

**TABLE OF CHANGES – FORM
FORM I-912
Request for Fee Waiver
OMB Number: 1615-0116
Submission Date 01/30/2015**

Reason for Revision: Clarifications needed on “head of household” and flow of information and removing repetitious information.

Current Section and Page Number	Current Text	Proposed Text
Page 1, Before you fill out this form, please read the instructions.	► Before you fill out this form, please read the instructions.	► START HERE - Type or print in black ink.
Page 2, Section 3. Basis for Your Request (<i>Check any that apply. For additional information, see the form instructions.</i>)	[Page 2] Section 3. Basis for Your Request (<i>Check any that apply. For additional information, see the form instructions.</i>) Line 7.a. <input type="checkbox"/> I am or a relevant member of my household is currently receiving a means-tested benefit. (<i>Complete Sections 4 and 7.</i>) Line 7.b. <input type="checkbox"/> My household income is at or below 150% of the Federal Poverty Guidelines. (<i>Complete Sections 5 and 7.</i>) Line 7.c. <input type="checkbox"/> I have a financial hardship. (<i>Complete Sections 5, 6, and 7.</i>)	[Page 1] 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. <input type="checkbox"/> I am, or my spouse, or the head of household living in my household, is currently receiving a means-tested benefit. B. <input type="checkbox"/> My household income is at or below 150 percent of the Federal Poverty Guidelines. C. <input type="checkbox"/> I have a financial hardship.
Page 1, Section 1. Information About You (<i>Provide information about yourself. If you are applying for a minor child, provide information about the minor child.</i>)	[Page 1] Section 1. Information About You (<i>Provide information about yourself. If you are applying for a minor child, provide information about the minor child.</i>) Line 1.a. Family Name (Last Name) Line 1.b. Given Name (First Name) Line 1.b. Middle Name	[Page 1] 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

	<p>Line 2. Alien Registration Number</p> <p>Line 3. Date of Birth</p> <p>Line 4. Marital Status Never Married/ Divorced/Marriage Annulled/ Married/Widow(er)/Legally Separated</p>	<p>Name) / Middle Name [2 rows]</p> <p>3. Alien Registration Number (A-Number) (if any)</p> <p>4. USCIS ELIS Account Number (if any)</p> <p>5. Date of Birth</p> <p>6. U.S. Social Security Number (if any)</p> <p>7. Marital Status Single, Never Married/Divorced/Marriage Annulled/Married/Widowed/Legally Separated/Other _____</p> <p>If you need extra space to provide additional information, use the space provided in Part 12. Additional Information.</p>
New		<p>[Page 2]</p> <p>Part 3. Information About Your Status</p> <p>1. What is your current status in the United States? (Select only one)</p> <p>No Status Legal Permanent Resident Nonimmigrant Special Immigrant Juvenile Status based on Violence Against Women Act (VAWA) T Nonimmigrant Status U Nonimmigrant Status Asylee/Refugee Other _____</p> <p>2. Class of Admission _____</p> <p>3. I am (Select only one): Employed (full-time, part-time, seasonal, self-employed) Not employed Unemployed (currently seeking employment) A full-time student Retired Other _____</p> <p>4. If you are currently unemployed, are you currently receiving unemployment benefits? Y/N</p> <p>A. Date you became unemployed (mm/dd/yyyy)</p>
Page 1, Section 1. Information About You (Provide		<p>[Page 2]</p> <p>Part 4. Applications and Petitions for Fee Waivers</p>

<p>information about yourself. If you are applying for a minor child, provide information about the minor child.)</p> <p>And</p> <p>Section 2. Additional Information for Dependent(s)</p>	<p>[Page 1, Section 1.]</p> <p>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.)</p> <p>[Page 1, Section 2. Additional Information for Dependent(s)]</p> <p>Line 6. Complete the Table below if applicable. <i>(If you need more space, attach a separate sheet of paper.)</i></p> <p>[Table of 5 columns and 7 lines]</p> <p>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</p>	<p>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.</p> <p>1. I am filing the following forms with this Form I-912 request:</p> <p>[Table of 2 columns and 3 lines]</p> <p>[First column should be “Form Number” and “the other column should be “Number of Forms.”]</p> <p>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.”</p> <p>[Table of 6 columns and 4 lines]</p> <p>Family Members Filing with the Requestor</p> <p>Full Name / A-Number (if any) / Date of Birth / Relationship to You</p>
<p>Page 2, Section 4. Means-Tested Benefit</p>	<p>[Page 2]</p> <p>Section 4. Means-Tested Benefit</p>	<p>[Page 2]</p> <p>Part 5. Means-Tested Benefits</p> <p>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.</p> <p>1. Are you receiving any means-tested benefits? Y/N</p> <p>2. Is your spouse or head of household living with you receiving a means-tested benefit? Y/N</p> <p>[Page 3]</p> <p>Means-Tested Benefit Recipients</p>

	<p>Line 10. Average monthly wage income from household members</p> <p>Line 11. Enter other money received each month that is not included in Line 14. (This could include spousal support, child support, unemployment, etc.)</p> <p>[Page 3, Section 6. Financial Hardship]</p> <p>Line 14. Amount of unemployment compensation (monthly) that you are receiving (enter dollars)</p> <p>TOTAL (USCIS will compare this amount to Federal Poverty Guidelines)</p>	<p>Household Size</p> <p>Full Name / Date of Birth / Relationship to You/ Married / Full-Time Student / Does Person Earn Income Counted Toward Household Income</p> <p>[Page 4]</p> <p>Household Income</p> <p>Provide information about your income and the income of household members.</p> <p>3. Provide your annual income. _____</p> <p>4. Provide the annual total income of all household members. _____</p> <p>5. Additional Income</p> <p>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.</p> <p>Annual Amount of Additional Income or Financial Support</p> <p>Parental Support _____ Spousal Support (Alimony) _____ Child Support _____ Educational Stipends _____ Royalties _____ Pensions _____ Unemployment _____ Social Security Benefits _____</p> <p>Veteran's Benefits _____</p> <p>Financial Support from adult children, dependents, other people living in the household _____ Other _____</p> <p>Total additional income or financial support received annually</p>
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		<p>6. TOTAL (add the amounts from Item Numbers 3., 4., and 5.)</p> <p>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.</p> <p>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)? Y/N</p> <p>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.</p> <p>_____</p> <p>_____</p> <p>8. If you would like to provide additional information to explain anything else about your circumstances 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.</p> <p>_____</p> <p>_____</p>
<p>Pages 3-4, Section 6. Financial Hardship</p>	<p>[Page 3]</p> <p>Section 6. Financial Hardship</p> <p>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. <i>(If you need more space, attach a separate sheet of paper.)</i></p> <p>If you are currently unemployed, you must complete Lines 13 and 14.</p> <p>Line 13. Date you became unemployed</p> <p>Line 15. List your assets and the value of your assets. <i>(If you need more space, attach a separate sheet of paper.)</i></p>	<p>[Page 5]</p> <p>Part 7. Financial Hardship</p> <p>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.</p> <p>[Delete]</p> <p>_____</p> <p>_____</p> <p>[Delete]</p> <p>2. Do you have any assets that may be quickly converted to cash (liquid assets)? Y/N</p> <p>If you answered "Yes," provide the assets in the table below (for example, bank accounts, stocks, or bonds). If you need extra space to</p>

	<p>[Table, 2 columns, 7 lines] Type of Asset / Value (enter dollars)</p> <p>TOTAL Value of Assets</p> <p>Line 16. List your average monthly costs, and provide evidence of monthly payments where possible. <i>(If you need more space, attach a separate sheet of paper.)</i></p> <p>[Table, Type of Cost/Value (Enter Dollars)]</p> <p>Rent / Mortgage / Food / Utilities / Child/Elder Care / Insurance / Loan Payment / Commuting Costs / Medical / School / Other Expenses</p> <p>TOTAL Monthly Costs</p>	<p>complete this section, use the space provided in Part 12. Additional Information.</p> <p>Liquid Assets [Table, 2 columns, 5 lines] Type of Asset / Value (U.S. Dollars)</p> <p>[Last line should read "Total Value of Liquid Assets" in the 1st column.]</p> <p>3. Do you have monthly expenses or liabilities? Y/N</p> <p>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.</p> <p>Monthly Expenses and Liabilities</p> <p>Rent / Mortgage / Food / Utilities / Child/Elder Care / Insurance / Loan Payment / Commuting Costs / Medical / School / Other Expenses</p> <p>Monthly Total _____</p>
<p>Pages 4-5, Section 7. Your Signature and Authorization</p>	<p>[Page 4]</p> <p>Section 7. Your Signature and Authorization</p> <p><i>Do not sign your Form I-912 until it is complete and you are ready to file.</i></p> <p>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.</p> <p>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.)</p>	<p>[Page 6]</p> <p>Part 8. Requestor's Statement, Contact Information, Certification, and Signature</p> <p>[delete]</p> <p>[delete]</p> <p>NOTE: Read the information on penalties in the Penalties section of the Form I-912 Instructions before completing this part.</p> <p>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.</p> <p>NOTE: Select the box for either Item A. or B. in Item Number 1. If applicable, select the box for Item Number 2.</p> <p>1. Requestor's Statement Regarding the Interpreter</p>

	<p>Line 17. Your Signature Date (mm/dd/yyyy) Printed Name</p>	<p>A. <input type="checkbox"/> 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.</p> <p>B. <input type="checkbox"/> 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 [Fillable Field], 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.</p> <p>2. Requestor's Statement Regarding the Preparer <input type="checkbox"/> I have requested the services of and consented to [Fillable Field], who <input type="checkbox"/> is <input type="checkbox"/> is not an attorney or accredited representative, preparing this request for me.</p> <p>Requestor's Contact Information [Sub-header] 3. Requestor's Daytime Telephone Number 4. Requestor's Mobile Telephone Number (if any) 5. Requestor's Email Address (if any)</p> <p>Requestor's Certification [Sub-header] 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.</p> <p>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.</p> <p>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.</p> <p>Requestor's Signature [Sub-header] 6. Requestor's Signature Date of Signature (mm/dd/yyyy)</p> <p>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.</p>
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	<p>Line 17.1 Your Signature Date (<i>mm/dd/yyyy</i>) Printed Name</p> <p>Line 17.2 Your Signature Date (<i>mm/dd/yyyy</i>) Printed Name</p> <p>Line 17.3 Your Signature Date (<i>mm/dd/yyyy</i>) Printed Name</p> <p>Line 17.4 Your Signature Date (<i>mm/dd/yyyy</i>) Printed Name</p> <p>[Page 5]</p> <p>Line 17.5 Your Signature Date (<i>mm/dd/yyyy</i>) Printed Name</p> <p>Line 17.6 Your Signature Date (<i>mm/dd/yyyy</i>) Printed Name</p> <p>Line 17.7 Your Signature Date (<i>mm/dd/yyyy</i>) Printed Name</p>	<p>[delete the rest of the signature lines]</p>
<p>New</p>		<p>[Page 7]</p> <p>Part 9. Additional Requestor's Statement, Contact Information, Certification, and Signature</p> <p>NOTE: Read the information on penalties in the Penalties section of the Form I-912 Instructions before completing this part.</p> <p>NOTE: Select the box for either Item A. or B. in Item Number 1. If applicable, select the box for Item Number 2.</p> <p>1. Additional Requestor's Statement Regarding the Interpreter</p> <p>A. <input type="checkbox"/> 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.</p> <p>B. <input type="checkbox"/> 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 [Fillable Field], 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.</p>

		<p>2. Additional Requestor's Statement Regarding the Preparer <input type="checkbox"/> I have requested the services of and consented to [Fillable Field], who <input type="checkbox"/> is <input type="checkbox"/> is not an attorney or accredited representative, preparing this request for me.</p> <p><i>Additional Requestor's Contact Information</i> [Sub-header] 3. Requestor's Daytime Telephone Number 4. Requestor's Mobile Telephone Number (if any) 5. Requestor's Email Address (if any)</p> <p><i>Additional Requestor's Certification</i> [Sub-header] 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.</p> <p>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.</p> <p>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.</p> <p><i>Additional Requestor's Signature</i> [Sub-header] 6. Requestor's Signature Date of Signature (mm/dd/yyyy)</p> <p>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.</p>
<p>New</p>		<p>[Page 8]</p> <p>Part 10. Interpreter's Contact Information, Certification, and Signature</p> <p>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.</p> <p>Provide the following information concerning the interpreter.</p>

		<p><i>Interpreter's Full Name</i> [Sub-header] 1. Interpreter's Family Name (Last Name) Interpreter's Given Name (First Name) 2. Interpreter's Business or Organization Name (if any)</p> <p><i>Interpreter's Mailing Address</i> [Sub-header] 3. Street Number and Name Apt. Ste. Flr. City or Town State ZIP Code Province Postal Code Country</p> <p><i>Interpreter's Contact Information</i> [Sub-header] 4. Interpreter's Daytime Telephone Number 5. Interpreter's Email Address (if any)</p> <p><i>Interpreter's Certification</i> [Sub-header] I certify that:</p> <p>I am fluent in English and [Fillable Field], which is the same language provided in Part 8., Item B., Item Number 1.;</p> <p>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., Item Number 1.; and</p> <p>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.</p> <p><i>Interpreter's Signature</i> [Sub-header] 6. Interpreter's Signature Date of Signature (mm/dd/yyyy)</p>
New		<p>[Page 9]</p> <p>Part 11. Contact Information, Statement, Certification, and Signature of the Person Preparing this Request, If Other Than the Requestor</p> <p>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.</p> <p>Provide the following information concerning the preparer.</p>

		<p><i>Preparer's Full Name</i> [Sub-header] 1. Preparer's Family Name (Last Name) Preparer's Given Name (First Name) 2. Preparer's Business or Organization (if any)</p> <p><i>Preparer's Mailing Address</i> [Sub-header] 3. Street Number and Name Apt. Ste. Flr City or Town State ZIP Code Province Postal Code Country</p> <p><i>Preparer's Contact Information</i> [Sub-header] 4. Preparer's Daytime Telephone Number 5. Preparer's Fax Number 6. Preparer's Email Address (if any)</p> <p><i>Preparer's Statement</i> [Sub-header] 7.A. <input type="checkbox"/> I am not an attorney or accredited representative but have prepared this request on behalf of the requestor and with the requestor's consent.</p> <p>B. <input type="checkbox"/> I am an attorney or accredited representative and my representation of the requestor in this case <input type="checkbox"/> extends <input type="checkbox"/> does not extend beyond the preparation of this request.</p> <p>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.</p> <p><i>Preparer's Certification</i> [Sub-header] 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 requester supplied additional information concerning a question on the request, I recorded it on the request.</p> <p><i>Preparer's Signature</i> [Sub-header] 8. Preparer's Signature Date of Signature (mm/dd/yyyy)</p>
New		[Page 10]

		<p>Part 12. Additional Information</p> <p>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.</p> <p>1. Family Name (Last Name)/Given Name (First Name)/ Middle Name [Auto-populated field]</p> <p>2. A-Number (if any) [Auto-populated field]</p> <p>3.A. Page Number B. Part Number C. Item Number D. _____</p> <p>4.A. Page Number B. Part Number C. Item Number D. _____</p> <p>5.A. Page Number B. Part Number C. Item Number D. _____</p> <p>6.A. Page Number B. Part Number C. Item Number D. _____</p> <p>7. Requestor's Signature Date of Signature (mm/dd/yyyy)</p>
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