



U.S. Department of State  
**PUBLIC CHARGE QUESTIONNAIRE**

OMB CONTROL NO. 1405-XXXX  
EXPIRES: XX/XX/20XX  
ESTIMATED BURDEN: 4.5 hours

**PART 1 - INFORMATION ABOUT YOU**

1. Your Current Legal Name (*Do not provide a nickname*)

Family Name (*Last Name*)

Given Name (*First Name*)

Middle Name

2. Date of Birth (*mm-dd-yyyy*)

3. Have you ever been to the United States before?

☐ Yes ☐ No

**PART 2 - YOUR HEALTH**

4. Do you currently have health insurance coverage in the United States?

☐ Yes ☐ No

If you answered "Yes" to Item number 4, attach evidence of health insurance and skip to Part 3.

If you answered "No" to Item number 4, proceed to Item A.

4A. Will you be covered by health insurance in the United States within 30 days of your entry into the United States?

☐ Yes ☐ No

If you answered "yes" to Item A, identify the specific health insurance plan and date coverage will begin.

**PART 3 - YOUR HOUSEHOLD SIZE**

List the expected members of your household in the United States.

Name	Age	Relationship to you	Current Job	United States Citizen (yes / no)	Was he or she on active duty, other than training, in the U.S. Armed Forces or Ready Reserve while receiving a public benefit? (yes / no)

**PART 4 - YOUR ASSETS, RESOURCES, AND FINANCIAL STATUS**

6. List below all U.S. federal tax returns you have filed within the last three years and attach your IRS transcript (or copy of the complete, filed tax return) for your most recent U.S. federal tax return.

Federal Tax Year	Did you file a Federal tax return?	Gross Income (U.S. dollars)
	<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	

7. Did you work in the United States in the last three years but not file a U.S. federal tax return?

☐ Yes ☐ No

If you answered "yes", explain.

8. Income		
8A. What is your current yearly compensation in U.S. dollars?		8B. If you currently have a job awaiting your arrival in the United States, who is the employer and what is the yearly compensation in U.S. dollars?
8C. List below any income not listed above that you will continue to receive after your arrival in the United States (for example, rent, stock dividends, foreign pension, child support). Consular Officers may request additional information or evidence for confirmation.		
<b>DRAFT</b>		
Type of Income	How often do you receive this income? (annually, monthly, etc.)	Amount (U.S. Dollars)
Total		
9. List the assets available to you in the table below. For example, cash assets may include checking and savings accounts, etc. Non-cash assets may include equity in real estate, annuities, securities, etc.		
Type of Asset	Location of Asset	Amount (U.S. Dollars)
Total		
10. List your liabilities and/or debts in the table below.		
Type of Liability or Debt	Amount (U.S. Dollars)	
Total		
<b>DRAFT</b>		

11. For purposes of this form, a public benefit means any of the following forms of assistance received on or after February 24, 2020: 1) Any Federal, state, local, or tribal cash assistance for income maintenance, including supplemental security income (SSI) and Temporary Assistance for Needy Families (TANF); 2) Supplemental Nutrition Assistance Program (SNAP); 3) Housing Choice Voucher Program; 4) Project-Based Rental Assistance (including Moderate Rehabilitation); 5) Subsidized housing; or 6) Medicaid, except for benefits received for an emergency medical condition, services or benefits funded by Medicaid but provided under the Individuals with Disabilities Education Act (IDEA) as school-based services or benefits provided to individuals of secondary school age, benefits received by a person under 21 years of age, or benefits received by a woman during pregnancy or during the 60-day period beginning on the last day of the pregnancy.

Have you or any of the individuals applying with you covered by this form requested or received public benefits in the United States from a Federal, state, local, or tribal government entity on or after February 24, 2020?

☐ Yes ☐ No If you answered "Yes," provide the information below.

11A.	Type of Benefit	Agency That Grants The Benefit
Date Benefit Was Granted (mm-dd-yyyy)	Date Benefit Ended or Expires (mm-dd-yyyy)	Reason For Requesting or Receiving The Benefit
11B.	Type of Benefit	Agency That Grants The Benefit
Date Benefit Was Granted (mm-dd-yyyy)	Date Benefit Ended or Expires (mm-dd-yyyy)	Reason For Requesting or Receiving The Benefit
11C.	Type of Benefit	Agency That Grants The Benefit
Date Benefit Was Granted (mm-dd-yyyy)	Date Benefit Ended or Expires (mm-dd-yyyy)	Reason For Requesting or Receiving The Benefit

12. If you or your family requested or received a public benefit, were you or your family members exempt from public charge during that period?

☐ Yes ☐ No

If you answered "Yes," provide an explanation.

13. Are you likely to request or receive any of the public benefits described in Question 11 in the future in the United States from any Federal, state, local, or tribal government entity?

☐ Yes ☐ No

If you answered "Yes," provide an explanation.

14. Have you ever received a fee waiver when applying for an immigration benefit from USCIS?

☐ Yes ☐ No

If you answered "Yes," provide the information in the table below. In Part 8 - Additional Information, explain the circumstances that caused you to apply for a fee waiver and if those circumstances have changed.

Date Fee Waiver Received (mm/dd/yyyy)	Type of Immigrant Benefit (Form Number)	Receipt Number

#### PART 5 - YOUR EDUCATION AND SKILLS

15. Have you graduated high school or earned a high school equivalent diploma?

☐ Yes ☐ No If you answered "No," the last highest grade completed \_\_\_\_\_

If you answered "Yes," list any other educational degrees you have earned.. \_\_\_\_\_

16. Do you have any occupational skills?

☐ Yes ☐ No If you answered "Yes," provide the information below.

16A.	Certification/License Type/Occupational Skill	Date Obtained (mm/dd/yyyy)
Who issued your license? (if any)	License Number (if any)	Expiration/Renewal Date (if any)
16B.	Certification/License Type/Occupational Skill	Date Obtained (mm/dd/yyyy)
Who issued your license? (if any)	License Number (if any)	Expiration/Renewal Date (if any)

16C.	Certification/License Type/Occupational Skill	Date Obtained (mm/dd/yyyy)
Who issued your license? (if any)		License Number (if any)
		Expiration/Renewal Date (if any)

#### PART 6 - TRANSLATOR

17. Did you use a translator to help you complete this form? (If yes, provide the following information about the translator you used.)

☐ Yes ☐ No

17A. Translator's Name

Family Name (Last Name) \_\_\_\_\_ Given Name (First Name) \_\_\_\_\_ Middle Name \_\_\_\_\_

17B. Translator's Business or Organization name? (if any) \_\_\_\_\_

17C. Translator's Street Address \_\_\_\_\_

17D. Translator's City \_\_\_\_\_

17E. Translator's State/Province \_\_\_\_\_

17F. Translator's Postal/Zip Code \_\_\_\_\_ 17G. Translator's Country \_\_\_\_\_

17H. Translator's Phone Number \_\_\_\_\_ 17I. Translator's Email Address \_\_\_\_\_

#### PART 7 - PREPARER

18. Did anyone, other than a translator, help you complete this form? (If yes, provide the following information about the preparer you used.)

☐ Yes ☐ No

18A. Preparer's Name

Family Name (Last Name) \_\_\_\_\_ Given Name (First Name) \_\_\_\_\_ Middle Name \_\_\_\_\_

18B. Preparer's Business or Organization name? (if any) \_\_\_\_\_

18C. Preparer's Street Address \_\_\_\_\_

18D. Preparer's City \_\_\_\_\_

18E. Preparer's State/Province \_\_\_\_\_

18F. Preparer's Postal/Zip Code \_\_\_\_\_ 18G. Preparer's Country \_\_\_\_\_

18H. Preparer's Phone Number \_\_\_\_\_ 18I. Preparer's Email Address \_\_\_\_\_

#### PART 8 - ADDITIONAL INFORMATION (if needed)

If further space is required, attach additional sheets. Please ensure you specify to what question(s) you are responding.

#### PART 9 - DECLARANT'S SIGNATURE

I understand all the information I have provided in, or in support of, this application may be provided to other U.S. government agencies authorized to use such information for purposes including enforcement of the laws of the United States. I understand all of the information contained in this form and I certify under penalty of perjury under the laws of the United States of America that the foregoing is complete, true, and correct. I understand that any willful false or misleading statement or willful concealment of a material fact made by me herein may result in refusal of the visa, denial of admission to the United States, and may subject me to criminal prosecution and/or removal from the United States.

\_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Name (Printed)

#### Federal Agency Disclosure and Authorizations

##### PAPERWORK REDUCTION ACT STATEMENT:

Public reporting burden for this collection of information is estimated to average 4.5 hours per response, including time required for searching existing data sources, gathering the necessary documentation, providing the information and/or documents required, and reviewing the final collection. You do not have to supply this information unless this collection displays a currently valid OMB control number. If you have comments on the accuracy of this burden estimate and/or recommendations for reducing it, please send them to: PRA\_BurdenComments@state.gov.

##### CONFIDENTIALITY STATEMENT:

INA Section 222(f) provides that visa issuance and refusal records shall be considered confidential and shall be used only for the formulation, amendment, administration, or enforcement of the immigration, nationality, and other laws of the United States. Visa records may be disclosed in certain situations, as described in INA Section 222(f), including disclosure to a court as needed in a case pending before the court.