

## U.S. Department of State

## **PUBLIC CHARGE QUESTIONNAIRE**

OMB CONTROL NO. 1405-0234 EXPIRES: 08/31/2020 ESTIMATED BURDEN: 4.5 hours

PART 1 - INFORMATION ABOUT YOU						
1. Your Current Legal Name (Do not provide a nickname)						
Family Name (Last Name)	Given Name (First Name) Middle Name					
2. Date of Birth (mm-dd-yyyy)						
Have you ever been to the United States before     Yes    No	?					
PART 2 - YOUR HEALTH						
Do you currently have health insurance coverage     Yes    No	je in the U	nited States?				
If you answered "Yes" to Item number 4, attach ev If you answered "No" to Item number 4, proceed to		health insurance and	skip to Pa	art 3.		
4A. Will you be covered by health insurance in the	United St	ates within 30 days o	f your ent	ry into the Unite	d States?	
If you answered "yes" to Item A, identify the specif	ic health i	nsurance plan and da	te covera	ge will begin.		
PART 3 - YOUR HOUSEHOLD SIZE						
List the expected members of your household in the	ne United	States.				
Name	Age	Relationship to you	Current Job		United States Citizen (yes / no)	Was he or she on active duty, other than training, in the U.S. Armed Forces or Ready Reserve while receiving a public benefit?  (yes / no)
PART 4 - YOUR ASSETS, RESOURCES, AND FI	NANCIAL	STATUS				
6. List below all U.S. federal tax returns you have return) for your most recent U.S. federal tax return		the last three years a	and attach	n your IRS trans	cript (or copy o	f the complete, filed tax
Federal Tax Year	Did y	ou file a Federal tax ret	urn?		Gross Income	e (U.S. dollars)
		Yes No	o			
		Yes No	ς			
		Yes No	<b>)</b>			
Yes No						
7. Did you work in the United States in the last three years but not file a U.S. federal tax return?  Yes No						
If you answered "yes", explain.						

8. Income					
8A. What is your current yearly compensation in U.S. dollars?	8B. If you currently have a job awaiting your arrival in the United States, who is the employer and what is the yearly compensation in U.S. dollars?				
8C. List below any income not listed above that foreign pension, child support). Consular Officer				mple, rent, stock dividends,	
Type of Income	How often do you receive this monthly, etc	income? (annually,	Amount (U.S. Dollars)		
		Total			
List the assets available to you in the table be include equity in real estate, annuities, securitie		nay include checking	g and savings accou	nts, etc. Non-cash assets may	
Type of Asset		Location	of Asset	Amount (U.S. Dollars)	
	Total				
10. List your liabilities and/or debts in the table l	pelow.				
Type of Liability or Debt			Amount (U.S. Dollars)		
		Total			

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state, lo Families (includir or benefindividua the 60-d Have you	cal, or tribal cases (TANF); 2) Sung Moderate Refits funded by Mals of secondar lay period begin or any of the ind	sh assistance for income pplemental Nutrition Assi habilitation); 5) Subsidize ledicaid but provided und y school age, benefits reconning on the last day of thividuals applying with you conviduals applying with you considered.	maintenance, including suppler stance Program (SNAP); 3) Ho ed Housing; or 6) Medicaid, excer the Individuals with Disabiliticeived by an alien under 21 years pregnancy.	nental security incom using Choice Vouche ept for benefits receiv es Education Act (IDE rs of age, or benefits	ed on or after February 24, 2020: 1) Any Federal, the (SSI) and Temporary Assistance for Needy the Program; 4) Project-Based Rental Assistance for an emergency medical condition, services EA), school-based services or benefits provided to received by a woman during pregnancy or during the United States from a Federal, state, local, or tribal	
_		ter February 24, 2020?  No If you answere	ed "Yes," provide the information bel	ow.		
11A.	Type of Benefit			Agency That Grants Th	ne Benefit	
Date Ben	efit Was (mm-dd-yyyy)	Date Benefit Ended or Expires (mm-dd-yyyy)	Reason For Requesting or Receiving	ng The Benefit		
11B.	Type of Benefit			Agency That Grants Th	ne Benefit	
Date Ben Granted (	l efit Was (mm-dd-yyyy)	Date Benefit Ended or Expires (mm-dd-yyyy)	Reason For Requesting or Receiving	ng The Benefit		
11C.	Type of Benefit			Agency That Grants Th	ne Benefit	
Date Ben Granted (	lefit Was (mm-dd-yyyy)	Date Benefit Ended or Expires (mm-dd-yyyy)	Reason For Requesting or Receiving The Benefit			
12. If you or your family requested or received a public benefit, were you or your family members exempt from public charge during that period?  Yes No						
If you ar	nswered "Yes,"	provide an explanation.				
local, or	tribal governme Yes	ent entity?	e public benefits described in G	Question 11 in the futu	ure in the United States from any Federal, state,	
If you ar	nswered "Yes,"	provide an explanation.				
		ived a fee waiver when a	pplying for an immigration bene	efit from USCIS?		
,	,	provide the information in hose circumstances have		ditional Information, e	explain the circumstances that caused you to apply	
Date Fee Waiver Received (mm/dd/yyyy)		Type of Immigrant Benefit (For	rm Number)	Receipt Number		
		ATION AND SKILLS				
		_	high school equivalent diplomated "No," then list the highest grade c			
		If you answere	ed "Yes," list any other educational d	egrees you have earned	d	
	, i	ccupational skills?  No If you answere	ed "Yes," provide the information bel	ow.		
16A.	Certification/Lice	ense Type/Occupational Skill			Date Obtained (mm/dd/yyyy)	
Who issu	ed your license?	(if any)	License Number (if any)		Expiration/Renewal Date (if any)	
16B.	Certification/Lice	ense Type/Occupational Skill			Date Obtained (mm/dd/yyyy)	
Who issued your license? (if any)  License Number (if any)  Expiration/Renewal Date (if any)			Expiration/Renewal Date (if any)			

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16C. Certification/License Type/Occupational Skill				Date Obtained (mm/dd/yyyy)			
Who issued your license? (if any)	License Number (if any)		Expiration/Renewal Date (if any)				
PART 6 - TRANSLATOR							
17. Did you use a translator to help you complete	this form? (If yes, provide	the following information	about the trans	slator you used.)			
Yes No							
17A. Translator's Name							
Family Name (Last Name)	Given Name (First Nar	ne)	Middle	e Name			
17B. Translator's Business or Organization name	? (if any)						
17C. Translator's Street Address		17D. Translator's City					
		17E. Translator's State/F	Province				
		17F. Translator's Postal	Zip Code	17G. Translator's Country			
			p	The translator of obtaining			
17H. Translator's Phone Number	17I. Translator's Email A	\ddress					
1711. Translator 3 Frione Number	171. Hansiators Email F	nuuless					
PART 7 - PREPARER							
18. Did anyone, other than a translator, help you  Yes No	complete this form? (If yes	s, provide the following inf	ormation about	the preparer you used.)			
18A. Preparer's Name							
Family Name (Last Name)	Given Name (First Nar	me)	Middle	e Name			
18B. Preparer's Business or Organization name?	(if any)						
18C. Preparer's Street Address		18D. Preparer's City					
	18E. Preparer's State/Province						
		'					
		18F. Preparer's Postal/Z	in Code	18G. Preparer's Country			
		101. 110paror 01 00ta//2	p 0000	Too. Troparer o ocuminy			
18H. Preparer's Phone Number	191 Propororio Emoil Ac	ddrooo					
Ton. Freparers Friorie Number	18I. Preparer's Email Ad	uiess					
PART 8 - ADDITIONAL INFORMATION (if neede	d)						
If further space is required, attach additional shee	ts. Please ensure you spe	ecify to what question(s) ye	ou are respond	ling.			
PART 9 - DECLARANT'S SIGNATURE							
I understand all the information I have provided in, or in a for purposes including enforcement of the laws of the Unlaws of the United States of America that the foregoing is material fact made by me herein may result in refusal of the United States.	ited States. I understand all of complete, true, and correct.	f the information contained in I understand that any willfully	this form and I ce false or misleadir	ertify under penalty of perjury under the ng statement or willful concealment of a			
				Data			
Signature				Date			
Name ( <i>Printe</i>		_					
	,						

PAPERWORK REDUCTION ACT STATEMENT:

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

## CONFIDENTIALITY STATEMENT:

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

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