

Form N-470, Application to Preserve Residence for Naturalization Purposes

Type or print all your answers fully and accurately in black ink. Write “N/A” if an item is not applicable. Write “None” if the answer is none. Failure to answer all of the questions may delay your Form N-470.

Part 1. Information About Your Eligibility

My absence from the United States is on behalf of (select **only one box**):

1. The U.S. Government (employed by, or are under contract with, the U.S. Government).
2. An American institution of research to perform scientific research.
3. An American firm or corporation, or a subsidiary thereof, to engage in the development of foreign trade and commerce of the United States.
4. An American firm or corporation to protect the property rights outside the United States of that American firm or corporation engaged in the development of foreign trade and commerce of the United States.
5. A public international organization of which the United States is a member. (Your employment must have started after your admission as a permanent resident)
6. A denomination or mission having a bona fide organization in the United States in which I perform ministerial or priestly functions or my sole capacity is of a clergyman or clergywoman, missionary, brother, nun or sister.

Part 2. Information About You

1. **Current Legal Name** (do **not** provide a nickname)
Family Name (last name)
Given Name (first name)
Middle Name (if applicable)
2. **Your name exactly as it appears on your Permanent Resident Card**
Family Name (last name)
Given Name (first name)
Middle Name (if applicable)
3. **U.S. Social Security Number**
4. **Date of Birth** (mm/dd/yyyy)
5. **Country of Birth**
6. **Country of Citizenship or Naturalization**
7. **Home Address**
Street Number and Name (do not write a P.O. Box in this space unless it is your **ONLY** address)
Apartment Number
City
County
State
ZIP Code
Province (foreign address only)
Country (foreign address only)
Postal Code (foreign address only)
8. **Mailing Address**
C/O (in care of name)
Street Number and Name
Apartment Number
City
State
ZIP Code
Province (foreign address only)

Country (foreign address only)
Postal Code (foreign address only)

9. Daytime Phone Number

Work Phone Number (if any)

Evening Phone Number

Mobile Phone Number (if any)

10. E-mail Address (if any)

11. Date you became a Permanent Resident

12. Have you resided in and been physically present in the United States for an uninterrupted period of at least one year **since your admission as a permanent resident**? (If you answer “No” you must provide an explanation on a separate sheet of paper.) Yes No

13. Time Outside the United States (include trips to Canada, Mexico, and the Caribbean)

List below all the trips of 24 hours or more that you have taken outside the United States **since you became a permanent resident**. Begin with your most recent trip. *If you need extra space to complete this section, use the space provided in Part 7. Additional Information.*

Date You Left the United States (mm/dd/yyyy)

Date You Returned to the United States (mm/dd/yyyy)

Did Trip Last 6 Months or More?

Countries You Traveled To

Total Days Outside the United States

14. Explain your employment position requiring your absence from the United States and the intended length of employment. [Fillable Field]

15. Have you ever filed an income tax return as a nonresident or otherwise claimed or received benefits as a nonresident alien under U.S. Federal, state or local income tax laws **since you became a permanent resident**?
Yes No

Part 3. Information About Family Members Who Reside With You

1. Do you have permanent resident family members who reside with you inside the United States? Yes No
2. Will those family members reside with you outside the United States?

If you answered “Yes,” provide the information below for each permanent resident family member who will be residing with you outside the United States. *If you need extra space to complete this section, use the space provided in Part 7. Additional Information.*

A. Family Name (last name)

Given Name (first name)

Middle Name (if any)

Date of Birth (mm/dd/yyyy)

Relationship to You

A-Number

B. Family Name (last name)

Given Name (first name)

Middle Name (if any)

Date of Birth (mm/dd/yyyy)

Relationship to You

A-Number

C. Family Name (last name)

Given Name (first name)

Middle Name (if any)

Date of Birth (mm/dd/yyyy)

Relationship to You
A-Number

Part 4. Applicant's Statement, Contact Information, Certification, and Signature

NOTE: Read the information on penalties in the **Penalties** section of the Form N-470 Instructions before completing this part.

Applicant's Statement]

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

1. Applicant's Statement Regarding the Interpreter

A. ☐ I can read and understand English, and have read and understand every question and instruction on this application, as well as my answer to every question.

B. ☐ The interpreter named in **Part 5.** has also read to me every question and instruction on this application, 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 application as translated to me by my interpreter, and have provided complete, true, and correct responses in the language indicated above.

2. Applicant's Statement Regarding the Preparer

☐ I have requested the services of and consented to [Fillable Field], who ☐ is ☐ is not an attorney or accredited representative, preparing this application for me.

Applicant's Contact Information

3. Applicant's Daytime Telephone Number

4. Applicant's Mobile Telephone Number (if any)

5. Applicant's Email Address (if any)

Applicant'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 [or my request for deferred action].

I furthermore authorize release of information contained in this application, 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.

I certify, under penalty of perjury, that the information in my application and any document submitted with my application were provided by me and are complete, true, and correct.

Applicant's Signature

6. Applicant's Signature

Date of Signature (mm/dd/yyyy)

NOTE TO ALL APPLICANTS: If you do not completely fill out this application or fail to submit required documents listed in the Instructions, USCIS may deny your application.

Part 5. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.

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 Email Address (if any)

Interpreter's Certification

I certify that:

I am fluent in English and [Fillable Field], which is the same language provided in **Part 4., Item B.** in **Item Number 1.;**

I have read to this applicant every question and instruction on this application, as well as the answer to every question, in the language provided in **Part 4., Item B.** in **Item Number 1.;** and

The applicant has informed me that he or she understands every instruction and question on the application, as well as the answer to every question, and the applicant verified the accuracy of every answer.

Interpreter's Signature

6. Interpreter's Signature
Date of Signature (mm/dd/yyyy)

Part 6. Contact Information, Statement, Certification, and Signature of the Person Preparing this Application, If Other Than the Applicant

Provide the following information about the preparer.

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 Fax Number
6. Preparer's Email Address (if any)

Preparer's Statement

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

B. ☐ I am an attorney or accredited representative and my representation of the applicant in this case ☐ extends ☐ does not extend beyond the preparation of this application.

NOTE: If you are an attorney or accredited representative whose representation extends beyond preparation of this application, you must submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this application.

Preparer's Certification

By my signature, I certify, swear, or affirm, under penalty of perjury, that I prepared this application on behalf of, at the request of, and with the express consent of the applicant. I completed this application based only on responses the applicant provided to me. After completing the application, I reviewed it and all of the applicant's responses with the applicant, who agreed with every answer on the application. If the applicant supplied additional information concerning a question on the application, I recorded it on the application.

Preparer's Signature

8. Preparer's Signature
Date of Signature (mm/dd/yyyy)

Part 7. Additional Information

If you need extra space to provide any additional information within this application, 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 application 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.

1. Family Name (Last Name) [Auto-populated field]

Given Name (First Name) [Auto-populated field]

Middle Name [Auto-populated field]

2. A-Number (if any) [Auto-populated field]

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]