

FEE WAIVER

TRAINING RESOURCE

FORMS I-912 AND I-942: REQUESTS FOR FEE WAIVER & REDUCED FEE



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CUNY Citizenship NOW!*

AILA Citizenship Day

- AILA's 16th annual Citizenship Day will take place on Saturday February 12, 2022.
- Citizenship Day is a single-day nationwide event hosted by AILA chapters across the country and their local grassroots partners. Each year, Citizenship Day helps thousands of eligible legal permanent residents to prepare and apply for U.S. naturalization.
- Every year, AILA chapters across the country host free or low-cost naturalization drives on the same day to amplify our pro bono impact and our voices.
- AILA members have helped thousands of LPRs take the final step towards citizenship over the past 15 years, but there are still nearly 9 million people eligible to naturalize in the US today.



AILA, NALEO Educational Fund, and NPNA

- 2022 is the 16th year AILA has partnered with NALEO to expand the reach and impact of our national Citizenship Day. The event is stronger and more successful because NALEO has the group processing model down to an exact science.
- Our NALEO colleagues provide event & logistics expertise that yield community collaboration and excellent results.
- In 2020, AILA and NALEO also joined forces with the National Partnership for New Americans (NPNA). With NPNA's considerable network of immigrant advocacy organizations, our collaboration allows us to reach thousands of potential new citizens and direct them to local events to receive quality legal assistance.

CUNY Citizenship Now!

**Nation's largest university-based citizenship
and immigration law service provider**



- 6 centers throughout 5 boroughs of New York City, on CUNY campuses with highest number of LPRs, 37 NY City Council offices
- 22 community-based naturalization assistance events yearly
- More than 15,000 New Yorkers assisted per year with all services at centers and events
- Over 8,200 are Naturalization Applications or Certificates of Citizenship

Webinar Outline

- **Naturalization Fee Waivers Using Public Benefits**
 - Types of Public Benefits
 - Eligibility
 - How to complete I-912
- **Naturalization Fee Waivers for Income At or Below 150% of the Federal Poverty Guidelines & for Temporary Financial Hardship**
 - Eligibility
 - How to complete I-912
- **Reduced Naturalization Fee with Income Between 150% and 200% of Federal Poverty Guidelines**
 - Eligibility

ELIGIBILITY REQUIREMENTS FOR FEE WAIVERS

USCIS Fee-Waiver for Naturalization



- 1) Fee for N-400 Application is *still* \$ 725 for Most Applicants (includes Biometrics Fee)
- 2) For those with household income between 150 – 200 % of poverty guidelines eligible for Reduced Fee \$ 405
- 3) Full Fee Waiver still available

COMPLETING FORM I-912

General Recommendations

- Fillable PDF recommended (check USCIS website for latest version)
- USCIS still not accepting fee-waivers via electronic filing
- For applications completed by hand:
 - ALWAYS use a BLACK ballpoint pen
 - PRINT legibly. Do not use cursive script
- Be sure to complete all relevant portions of the form, and have applicant(s) sign, date and print his or her name
- On the I-912 Form, blank spaces for items that do not apply are OK
- Write dates in the order month/day/year using eight digits (mm/dd/yyyy)
- All official agency documents submitted to USCIS must be in **English**
 - Applicant should be provided a handout on how to obtain proper documentation if missing

Completing the I-912

- Current edition: 09/03/21 Edition; Expires 09/30/2024; 11 Pages

TOP RIGHT; PAGE 1

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

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

Form I-912 Edition 09/03/21

BOTTOMLEFT; PAGE 1

Completing the I-912

Prior Editions Still Accepted

<https://www.uscis.gov/i-912>

Form Details

 Close All  Open All

Edition Date

09/03/21. We will also accept prior editions (or a written request). You can find the edition date at the bottom of the page on the form and instructions.

Dates are listed in mm/dd/yy format.

- Current edition: 09/03/21 Edition; Expires 09/30/2024; 11 Pages
- 05/10/13 Edition; Expired 05/31/2015; Only 5 Pages

Part 1: Basis for Your Request

Select at least 1 option under which Applicant may qualify:

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.

1. ☐ 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.**)
2. ☐ My household income is at or below 150 percent of the Federal Poverty Guidelines. (Complete **Parts 2. - 3., Part 5.,** and **7. - 10.**)
3. ☐ I have a financial hardship. (Complete **Parts 2. -3.** and **Parts 6. - 10.**)

Complete the corresponding sections as instructed in application

Part 2: Information About You (Requestor)

- Part 2 – Q's 1-7 Information About You: **MUST MATCH N-400 or Application**

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)

DOE

Given Name (First Name)

JONATHAN

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)

DOE

Given Name (First Name)

JOHN

Middle Name

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

► A- 1 2 3 4 5 6 7 8 9

4. USCIS Online Account Number (if any)

►

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

11/11/2001

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

► 0 0 0 0 0 0 0 0 0 0

Part 2: Information About You (Requestor)

- Part 2 – Q's 1-7 Information About You: **MUST MATCH N-400 or Application**

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

7. Marital Status

☐ Single, Never Married ☒ Married ☐ Divorced ☐ Widowed ☐ Marriage Annulled ☐ Separated
☐ Other (Explain)

- "Separated" means legally separated (in legal proceedings to dissolve marriage)

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

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

1. In the table below, add the form numbers of the 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	
JONATHAN DOE	A-	1	2	3	4	5	6	7	8	9	11/11/1985	Self	N-400	
JANE DOE	A-	9	8	7	6	5	4	3	2	1	12/11/1985	Spouse	N-400	
LITTLE DOE	A-	0	0	0	0	0	0	0	0	0	12/01/2002	Daughter	N-400	
	A-													
Total Number of Forms (including self)												3		

Can be used for multiple applicants and forms. Make sure to include each applicant's:

- Full Name
- A-Number
- DOB
- Relationship to primary applicant
- Form being filed
- Total Number of Forms being filed

MEANS-TESTED PUBLIC BENEFITS

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.

1. ☒ 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.**)
2. ☐ My household income is at or below 150 percent of the Federal Poverty Guidelines. (Complete **Parts 2. - 3.**, **Part 5.**, and **7. - 10.**)
3. ☐ I have a financial hardship. (Complete **Parts 2. -3.** and **Parts 6. - 10.**)

Means-Tested Public Benefits



- A “means-tested benefit” is a public benefit where the eligibility for benefit and amount received are determined by income and resources
- Determination made by agency in charge of administering benefit
- As long as sufficient proof is submitted, no further information is required by USCIS to show eligibility for fee waiver

Examples of “Means-Tested Benefits”

Benefit	Agency (Varies by State/Locality)
<ul style="list-style-type: none"> • Public Assistance (PA) • Cash Assistance (CA) <ul style="list-style-type: none"> – FEPS: Eviction Prevention – HEAP: Heating Assistance • Food Stamps (Supplemental Nutrition Assistance Program [SNAP]) • Medicaid (MA) • Essential Plans (All in NY; can vary by state) 	<ul style="list-style-type: none"> • NYC Human Resources Administration (HRA) • NYC HRA or NY State of Health • NY State of Health • https://www.healthcare.gov/marketplace-in-your-state/
<ul style="list-style-type: none"> • Supplemental Security Income (SSI) 	<ul style="list-style-type: none"> • Social Security Administration (SSA)
<ul style="list-style-type: none"> • Public Housing • Section 8 housing 	<ul style="list-style-type: none"> • NYC Dept. of Housing Preservation & Development • NYCHA • NYS Housing and Community Renewal (NYS DHCR)

NOT “Means-Tested Benefits”



- Social Security Disability Insurance (SSDI)
- Social Security
- Worker's Compensation
- State Disability & Injury Benefit Programs
- Unemployment Insurance
- Student Loans
- Scholarships/Fellowships
- Pensions
- Spousal Support
- Child Support

Part 4: Means-Tested Benefits

Part 4. Means-Tested Benefits

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

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)
JONATHAN DOE	SELF	NYC HRA	MEDICAID	01/05/2021	01/05/2022

Fill out if you selected Item Number 1 in Part 1

- Name of the person receiving the benefit (in most cases the Applicant but could be a relevant family member)
- Relationship to Recipient

Complete Table and include:

- Name of the Agency
- Benefit Awarded
- Date Benefit was Awarded
- **Date Benefit Expires (or must be renewed)*****

INCOME AT OR BELOW 150% OF POVERTY GUIDELINES

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.

1. ☐ 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.**)
2. ☒ My household income is at or below 150 percent of the Federal Poverty Guidelines. (Complete **Parts 2. - 3.**, **Part 5.**, and **7. - 10.**)
3. ☐ I have a financial hardship. (Complete **Parts 2. -3.** and **Parts 6. - 10.**)

Section 5: Household Income

For the 48 Contiguous States, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam, and the Commonwealth of the Northern Mariana Islands:

Sponsor's Household Size	150% of HHS Poverty Guidelines*
1	\$19,140
2	\$25,860
3	\$32,580
4	\$39,300
5	\$46,020
6	\$52,740
7	\$59,460
8	\$66,180
	Add \$6,720 for each additional person

- <https://www.uscis.gov/i-912p>
- Compare the income from Applicant's most recent tax return using ADJUSTED GROSS income (amount of money Applicant made before taxes were taken out of paycheck) to the Federal Poverty Guidelines (see Form I-912P)
- In order to qualify for Fee Waiver on this basis, income must be BELOW corresponding figure for the household size on Form I-912P
- Must submit FEDERAL Tax Transcript as supporting documentation

Transcripts, Not 1040s

- Form 1040, the Federal Tax Return may no longer be accepted to document income, despite the instructions.
- If a Tax Return was filed, then a **Tax Return Transcript** **should** accompany the I-912 in lieu of the Tax Return Copy.

Documentation. To document your annual income, provide the following information:

1. A copy of your most recent Federal tax return;
2. If you did not file a Federal tax return, or if your Federal tax return does not properly reflect submit copies of consecutive pay statements (stubs) for a minimum of the past month, rec Form SSA-1099 or statements from your employers on business stationery showing salary

IRS Tax Return Transcripts

The IRS offers 5 transcripts:

- **Tax Return Transcript**: shows most line items including the Adjusted Gross Income (AGI), all dependents, and includes all schedules. **THIS IS THE ONE TO SUBMIT WITH THE I-912.**
- **Tax Account Transcript**: shows basic data of filing
- **Record of Account Transcript**: Combines both above
- **Wage & Income Transcript**
- **Verification of Non-Filing Letter**

<https://www.irs.gov/individuals/tax-return-transcript-types-and-ways-to-order-them>

Tax Return Transcript



Internal Revenue Service
United States Department of the Treasury

This Product Contains Sensitive Taxpayer Data

Tax Return Transcript

SSN: XXX-XX-5084

SPOUSE SSN:

NAME(S) SHOWN ON RETURN: DRAK

ADDRESS: 123 DA

FILING STATUS: Single

FORM NUMBER: 1040

CYCLE POSTED: 20181005

RECEIVED DATE: Jan.15, 2018

REMITTANCE: \$0.00

EXEMPTION NUMBER: 1

DEPENDENT 1 NAME CTRL:

DEPENDENT 1 SSN:

DEPENDENT 2 NAME CTRL:

DEPENDENT 2 SSN:

DEPENDENT 3 NAME CTRL:

DEPENDENT 3 SSN:

DEPENDENT 4 NAME CTRL:

DEPENDENT 4 SSN:

PTIN:

PREPARER EIN:

Request Date: 08-09-2018

Response Date: 08-09-2018

Tracking Number: 100200235179

Customer File Number: 0097654221

8/9/2018

Page 3 of 6

DOMESTIC PRODUCTION ACTIVITIES DEDUCTION PER COMPUTER:	\$0.00
OTHER ADJUSTMENTS:	\$0.00
ARCHER MSA DEDUCTION:	\$0.00
ARCHER MSA DEDUCTION PER COMPUTER:	\$0.00
TOTAL ADJUSTMENTS:	\$177.00
TOTAL ADJUSTMENTS PER COMPUTER:	\$177.00
ADJUSTED GROSS INCOME:	\$15,323.00
ADJUSTED GROSS INCOME PER COMPUTER:	\$15,323.00

ADJUSTED GROSS INCOME

Helping Applicants Obtain their Tax Return Transcript

- **Order Online Immediate Delivery:** requires registration and precise data entry, which can be quirky. But immediate delivery.
- **Order Online for Mail Delivery:** requires SS, DOB, and exact mailing address from latest return. Can be quirky with the address. Takes 5-10 business days to deliver.
- **Order by Mail using Form 4506-T;** probably easiest for most clients, but requires a mailing (postage). Also takes 5-10 business days.
- **Order by Phone by Calling 800-908-9946;** also takes 5-10 business days

IRS Form 4506T-EZ

Form **4506T-EZ**

(June 2019)

Short Form Request for Individual Tax Return Transcript

OMB No. 1545-2154

Department of the Treasury
Internal Revenue Service

► Request may not be processed if the form is incomplete or illegible.

► For more information about Form 4506T-EZ, visit www.irs.gov/form4506tez.

Tip. Use Form 4506T-EZ to order a 1040 series tax return transcript free of charge, or you can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get Transcript of Your Tax Records" under "Tools" or call 1-800-908-9946.

1a Name shown on tax return. If a joint return, enter the name shown first.

DOE, JONATHAN

1b First social security number or individual taxpayer identification number on tax return

XXX-XXX-XXX

2a If a joint return, enter spouse's name shown on tax return.

DOE, JANE

2b Second social security number or individual taxpayer identification number if joint tax return

XXX-XXX-XXX

3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)

123 EVERY STREET, EVERY TOWN, NY 12345

4 Previous address shown on the last return filed if different from line 3 (see instructions)

5 Customer file number (if applicable) (see instructions)

Note: Effective July 2019, the IRS will mail tax transcript requests only to your address of record. See **What's New** under **Future Developments** on Page 2 for additional information.

6 Year(s) requested. Enter the year(s) of the return transcript requested, including this year, in the space below. Enter only the year(s) requested, not the business days.

2019

Signature of taxpayer(s). I declare that I am the taxpayer whose name is shown on either line 1a or 2a. If the request applies to a joint return, **either** spouse must sign. **Note:** This form must be received by IRS within 120 days of the signature date.

☒ **Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506T-EZ.** See instructions.

Sign Here

Signature (see instructions)

Date

Phone number of taxpayer on line 1a or 2a

Spouse's signature

Date

Exceptions to Transcripts

- Only those who did not file a tax return for most recent period are exempt from submitting Tax Returns/Transcripts.
 - Unemployed & received unemployment benefits: Submit form **1099-G; INCLUDE ALL PAYMENTS**

1099-G - IDMS

ID # 1 ☐ VOID ☒ CORR (G) ☐ CORR (C) ☒ Efile ☒ 1096 ☐ Printed CORRECTIONS

PAYER'S name, street address, city, state, ZIP code, and telephone number
 INTEGRATED DATA MANAGEMENT SYSTEMS
 ACCOUNT ABILITY COMPLIANCE SOFTWARE
 555 BROADHOLLOW ROAD SUITE 273
 MELVILLE NY 11747-5001
 631-249-7744/SALES DEPT

1 Unemployment compensation \$16,755.00
 2 State or local income tax refunds, credits, or offsets \$2,120.25
 OMB No. 1545-0120
2019
1099-G

PAYER'S TIN 13-3249958 TIN Type SSN RECIPIENT'S TIN 102110023
 3 Box 2 is for tax year 2018 4 Federal income tax withheld \$2,097.50

RECIPIENT'S name JOHN DOE NAME CTRL JDOE
 5 RTAA payments \$0.00 6 Taxable grants \$3,375.00

Street address 33 EAST 17 STREET APT. 2101
 7 Agriculture payments \$0.00 8 Check if box 8 is for trade or business income ☐

City NEW YORK State NY Zip Code 10003 Zip Ext. 2005 9 Market gain \$0.00 10 For filer's use \$0.00

Account number 75D909-21199391 CFSP NJ Foreign USPS DP 28 2nd TIN ☒ 10a ST #1 NY 10b State #1 ID number 133249958 11 State #1 tax withheld \$195.00

E-Mail john.doe@abc.com 10a ST #2 NJ 10b State #2 ID number 133249958001 11 State #2 tax withheld \$810.00

Browsing

Exceptions to Transcripts


- If working or employed during last period: Submit **recent W2** or Social Security Statement earnings record

22222		a Employee's social security number 123-45-6789		OMB No. 1545-0008	
b Employer identification number (EIN) 55-5765489		1 Wages, tips, other compensation 48,500.00		2 Federal income tax withheld 6,835.00	
c Employer's name, address, and ZIP code The Big Company 12 Main Street Anywhere, NC 28111		3 Social security wages 50,000.00		4 Social security tax withheld 3,100.00	
		5 Medicare wages and tips 50,000.00		6 Medicare tax withheld 725.00	
		7 Social security tips		8 Allocated tips	
d Control number A1B2		9 Verification code		10 Dependent care benefits	
e Employee's first name and initial Last name Suff. Jane A. Doe 123 Elm Street Anywhere Else, PA 17111		11 Nonqualified plans		12a D 1,500.00	
		13 (Statutory employee Retirement plan Third-party sick pay) <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		12b DD 1,000.00	
		14 Other		12c P 4,800.00	
f Employee's address and ZIP code				12d	
15 State Employer's state ID number PA 124578	16 State wages, tips, etc. 50,000.00	17 State income tax 1,535.00	18 Local wages, tips, etc. 50,000.00	19 Local income tax 750.00	20 Locality name AW

Form **W-2** Wage and Tax Statement **2017** Department of the Treasury—Internal Revenue Service
Copy 1 — For State, City, or Local Tax Department

Exceptions to Transcripts

- If working or employed during last period: Submit recent W2 or **Social Security Statement earnings record**

 **Prevent identity theft—protect your Social Security number**
Your Social Security Statement www.socialsecurity.gov
Prepared especially for Wanda Worker

May 1, 2012
See inside for your personal information

WANDA WORKER
456 ANYWHERE AVENUE
MAINTOWN, USA 11111-1111

What's inside...
Your Estimated Benefits.....
Your Earnings Record.....
Some Facts About Social Security.....
If You Need More Information.....

Your Earnings Record

Years You Worked	Your Taxed Social Security Earnings	Your Taxed Medicare Earnings
1989	1,489	1,489
1990	2,663	2,663
1991	4,483	4,483
1992	6,221	6,221
1993	7,491	7,491
1994	9,224	9,224
1995	11,897	11,897
1996	14,677	14,677
1997	17,434	17,434
1998	20,071	20,071
1999	22,827	22,827
2000	25,588	25,588
2001	27,576	27,576
2002	29,004	29,004
2003	30,772	30,772
2004	33,097	33,097
2005	35,102	35,102
2006	37,501	37,501
2007	39,927	39,927
2008	41,487	41,487
2009	41,446	41,446
2010	42,973	42,973
2011	44,833	44,833
2012		Not yet recorded

Exceptions to Transcripts

- Social Security benefits only: Submit form **SSA-1099**

FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT		
20XX. • PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME. SEE THE REVERSE FOR MORE INFORMATION.		
Box 1. Name Nicole S. Sterling		Box 2. Beneficiary's Social Security Number 252-XX XXXX
Box 3. Benefits Paid in 20XX \$34,545.00	Box 4. Benefits Repaid to SSA in 20XX \$0.00	Box 5. Net Benefits for 20XX (Box 3 minus Box 4) \$34,545.00
DESCRIPTION OF AMOUNT IN BOX 3 Paid by check or direct deposit: \$29,934.85 Medicare Part B premiums deducted from your benefits: \$1,384.80 Medicare Prescription Drug premiums (Part D) deducted from your benefits: \$810.00 Total Additions: \$34,545.00 Benefits for CY: \$8,820.00 Benefits for PY1: \$8,820.00 Benefits for PY2: \$8,820.00 Benefits for PY3: \$8,085.00		DESCRIPTION OF AMOUNT IN BOX 4 Box 6. Voluntary Federal Income Tax Withholding \$2,415.35 Box 7. Address Nicole S. Sterling 4822 Broken Arrow Way Your City, State and Zip Code Box 8. Claim Number (Use this number if you need to contact SSA.) Sample document - Subject to Change
Form SSA-1099-SM (1-2012)		DO NOT RETURN THIS FORM TO SSA OR IRS

Some Other Exceptions to Transcripts

- Unemployed & did not receive unemployment benefits: Submit letter of termination from employer
- If no income or can't document income, complete Part 3 Item 12 (change of circumstances) **PLUS** documentation from IRS confirming no transcripts or W2s
- If homeless:
 - Submit documentation from IRS of no transcripts or W2s; or
 - Affidavit from religious institution or non-profit community organization of support received

Documentation Red Flags

- On income & amounts reported, **treat tax transcripts/returns as presumptively accurate**
 - i.e. Assume correctly reported income
 - Refer applicant to accountant or tax preparer instead of giving tax advice
- **However, we should screen for potential red flag issues:**
 - Head of Household filings; esp. if married
 - Adult household members not listed on transcripts
 - Adult children over 21, unmarried, living with parents, and listed as dependents on parents' return
 - Taxes not filed, and no apparent valid reason not to file
 - Students not living at home but still tied to household
 - People listed as dependents who do not live with Applicant

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

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

If you selected **Item Number 2.** in **Part 1.**, complete this section.

Your Employment Status

1. Employment Status

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

**Current employment status
on date signing the I-912**

Form I-912 03/13/18

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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

**Approximate
Date is OK**

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

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?
JONATHAN DOE	11/11/1985	Self	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
JANE DOE	12/11/1985	SPOUSE	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
LITTLE DOE	12/01/2002	DAUGHTER	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" 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)					3

Practice Tip: Compare HH Size Here to Tax Transcript/Return

Practice Point: Determining Household Size

- **The number of members in a household should be identifiable on Applicant's most recent Federal Income Taxes (Transcripts & Returns)**
- If Applicant's most recent Federal Income Taxes are **not** available, the following household members should be included:
 - Spouse
 - If Applicant is married and does NOT live with spouse, Applicant DOES NOT need to list him/her as a household member, but must include any financial support the spouse provides (if any)
 - If spouses do not live together and no support is provided to household, write a brief explain about this in Section 5, Item 9.
 - Unmarried Children or Legal Wards (i.e. foster children) under age 21 and living with Applicant
 - Unmarried Children or Legal Wards 21-24 years old, who are full-time students AND living with Applicant
 - Unmarried Children or Legal Wards for whom Applicant is legal guardian because they are physically and/or mentally disabled to the extent they cannot adequately care for themselves and cannot establish, maintain or re-establish their own household
 - Parents
 - Anyone who has lived with the Applicant for the last 6 months of the tax year, for whom the Applicant provides > 50% of their living expenses.

USCIS Income Guidelines

For the 48 Contiguous States, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam, and the Commonwealth of the Northern Mariana Islands:

Sponsor's Household Size	150% of HHS Poverty Guidelines*
1	\$19,320
2	\$26,130
3	\$32,940
4	\$39,750
5	\$46,560
6	\$53,370
7	\$60,180
8	\$66,990
Add \$6,810 for each additional person	

- Check Household Size & USCIS Income Guidelines Chart to confirm eligibility:

- < 150%; I-912 (Full Fee Waiver); **Form I-912P**

- 150% to 200%; I-942 (Partial Fee Waiver for N-400 Only); **Form I-942P**

For the 48 Contiguous States, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam, and the Commonwealth of the Northern Mariana Islands:

Household Size	150% of HHS Poverty Guidelines*	200% of HHS Poverty Guidelines*
1	\$19,320	\$25,760
2	\$26,130	\$34,840
3	\$32,940	\$43,920
4	\$39,750	\$53,000
5	\$46,560	\$62,080
6	\$53,370	\$71,160
7	\$60,180	\$80,240
8	\$66,990	\$89,320
Add \$6,810 for each additional person		Add \$9,080 for each additional person

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

- Household Income; Qs 5-7

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 \$ 20,000.00

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.**)

\$ 12,000.00

7. Total Additional Income or Financial Support \$ 0.00

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) |

Practice Tip: Q7 refers to “regular” or “recurring” sources

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

- Household Income; Qs 8-9

Insert total of # 5-7; auto fill if using current PDF

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, income, or number of dependents.) ☒ Yes ☐ No

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.

My wife was furloughed from her job last year for four months due to COVID-19, and her income was reduced approximately \$4,000, to approximately \$8,000 for 2020. As a result, our 2020 annual income is closer to \$27,000. A letter from her employer is attached as evidence.

Practice Tip: Q9 - Explain any change of circumstances, if any, that may favor the petition for fee-waiver; esp. if Q8 answer shows too much income, but now reduced enough to qualify (at time of application)

Practice Point: Household Income Below 150% **RED** Flags

- **Head of Household:** Allows for certain tax credits not available under Married or Single
 - **Requirements:**
 - Considered Unmarried
 - Paid > ½ Cost of keeping your Household for entire year
 - Qualifying person **LIVED WITH** you for > 6 months (except dependent parents)
 - **Qualifying Person**
 - Child, Parent, or Relative: Must meet specific requirements for each
- **Dependents**
 - If not filing under *Head of Household* status, taxes may still be “bad” if inaccurately claiming child or relative for exemption purposes
- **Refer Applicant to free tax prep providers if you see these issues!**



Part 6: Financial Hardship

- Time and resource intense
- Requires more documentation
- More difficult for USCIS to approve (case-by-case basis)

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.

I lost my job on November 1, 2020 due to COVID-19 and cannot afford the filing fee. My only income is unemployment benefits I am receiving (\$2,400 a month), and therefore my basic living expenses (\$4,000 a month) exceed my income. I have depleted my savings and am taking on significant credit card debt to survive.

Practice Tip: Q1 – Must be an actual “situation” that is “extraordinary” (i.e. not ordinary, and not poor financial management). Avoid descriptions that cannot be documented; will almost certainly be rejected or issued an RFE if documentation is not included.

Part 6: Financial Hardship

Part 6, Question 2 – Cash or Cash Equivalent Assets

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)
Bank Savings	100.00
Total Value of Assets	100.00

Practice Tip: Q2 – Probably not going to be approved if cash or equivalent assets significantly exceed the application processing fee. Check reference in USCIS Field Manual: if cash assets can be liquidated without incurring further financial hardship, will likely be denied.

<https://www.uscis.gov/sites/default/files/document/policy-manual-afm/afm10-external.pdf>

Part 6: Financial Hardship

Part 6, Question 3 – Expenses / Liabilities

Part 6. Financial Hardship (continued)

3. Total Monthly Expenses and Liabilities

\$ 4,000.00

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 checked="" type="checkbox"/> Rent and/or Mortgage | <input checked="" type="checkbox"/> Loans and/or Credit Cards | <input type="checkbox"/> Other |
| <input checked="" type="checkbox"/> Food | <input type="checkbox"/> Car Payment | _____ |
| <input checked="" 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 | _____ |

From USCIS I-912 Instructions:

Documentation. Provide evidence, where possible, such as copies of monthly bills and payments, and documentation for monthly expenses and any extenuating circumstances, such as medical bills. If you cannot provide evidence of income, you may submit affidavits from religious institutions, non-profits, or community-based organizations verifying that you are currently receiving some benefit or support from them.

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

- Must be signed by each Applicant requesting a Fee Waiver (including family members listed in Part 3)
 - Q 1. A.
 - Select if Applicant can speak English
 - Q 1. B.
 - Select if Applicant cannot speak English. Include the Applicant's preferred language
 - Q 2.
 - Select if the Applicant received assistance completing the form, fill in YOUR name
 - Qs 3 - 5.
 - Include Applicant's phone number, cell phone and email address (if possible)

Part 7. Requestor's Statement, Contact Information, Certification, and Signature	
<p>NOTE: Read the Penalties section of the Form I-912 Instructions before completing this part.</p> <p>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.</p> <p>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>A. <input type="checkbox"/> 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.</p> <p>B. <input type="checkbox"/> 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.</p> <p>2. Requestor's Statement Regarding the Preparer (if applicable)</p> <p><input type="checkbox"/> At my request, the preparer named in Part 10., _____, prepared this request for me based only upon information I provided or authorized.</p> <p>Requestor's Contact Information</p> <p>3. Requestor's Daytime Telephone Number _____</p> <p>4. Requestor's Mobile Telephone Number (if any) _____</p> <p>5. Requestor's Email Address (if any) _____</p> <p>Requestor's Certification</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Form I-912 03/13/18 Page 5 of 11</p>	

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

- Q 6.
 - Applicant must sign and date
- Qs 7 - 11.
 - Each additional fee waiver applicant must print, sign and date this section (will auto populate their name from Part 3)
 - Up to 5 additional applicants

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)
<input type="text" value="Don't forget to sign!"/>	<input type="text"/>
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	
<input type="text"/>	
Family Member's Signature	Date of Signature (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>

Part 8: Family Member Statement, Contact Information, Certification, and Signature

COMPLETE ONLY IF INTERPRETER AND/OR PREPARER ARE DIFFERENT FOR APPLICANT AND FAMILY MEMBER

- Q 1.
 - Include name of Family Member
- Q 1. A.
 - Select if Family Member is English-speaker
- Q 1. B.
 - Select if Family Member is not an English-speaker.
 - Include preferred language
- Q 2.
 - Include name of Family Member
 - Include name of Preparer

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	<input type="text"/>
A. <input type="checkbox"/> 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. <input type="checkbox"/> The interpreter named in Part 9 , read to me every question and instruction on this request and my answer to every question in <input type="text"/> , a language in which I am fluent, and I understood everything.	
2. Family Member's Statement Regarding the Preparer for	<input type="text"/>
<input type="checkbox"/> At my request, the preparer named in Part 10 , <input type="text"/> , prepared this request for me based only upon information I provided or authorized.	

Part 8: Family Member Statement, Contact Information, Certification and Signature

- Q 3.
 - Include Applicant's phone number
- Q 4.
 - Include Applicant's cell phone number if possible
- Q 5.
 - Include Applicant's email address if possible
- Q 6.
 - Family Member must sign and date

<i>Family Member's Contact Information</i>	
3. Family Member's Daytime Telephone Number	4. Family Member's Mobile Telephone Number (if any)
<input type="text"/>	<input type="text"/>
5. Family Member's Email Address (if any)	
<input type="text"/>	

<i>Family Member's Signature</i>	
6. Family Member's Signature	Date of Signature (mm/dd/yyyy)
<input type="text" value="Don't forget to sign!"/>	<input type="text"/>
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

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

- Q 1
 - If YES, complete section
 - If NO, move on to the next
- Q 2
 - Select YES or NO
 - If YES, complete section and list the family members' name in the space provided
 - If NO, skip section
 - Provide all the information for the second interpreter on additional sheets

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

- Qs 3 - 9.
 - Filled in by and about Interpreter
 - Interpreter must sign

Interpreter's Full Name	
3. Interpreter's Family Name (Last Name)	Interpreter's Given Name (First Name)
<input type="text"/>	<input type="text"/>
4. Interpreter's Business or Organization Name (if any)	
<input type="text"/>	
Interpreter's Mailing Address (USPS ZIP Code Lookup)	
5. Street Number and Name	Apt. Ste. Flr. Number
<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="text"/>
City or Town	State ZIP Code
<input type="text"/>	<input type="text"/> <input type="text"/>
Province	Postal Code Country
<input type="text"/>	<input type="text"/> <input type="text"/>

Interpreter's Contact Information	
6. Interpreter's Daytime Telephone Number	7. Interpreter's Mobile Telephone Number (if any)
<input type="text"/>	<input type="text"/>
8. Interpreter's Email Address (if any)	
<input type="text"/>	
Interpreter's Certification	
I certify, under penalty of perjury, that:	
I am fluent in English and <input type="text"/> , 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)
<input type="text"/>	<input type="text"/>

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

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? <input type="checkbox"/> Yes, (complete this section) <input type="checkbox"/> No, skip
2.	Was the same preparer used for all individuals requesting a fee waiver (as listed in Part 3.)? <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="text"/>	

- Q 1
 - If YES, complete section
 - If NO, move on to the next
- Q 2
 - Select YES or NO
 - If YES, complete section and list the family members' name in the space provided
 - If NO, skip section
 - Provide all the information for the other preparer on additional sheet

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

- Q 9. A.
 - Select if the preparer is not an attorney or BIA rep
- Q 9. B.
 - Select if the preparer is an attorney or BIA rep
 - Indicate if representation will be provided after the application is completed (check with your supervising attorney(s))
- Q 10.
 - Preparer must sign and date form

<i>Preparer's Contact Information</i>	
6. Preparer's Daytime Telephone Number <input type="text"/>	7. Preparer's Mobile Telephone Number (if any) <input type="text"/>
8. Preparer's Email Address (if any) <input type="text"/>	
<i>Preparer's Statement</i>	
9. 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.	
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.	
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)	
<i>Preparer's Certification</i>	
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.	
<i>Preparer's Signature</i>	
10. Preparer's Signature <input type="text"/>	Date of Signature (mm/dd/yyyy) <input type="text"/>

Part 11: Additional Information

- Q 1.
 - Include applicant's FULL NAME
- Q 2.
 - Include A-Number
- Q 3 - 6
 - Include:
 - Page Number
 - Part Number
 - Item Number
 - Up to 4 spaces for additional information

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
<input type="text"/>	<input type="text"/>	<input type="text"/>
2. A-Number (if any) ► A- <input type="text"/>		
3. A. Page Number	B. Part Number	C. Item Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
D.		
<input type="text"/>		
<input type="text"/>		
<input type="text"/>		
<input type="text"/>		

SUPPORTING DOCUMENTS

Sample Document: Budget Letter

Report Number WINRO146 / WINRO154 (Rev. 11/12)



Human Resources
Administration
Department of
Social Services

Family Independence
Administration

Date: 05/01/2013

Case Number: 00001234567E

Case Name: HUGGINS, NADINE

General Phone Number: (718) 742-3600

BUDGET LETTER REQUEST

Enclosed, please find the budget letter that you recently requested. As of August 29, 2012, any reference to the Food Stamp Program in this notice shall mean the Supplemental Nutrition Assistance Program (SNAP) and any reference to Food Stamp benefits or Food Stamps (FS) shall mean SNAP benefits.

Contact Information:

Head of Household: NADINE HUGGINS

Home Address: 101 W 31st Street

NY 10001

Mailing Address:

Phone Number:

Email Address:

Legend

AP= Applying

SI = Single Issue

CA= Cash Assistance

AC= Active

CL/RJ= Not Active

MA= Medicaid

SN= Sanctioned

NA= Not Applying

SNAP= Supplemental Nutrition Assistance Program Benefits

Household Members:

First Name	Last Name	Sex	Date of Birth	Relationship	CA Status	MA Status	SNAP Status
NADINE	HUGGINS	F		Applicant/Payee	AC	AC	AC

Sample Document: Medicaid

CONFIRMATION OF PUBLIC HEALTH INSURANCE



Consumer Information

Last Name	DDE
First Name	JANE
Middle Initial	
Street Address	101 W. 31st Street, 4th Fl
City, State, Zip Code	New York, NY 10001
Client Identification Number (CIN)	EAC1234K

TO WHOM IT MAY CONCERN:

This is to acknowledge that the consumer detailed above:

- ☒ Is currently in receipt of public health insurance. S/he has an **active case** for:
- ☒ Medicaid
 - ☐ Family Health Plus
 - ☐ Family Planning Benefit Program (covers family planning related services only)
 - ☐ Other _____
- ☐ Was previously in receipt of public health insurance. S/he has a **closed case** for:
- ☐ Medicaid
 - ☐ Family Health Plus
 - ☐ Family Planning Benefit Program (covers family planning related services only)
 - ☐ Other _____

Her/his current/most recent coverage became effective on 7/1/2014 and is ☒ scheduled to expire / ☐ expired on 8/31/2015. S/he was **first determined** to be eligible for coverage on 2/24/2006.

☐ There is active coverage on this closed case. Coverage is scheduled to expire on: _____.

For consumers with currently **active cases**, assuming that all requirements for ongoing program coverage continue to be met, they will be given the opportunity to prove continuing eligibility and renew their health insurance before the expiration date listed above.

Note: This form replaces the MA Case/Suffix/Individual/Summary (WMS Screen 12) printout previously issued to consumers needing proof of public health insurance coverage for the purpose of receiving fee waivers for civil service exams and/or other public or private programs. As applicable, it is also issued

Common Reasons for Rejection of Fee Waiver



- Insufficient Documentary Evidence
- Incomplete or Missing Documents
- Not sending Current Documents
 - Current = within last year for MTB
- Fee Waiver Form is not properly signed and/or dated
- **USCIS Did Not Properly Adjudicate**

After Filing...



- **If Rejected:** May re-file N-400 and new I-912 with alternative documentation or additional evidence
 - If original submission was incorrectly rejected, scan and email entire N-400 and fee waiver request to lockboxsupport@uscis.dhs.gov with explanation of why fee waiver should be accepted

ELIGIBILITY REQUIREMENTS FOR A REDUCED FEE

What is a Reduced Fee Request?



- On Dec. 23, 2016 USCIS raised fees for N-400 to current fee level
- As result of advocates' efforts, "reduced fee" option for naturalization was created
- Applicant's written request and supporting documentation
- Permission to have N-400 processed for half of application fee (\$320)
- Submit Form I-942 along with check or money order for \$405 (reduced application fee + biometrics fee)
- Used for Form **N-400 ONLY!**

**INCOME BETWEEN
150% AND 200%
OF POVERTY
GUIDELINES**

Form I-942P: Income Guidelines for Reduced Fee

[Home](#) > [Forms](#) > [All Forms](#) > Income Guidelines for Reduced Fees

I-942P Supplement, Income Guidelines for Reduced Fees

Use this information as income guidelines to complete [Form I-942, Reduced Fee Request](#). To qualify for the reduced fee, your documented annual household income must be greater than 150 percent and not more than 200 percent of the Federal Poverty Guidelines (FPG), at the time of filing, based on your household size. The secretary of the Department of Health and Human Services establishes the Federal Poverty Guidelines annually.

These poverty guidelines are effective beginning Jan. 15, 2020.

For the 48 Contiguous States, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam, and the Commonwealth of the Northern Mariana Islands:

Household Size	150% of HHS Poverty Guidelines*	200% of HHS Poverty Guidelines*
1	\$19,140	\$25,520
2	\$25,860	\$34,480
3	\$32,580	\$43,440
4	\$39,300	\$52,400
5	\$46,020	\$61,360
6	\$52,740	\$70,320
7	\$59,460	\$79,280
8	\$66,180	\$88,240
	Add \$6,720 for each additional person	Add \$8,960 for each additional person

COMPLETING FORM I-942

Completing the I-942

		Request for Reduced Fee		USCIS	
		Department of Homeland Security		Form I-942	
		U.S. Citizenship and Immigration Services		OMB No.1615-0133	
				Expires 12/31/2023	
<hr/>					
For USCIS Use Only	Request Received At (Select only one box)				
	<input type="checkbox"/> USCIS Field Office		<input type="checkbox"/> USCIS Service Center		
	<input type="checkbox"/> Reduced Fee Approved <input type="checkbox"/> Reduced Fee Denied Date: _____ Date: _____		<input type="checkbox"/> Reduced Fee Approved <input type="checkbox"/> Reduced Fee Denied Date: _____ Date: _____		
▶ START HERE - Type or print in black ink					

- Reduced N-400 fee if income between 150% to 200% of poverty guidelines
- Nearly identical to I-912, but includes only Household income section (completed same way)
- 12/02/21 edition (expires 12/31/23) is current edition; previous edition (02/13/19 edition) still accepted – same length.