type or print the **total** amount in the space provided.

Additional Income or Financial Support

Parental Support	Spousal Support (Alimony)	Child Support	Educational Stipends
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Royalties	Pensions	Unemployment	Social Security Benefits
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Veteran's Benefits	Financial Support from adult children, dependents, other people living in the household		
<input type="text"/>	<input type="text"/>		
Other	Total additional income or financial support received annually:		
<input type="text"/>	<input type="text"/>		

6. **TOTAL** (add the amounts from **Item Number 3.**, **4.**, and **5.**)

NOTE: USCIS will use this number and the evidence you provide to determine if you qualify for a fee waiver based on your income level as a percentage of the Federal Poverty Guidelines.

7. If you provided your federal tax returns, has anything changed since you filed your federal tax returns (for example, your marital status, income, or number of dependents)? ☐ Yes ☐ No

If you answered "Yes," provide an explanation for the change below. Provide documentation if available. If you need extra space to complete this section, use the space provided in **Part 12. Additional Information**.

8. If you would like to provide additional information to explain anything else about your circumstance that affects the income determination, use the space below. If you need extra space to complete this section, use the space provided in **Part 12. Additional Information**.

Part 7. Financial Hardship

1. Describe your particular situation. Be sure to include how this situation has caused you to incur expenses and liabilities (and what the costs were) or loss of income that you have experienced (and what that loss was). This may include medical expenses of family members. If you need extra space to complete this section, use the space provided in **Part 12. Additional Information**.

DRAFT

Not for

2. Do you have any assets that may be quickly converted to cash (liquid assets)? ☐ Yes ☐ No

If you answered "Yes," provide the assets in the table below (for example, bank accounts, stocks, or bonds). If you need extra space to complete this section, use the space provided in **Part 12. Additional Information**.

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

3. Do you have monthly expenses or liabilities? ☐ Yes ☐ No

If you answered "Yes," provide the amounts below. Provide evidence of monthly payments where possible. If you need extra space to complete this section, use the space provided in **Part 12. Additional Information**.

Monthly Expenses and Liabilities

Rent	Mortgage	Food	Utilities
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Child/ Elder Care	Insurance	Loan Payment	Commuting Costs
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Medical	School	Other Expenses	Monthly Total
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

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

NOTE: Each person applying for a fee waiver request must sign and date Form I-912. This includes individuals identified in **Item Number 2.** in **Part 4.**, if 14 years of age or older. Each individual identified in **Item Number 2.** in **Part 4.** should complete **Part 9.** USCIS rejects any Form I-912 that is not signed by all individuals requesting a fee waiver.

NOTE: 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 have read and understand every question and instruction on this request, as well as my answer to every question.
- B.** ☐ The interpreter named in **Part 10.** has also read to me every question and instruction on this request, as well as my answer to every question, in , a language in which I am fluent. I understand every question and instruction on this request as translated to me by my interpreter, and have provided complete, true, and correct responses in the language indicated above.

2. Requestor's Statement Regarding the Preparer

- ☐ I have requested the services of and consented to , who ☐ is ☐ is not an attorney or accredited representative, preparing this request for me.

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 and all of my records that USCIS may need to determine my eligibility for the immigration benefit that I seek.

I furthermore 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 the information in my request and any document submitted with my request were provided by me and are complete, true, and correct.

Requestor's Signature

6. Requestor's Signature

Date of Signature (mm/dd/yyyy)

NOTE: 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. Additional Requestor's Statement, Contact Information, Certification, and Signature

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

NOTE: 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 have read and understand every question and instruction on this request, as well as my answer to every question.
- B.** ☐ The interpreter named in **Part 10.** has also read to me every question and instruction on this request, as well as my answer to every question, in , a language in which I am fluent. I understand every question and instruction on this request as translated to me by my interpreter, and have provided complete, true, and correct responses in the language indicated above.

2. Requestor's Statement Regarding the Preparer

- ☐ I have requested the services of and consented to , who ☐ is ☐ is not an attorney or accredited representative, preparing this request for me.

Additional 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)

Additional 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 and all of my records that USCIS may need to determine my eligibility for the immigration benefit that I seek.

I furthermore 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 the information in my request and any document submitted with my request were provided by me and are complete, true, and correct.

Additional Requestor's Signature

6. Requestor's Signature

Date of Signature (mm/dd/yyyy)

NOTE: 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 10. Interpreter's Contact Information, Certification, and Signature

NOTE for Additional Requestors: If you used a different interpreter than the one used by the Requestor, make additional copies of this part, provide the following information, and include the pages with your completed Form I-912.

Provide the following information concerning the interpreter.

Interpreter's Full Name

1. Interpreter's Family Name (Last Name)

Interpreter's Given Name (First Name)

2. Interpreter's Business or Organization Name (if any)

Interpreter's Mailing Address

3. Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

Province

Postal Code

Country

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number

5. Interpreter's Email Address (if any)

Interpreter's Certification

I certify that:

I am fluent in English and , which is the same language provided in **Part 8., Item B. in Item Number 1.**;

I have read to this requestor every question and instruction on this request, as well as the answer to every question, in the language provided in **Part 8., Item B. in Item Number 1.**; and

The requestor has informed me that he or she understands every instruction and question on the request, as well as the answer to every question, and the requestor verified the accuracy of every answer.

Interpreter's Signature

6. Interpreter's Signature

Date of Signature (mm/dd/yyyy)

Part 11. Contact Information, Statement, Certification, and Signature of the Person Preparing this Request, If Other Than the Requestor

NOTE for Additional Requestors: If you used a different preparer than the one used by the Requestor, make additional copies of this part, provide the following information, and include the pages with your completed Form I-912.

Provide the following information concerning the preparer.

Preparer's Full Name

1. Preparer's Family Name (Last Name) Preparer's Given Name (First Name)
2. Preparer's Business or Organization (if any)

Preparer's Mailing Address

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

Preparer's Contact Information

4. Preparer's Daytime Telephone Number 5. Preparer's Fax Number
6. Preparer's Email Address (if any)

Preparer's Statement

7. 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 whose representation extends beyond preparation of this request, you must 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.

Preparer's Certification

By my signature, I certify, swear, or affirm, under penalty of perjury, that I prepared this request on behalf of, at the request of, and with the express consent of the requestor. I completed this request based only on responses the requestor provided to me. After completing the request, I reviewed it and all of the requestor's responses with the requestor, who agreed with every answer on the request. If the requestor supplied additional information concerning a question on the request, I recorded it on the request.

Preparer's Signature

8. Preparer's Signature Date of Signature (mm/dd/yyyy)

Part 12. 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; and sign and date each sheet.

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.

7. Requestor's Signature Date of Signature (mm/dd/yyyy)