

**Form G-845 Supplement, Verification Request**

OMB No. 1615-0101

Edition Date 05/29/2018

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

**Part 1. Information From the Registered Agency**

**NOTE: Only the Registered Agency should complete this information.**

**To: U.S. Citizenship and Immigration Services (USCIS)**

**Attn: USCIS SAVE Program Status Verification Office**

Stamp, type, or print the name, address, and ZIP Code of the Registered Agency. **(Print clearly since USCIS may use agency address below with a No. 10 window envelope.)**

**From:**

**NOTE:** You may only submit a completed Form G-845 Supplement with a completed Form G-845 to request verification. **You may not submit Form G-845 Supplement alone.** The information on this request concerns eligibility for certain Federal, state, and local public benefits.

***Applicant Information***

**Immigration Document Number**

- 1.a.** Alien Registration Number (A-Number)
- 1.b.** Form I-94 Number (Arrival-Departure Record)
- 1.c.** Other Immigration Number
- 1.d.** Name or Form Number of Document Containing the Other Immigration Number

**Applicant's Full Name as Shown on the Immigration Document**

- 2.a.** Last Name
- 2.b.** First Name
- 2.c.** Middle Name

**3.** Case Verification Number

**4.** Date of Birth (mm/dd/yyyy)

**5.** Social Security Number

**Information Requested by the Registered Agency (Select all applicable boxes)**

- 6.a.** Immigration Status
- 6.b.** Citizenship Status
- 6.c.** Special Benefit Provision for Certain Victims of Abuse
- 6.d.** Affidavit of Support
- 6.e.** USCIS to verify **Cuban/Haitian entrants** by filling out **Part 3.**

- 6.f.** Form SSA-8510, Authorization for the Social Security Administration to Obtain Personal Information, or other agency's equivalent release form, attached. (Use only for applicants with proceedings pending with EOIR.)  
**6.g.** For SSA only: Retirement, Survivors, and Disability Insurance (RSDI) Claim. (USCIS completes **Item Numbers 4.a. - 4.d.** in **Part 2.**)  
**6.h.** Status of this applicant as of 8/22/1996 is required (USCIS completes **Item Numbers 1.a. - 1.b.** in **Part 3.**)

***Registered Agency Information***

Full Name of Agency Official

- 7.a.** Last Name  
**7.b.** First Name

- 8.a.** Daytime Telephone Number (Include Area Code)  
**8.b.** Extension Number (if applicable)

**9.** Date Request Completed (mm/dd/yyyy)

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***Additional Information***

**10.** Registered Agency Comments (if any)

**Part 2. USCIS Responses**

**NOTE: Only USCIS should complete this information, unless otherwise indicated.**

Upon review of these documents, information submitted, and our records, we find the following for the applicant:

**Current Immigration Status** (Select **all applicable** boxes)

**1.a.** Lawful Permanent Resident (LPR) of the United States. (The Registered Agency must select **only one** date necessary to make their benefit determination.)

Effective Date of LPR Status/Rollback (mm/dd/yyyy)  
Date Adjustment to LPR Approved (mm/dd/yyyy)

**PRIOR STATUS:** If the applicant adjusted to LPR in the past 7 years from a status listed below in **Item Numbers 1.b., 1.c., 1.d., 1.g., 1.h., 1.i.,** or **1.j.,** select the appropriate prior status and provide dates and class of admission where indicated.

**1.b.** Refugee admitted to the United States under section 207 of the Immigration and Nationality Act (INA).  
Date of Admission as a Refugee (mm/dd/yyyy)

**1.c.** Asylee under section 208 of the INA.  
Date Asylum Granted (mm/dd/yyyy)

**1.d.** Applicant whose deportation has been withheld under INA 243(h) (as in effect prior to April 1, 1997) or whose removal has been withheld under INA 241(b)(3).  
Date Deportation or Removal Ordered Withheld (mm/dd/yyyy)

**1.e.** Applicant paroled into the United States under INA 212(d)(5) for a period of at least 1 year.

Date Parole Granted (mm/dd/yyyy)  
Date Parole Expires (mm/dd/yyyy)  
**1.f.** Conditional entrant under INA 203(a)(7) prior to April 1, 1980.  
Date Status Granted (mm/dd/yyyy)

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**1.g.** American Indian born in Canada to whom the provisions of INA 289 apply.  
Date Status Recognized (mm/dd/yyyy)

**1.h.** Cuban/Haitian entrant as defined in section 501(e) of the Refugee Education Assistance Act of 1980.

**1.i.** Amerasian immigrant under section 584 of the Foreign Operations, Export Financing, and Related Programs Appropriations Act of 1988.  
Date of Entry (mm/dd/yyyy)

**1.j.** Applicant classified as an Iraqi/Afghan special immigrant admitted under INA 101(a)(27).  
Date of Entry (mm/dd/yyyy)  
Date Status Granted (mm/dd/yyyy)  
Class of Admission (COA)

**1.k.** Other (Indicate Status)  
Date Status Granted (mm/dd/yyyy)  
Class of Admission (COA) (if applicable)

***Citizenship Status***

**2.a.** U.S. Citizen  
**2.b.** Not a U.S. Citizen  
**2.c.** For SSA only: Status Dates for RSDI Claims (Registered Agency representative provides dates)  
From (mm/dd/yyyy)  
To (mm/dd/yyyy)  
Response

***Special Benefit Provision for Certain Victims of Abuse or Status as a Widow(er)***

**3.a.** Applicant obtained lawful (or conditional) permanent resident status as the spouse, child, or widow(er) of a U.S. citizen.  
Date Status Granted (mm/dd/yyyy)

**3.b.** Applicant obtained lawful (or conditional) permanent resident status as the spouse, child, or unmarried son or daughter of a lawful permanent resident.  
Date Status Granted (mm/dd/yyyy)

**3.c.** Applicant did not obtain status described in **Item Number 3.a. or 3.b.**

***Affidavit of Support***

**4.a.** Applicant was **not** sponsored on Form I-864.  
Receipt Date (mm/dd/yyyy)

**4.b.** Applicant was sponsored on Form I-864, Affidavit of Support, under INA 213A.  
Receipt Date (mm/dd/yyyy)

#### **4.c. Sponsor's Information**

Last Name  
First Name  
Middle Name  
Social Security Number  
Street Number and Name  
Apt/Ste/Flr  
City or Town  
State  
ZIP Code  
Province  
Postal Code  
Country

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#### **4.d. Joint Sponsor's Information**

Last Name  
First Name  
Middle Name  
Social Security Number  
Street Number and Name  
Apt/Ste/Flr  
City or Town  
State  
ZIP Code  
Province  
Postal Code  
Country

**4.e.** Information on additional joint sponsors attached.

### **Part 3. USCIS Additional Responses**

**NOTE: Only USCIS should complete this information, unless otherwise indicated. Please do not preselect Department of Homeland Security (DHS) responses.**

Upon review of these documents, information submitted, and our records, we find the following for the applicant:

Immigration status as of 8/22/1996

- 1.a.** Type or print "N/A," as appropriate
- 1.b.** Immigration status at initial entry

#### **Immigration Status of Cuban/Haitian Nationals**

**2.a.** Is the applicant a Cuban or Haitian national as indicated by the document provided by the applicant?

Yes/No

If you answered "NO," do not process form any further.

**2.b.** Applicant paroled into the United States as a Cuban/Haitian entrant (status pending) as defined in section 501(e) of the Refugee Education Assistance Act of 1980, on or after April 21, 1980 (Category 1A), or a Cuban/Haitian entrant paroled on or after October 10, 1980. (Category 1B).

Status Dates (Registered Agency representative provides dates)

From (mm/dd/yyyy)

To (mm/dd/yyyy)

Response

**2.c.** Applicant paroled into the United States who has not acquired any other status under the INA. (Category 2A)

Status Dates (Registered Agency representative provides dates)

From (mm/dd/yyyy)

To (mm/dd/yyyy)

Response

**2.d.** Applicant paroled into the United States in the custody of Federal, state, or local enforcement authorities for law enforcement purposes.

Date of Entry (mm/dd/yyyy)

**2.e.** Applicant's asylum application was filed under INA 208 and is pending with DHS. (Category 2C)

Date Asylum Application Filed (mm/dd/yyyy)

**2.f.** Applicant's asylum application was filed under INA 208 and is pending with EOIR. (Category 2B)

**NOTE:** Registered Agency must attach Form SSA-8510, or other agency's equivalent release form.

Date Asylum Application Referred to EOIR (mm/dd/yyyy)

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**2.g.** Applicant who is in removal proceedings for whom a final, non-appealable, legally enforceable order of removal has **NOT** been entered. (Category 2B.)

Date Placed Into Proceedings (mm/dd/yyyy)

**2.h.** Applicant does not meet any of the categories described above.

### **Removal Proceedings**

**3.a.** Applicant is subject to an order of removal that is final, non-appealable, and legally enforceable.

Date Order Became Final (mm/dd/yyyy)

**3.b.** Applicant is subject to an order of supervision after an order of removal.

Date of Order (mm/dd/yyyy)

**3.c.** Applicant is NOT subject to an order of removal that is final, non-appealable, and legally enforceable.

**Adjusted to Lawful Permanent Resident Status**

**4.c.** Cuban or Haitian national (or citizen) as indicated on the document provided by the applicant who adjusted status under:

Nicaraguan Adjustment and Central American Relief Act (NACARA)

Haitian Refugee Immigration Fairness Act (HRIFA)

Immigration Reform and Control Act of 1986 (IRCA)

Cuban Adjustment Act of 1966 (CAA)

Date Form I-485 Approved (mm/dd/yyyy)

Class of Admission (COA)

**4.b.** Applicant is NOT an LPR or adjusted under a different section of law.

**Part 4. USCIS Comments**

**NOTE: Only USCIS should complete this information.**

**USCIS Stamp**