

Form I-912, Request for Fee Waiver

OMB Number: 1615-0116
Expires 3/31/2020

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START HERE - Type or print in black ink.

If you need extra space to complete any section of this request or if you would like to provide additional information about your circumstances, use the space provided in Part 8. Additional Information. Complete and submit as many copies of Part 8., as necessary, with your request.

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. ☐ My household income is at or below 150 percent of the Federal Poverty Guidelines. (Complete **Parts 2. - 3.,** and **Parts 5. - 7.**)

2. ☐ I have a financial hardship. (Complete **Part 2.,** and **Parts 4. - 7.**)

Part 2. Information About You (Requestor)

Provide information about yourself if you **are requesting** a fee waiver for a petition or application you are filing. If you are **a** parent or legal guardian filing **for** 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 **request**.

1. Full **Legal** Name

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

2. Other Names Used (if any)

Provide all other names you have **ever** used, **including aliases**, maiden **name**, and **nicknames**.

Family Name (Last Name) [x2]
Given Name (First Name) [x2]
Middle Name [x2]

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

4. USCIS Online Account Number (if any)

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

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

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7. Marital Status

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

8. List and provide the total number of applications and petitions for which you are requesting a fee waiver.

[Table: 4 rows, 2 columns: **Form** and **Number**; last column, **Total Number**]

9. Are you applying for or have status as a battered spouse of an A, G, E-3, or H nonimmigrants; a battered spouse or child of a lawful permanent resident or U.S. citizen under INA section 240A(b)(2); a T nonimmigrant; a person with Temporary Protected Status; a U nonimmigrant; or a VAWA self-petitioner?

Yes
No

A. Receipt Number (if applicable)

Part 3. Household Income

Your Employment Status

1. Employment Status

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

2. If you are currently unemployed, since when have you been unemployed (mm/dd/yyyy)?

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

Yes
No

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

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.

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[Table: **Household Size**, 4 rows, 6 columns: **Full Name**, **Date of Birth**, **Relationship to You** [Self], **Married** [Yes/No], **Full-Time Student** [Yes/No], **Is any income earned by this person counted towards the household income?** [Yes/No]; Last row: **Total Household Size** (including self)]

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

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.**)

7. Total Additional Income or Financial Support

If you received additional income on a continuing monthly or annual basis for the most recent full year, and it is NOT listed in your Federal tax return, provide the amount of additional income below (for example, child support). Attach evidence of the additional income. (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.

[Table, 12 rows, 2 columns: **Type of Income**, **Annual Amount** (in dollars); last row, **Total Additional Income and Financial Support**]

[1st column should read:

Parental Support, Yes/No

Spousal Support (Alimony), Yes/No

Child Support, Yes/No

Educational Stipends, Yes/No

Royalties, Yes/No

Pensions, Yes/No

Unemployment Benefits, Yes/No

Social Security Benefits, Yes/No

Veteran's Benefits, Yes/No

Financial Support From Adult Children, Dependents, Other People Living in the Household, Yes/No

Other, Yes/No, Explanation]

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8. Total Annual 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 **U.S. Citizenship and Immigration Services (USCIS)** to consider.

Part 4. Financial Hardship

If you selected **Item Number 2.** 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.

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.)

[Table: **Assets**; 3 rows, 2 columns: **Type of Asset**, **Value** (U.S. Dollars); last row: **Total Value of Assets**]

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3. Total Monthly Expenses and Liabilities

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.

Rent and/or Mortgage
Loans and/or Credit Cards
Other _____
Food
Car Payment
Utilities
Commuting Cost
Child and/or Elder Care
Medical Expenses
Insurance
School Expenses

Part 5. Requestor's Statement, Contact Information, Certification, and Signature

NOTE: Read the **Penalties** section of the Form I-912 Instructions before completing this **section**.

You must complete, sign, and date Form I-912 and provide the required **documentation**. 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 and** may deny a request that does not provide required documentation.

NOTE: Select the box for either **Item A.** or **B.** in **Item Number 1.** If applicable, select the box for **Item Number 2.**

1. Requestor's Statement Regarding the Interpreter

A. I can read and understand English, and I have read and understand every question and instruction on this request and my answer to every question.

B. The interpreter named in **Part 6.** read to me every question and instruction on this request and my answer to every question in [fillable field], a language in which I am fluent, and I understood everything.

2. Requestor's Statement Regarding the Preparer

At my request, the preparer named in **Part 7.**, [fillable field], prepared this request for me based only upon information I provided or authorized.

Requestor's Contact Information

- 3. Requestor's Daytime Telephone Number
- 4. Requestor's Mobile Telephone Number (if any)
- 5. Requestor's Email Address (if any)

Requestor's Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any **and all** of my records that USCIS may need to determine my eligibility for the immigration benefit **that** I seek.

I 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 **law**.

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.

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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)

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.

Part 6. Interpreter's Contact Information, Certification, and Signature

Interpreter's Full Name

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

Interpreter's Mailing Address

- 3. Street Number and Name
Apt Ste Flr
City or Town
State

ZIP Code
Province
Postal Code
Country

Interpreter's Contact Information

- 4.** Interpreter's Daytime Telephone Number
- 5.** Interpreter's Mobile Telephone Number (if any)
- 6.** Interpreter's Email Address (if any)

Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and [fillable field], which is the same language specified in **Part 5., 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 **Requestor's Certification**, and has verified the accuracy of every answer

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Interpreter's Signature

- 7.** Interpreter's Signature
Date of Signature (mm/dd/yyyy)

Part 7. Contact Information, Declaration, and Signature of the Person Preparing this Request, if Other Than the Requestor

Preparer's Full Name

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

Preparer's Mailing Address

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

Preparer's Contact Information

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

Preparer's Statement

7. A. I am not an attorney or accredited representative but have prepared this request on behalf of the requestor and with the requestor's consent.

B. I am an attorney or accredited representative and my representation of the requestor in this case extends/does not extend beyond the preparation of this **request**.

NOTE: If you are an attorney or accredited representative, you may **need** 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.

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Preparer's Certification

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 **Requestor'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.

Preparer's Signature

8. Preparer's Signature

Date of Signature (mm/dd/yyyy)

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Part 8. 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. **Type or print** your name and A-Number (if any) at the top of each sheet; indicate the **Page Number, Part Number, and Item Number** to which your answer **refers; and sign and date each sheet**.

1. Family Name (Last Name)

Given Name (First Name)

Middle Name

2. A-Number (if any)

3. A. Page Number

B. Part Number

C. Item Number

D. [Fillable field]

4. A. Page Number

B. Part Number

C. Item Number

D. [Fillable field]

5. A. Page Number

B. Part Number

C. Item Number

D. [Fillable field]

6. A. Page Number

- B.** Part Number
- C.** Item Number
- D.** [Fillable field]