

How to Prepare and File a Form I-912, Request for Fee Waiver

What is a Fee Waiver and why do I need one?

This form is filed when you would like to request the fee associated with another immigration application be waived. You can only request your fee waived for certain forms. Some forms that allow you to submit a fee waiver include:

- I-765, Application for Employment Authorization (Work Permit) (Does not apply for DACA recipients)
- I-485, Application to Register for Permanent Residence or Adjust Status
- I-90, Application to Replace Permanent Resident Card
- N-400, Application for Naturalization (Citizenship Application)
- N-600, Application for Certificate of Citizenship

In Part 3 (on page 2 of 8) you MUST list every person in your family/household that this Fee Waiver is for and what immigration application form they need a fee waived for

File this form WITH the immigration form you are seeking a fee waiver for

Who qualifies for a Fee Waiver?

You may request a Fee Waiver if you are unable to pay for (1) a qualifying immigration application or (2) associated biometrics services fees

Because of one of the following three reasons:

- A. You, a spouse, or the head of your household is currently receiving **means-tested benefit**
- B. Your household income is at or **below 150% of the Federal Poverty guidelines**
- C. You have **financial hardship**

What is a Means- Tested Benefit?

A public benefit that is granted to a person based on that person's income/resources.

Examples of means-tested benefits:

- Supplemental Nutrition Assistance Program (SNAP/Food Stamps)
- Medicaid (Medi-Cal in California)

Examples of evidence you will need:

- Approval letter/notice of benefit with your name, the name of the agency granting the benefit, information that proves you're currently receiving the benefit
- Card granted to you by the agency – with your name visible

What income is 150% below the Federal Poverty line for 2024?

The household receives an income based on family/household size that is 150% below the federal poverty line

- 1 person: \$22,590 per year or less
- 2 person family: \$30,660 per year or less
- 3 person family: \$38,730 per year

Examples of evidence you will need:

- Evidence/explanation of your employment status/income (student, pay stub, tax returns etc.)
- How many people live in your household/are dependent on your income/head of household's income

If you have a family/household of more than 3 people, please find more information here:

<https://www.uscourts.gov/sites/default/files/poverty-guidelines.pdf>

What is Financial Hardship?

You must provide an explanation of why you may have financial difficulty paying an immigration application fee

Examples of what may cause financial hardship:

- Letter from a homeless shelter
- Medical bills for yourself or a household/family member
- Letter of employment termination or unemployment benefits
- Letter of eviction
- Divorce or death certificate and documentation of income loss
- Proof of monthly expenses/bills

Fill out Part 4 if you receive a Means-Tested Benefit

Part 4. Means-Tested Benefits					
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)

Fill out Part 5 if you are asking for a Fee Waiver based on you/head of household earning at or below 150% of the Federal Poverty Line



Como Solicitar un Formulario I-912, Solicitud de Exención de Tarifa

¿Que es una Exención de Tarifa y cuando es necesario solicitarla?

Se solicita una Exención de Tarifa Cuando uno no tiene los fondos para pagar la tarifa asociada con otro formulario o aplicación de inmigración que uno esta solicitando. Solo puede solicitar una Exención de Tarifa para ciertos formularios o aplicaciones.

Algunos de los formularios elegibles incluyen:

- I-765, Solicitud de Autorización de Empleo (Permiso de Trabajo) (No aplica a personas con DACA)
- I-485, Solicitud de Registro de Residencia Permanente o Ajustar Estatus (Tarjeta Verde)
- I-90, Solicitud para Reemplazar la Tarjeta de Residente Permanente (Tarjeta Verde)
- N-400, Solicitud de Naturalización
- N-600, Solicitud de Certificado de Ciudadanía

En la Parte 3 (página 2 de 8) TIENE QUE listar todas las personas en su familia/hogar por cual está pidiendo exención de tarifa y que formulario o aplicación esta presentando que requiere exención de tarifa

Solicita este Formulario EN CONJUNTO con el formulario de inmigración por cual requieres exención de tarifa

¿Quien califica por Exención de Tarifa?

Puede solicitar una Exención de Tarifa si no tiene los fondos para pagar por (1) unos de los formularios o aplicaciones de inmigración que califican, o (2) servicios biométricos asociados con un formulario de inmigración

Por unas de las siguientes razones:

- A. Usted, su esposo/a, o el responsable en su hogar, esta recibiendo actualmente un **beneficio/prestación social**,
- B. El ingreso de su hogar es igual o menos de **150% del índice de pobreza federal**,
- C. Tiene **dificultades económicas**.

¿Que es un beneficio/prestación social?

Un beneficio/prestación social es otorgada basado en el ingreso/recursos financieros de una persona.

Ejemplos de beneficios/prestación social:

- SNAP/Food Stamps
- Medicaid (Medi-Cal en California)

Ejemplos de evidencia que debería demostrar:

- Carta de aprobación del beneficio/prestación indicando su nombre, la agencia otorgando el beneficio, y el nombre de la agencia otorgando el beneficio
- Tarjeta con su nombre indicando que actualmente recibe el beneficio

Contesta las preguntas en Parte 4 si recibes beneficio/prestacion social

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 (or must be renewed)

¿Que ingreso es igual o menos de 150% del índice de pobreza federal de 2024?

Gente en la misma familia/hogar reciben un ingreso igual o menos del 150% del índice de pobreza federal – esto numero fluctúa dependiendo en cuanta gente hay en su familia/hogar

- 1 persona: \$22,590 o menos por año
- 2 personas: \$30,660 o menos por año
- 3 personas: \$38,730 o menos por año

Ejemplos de evidencia que debería presentar:

- Evidencia/explicación de su ingreso o estatus de empleo (estudiante, talón de pago, declaraciones de impuestos etc.)
- Cuánta gente vive en su hogar/son dependientes en el ingreso del principal de su hogar

Si hay más de 3 personas en su familia o hogar, por favor encuentra más información acá:

<https://www.uscourts.gov/sites/default/files/poverty->

Contesta las preguntas en la Parte 5 si el ingreso total de su hogar es igual o menos de 150% del índice de pobreza federal

¿Que califica como dificultad económica?

Tiene que explicar porque su dificultad económica no le permite pagar por la tarifa asociada con su aplicación/solicitud de inmigración

Ejemplos de evidencia que demuestran que tiene dificultades económicas:

- Carta de un refugio para personas sin hogar
- Facturas medicas para usted o un familiar/persona viviendo en su hogar
- Carta de terminación de empleo o beneficios de desempleo
- Carta de desalojo
- Certificado de divorcio o certificado de defunción demostrando perdida de ingreso

Contesta las preguntas en la Parte 6 si está pidiendo exención de tarifa porque tiene dificultades económicas





Request for Fee Waiver

USCIS

Form I-912

OMB No. 1615-0116

Expires: 03/31/2027

Department of Homeland Security
U.S. Citizenship and Immigration Services

IMPORTANTE: Contesta las secciones resaltadas en amarillo.

Solicita esta exención de tarifa con la aplicación por cual estas pidiendo exención de tarifa.

Tienes que solicitar una exención de tarifa usando un formulario I-912.

No uses este formulario I-912

If you que tiene nota - imprime una copia blanca y nueva.

Application Received At (Select only one box)

Office

USCIS Service Center

Fee Waiver Denied

Fee Waiver Approved

Fee Waiver Denied

Date: _____

Date: _____

Date: _____

For USCIS Use Only

▶ START HERE

Do not complete any section of this request or if you would like to provide additional instances, use the space provided in Part 10. Additional Information. as many copies of Part 10., 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 may not select more than one basis for the same category. You may not select more than one basis for the same category.

- A. I am, my spouse is, or the head of household living in (Complete **Parts 2. - 4.** and **Parts 7. - 9.**)

B. My household income is at or below 150 percent of the federal poverty guidelines (Complete **Parts 2. - 3.** and **Parts 7. - 9.**)

C. I have a financial hardship. (Complete **Parts 2. - 3.** and **Parts 7. - 9.**)

2. What is your current immigrant or nonimmigrant status?

Part 2. Information About You (Requestor)

Provide information about yourself if you are the person requesting the fee waiver. If you are the parent or legal guardian filing on behalf of a child, you must provide information about the child or person for whom you are filing the fee waiver.

1. Check here if you are a parent or legal guardian filing on behalf of a child.

2. Full Name

Family Name (Last Name)

Given Name

3. Other Names Used (if any)

List all other names you have used, including nicknames, aliases, and maiden names.

Family Name (Last Name)

Given Name

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

▶ A-

5. USCIS Online Account Number (if any)

▶

Puede solicitar una Exención de Tarifa si no tiene los fondos para pagar por (1) unos de los formularios o aplicaciones de inmigración que califican, o (2) servicios biométricos asociados con un formulario de inmigración

Por unas de las siguientes razones:

A. Usted, su esposo/a, o el responsable en su hogar, esta recibiendo actualmente un beneficio/prestación social

Un beneficio/prestación social es otorgada basado en el ingreso/recursos financieros de una persona.

Ejemplos de beneficios/prestación social incluyen:

SNAP/Food Stamps y Medicaid (Medi-Cal en California)

B. El ingreso de su hogar es igual o menos de 150% del índice de pobreza federal

Gente en la misma familia/hogar reciben un ingreso igual o menos del 150% del índice de pobreza federal - esto numero fluctúa dependiendo en cuanta gente hay en su familia/hogar. Puede encontrar mas informacion aca <https://www.uscourts.gov/sites/default/files/poverty-guidelines.pdf>

C. Tiene dificultades económicas

Tiene que explicar porque su dificultad económica no le permite pagar por la tarifa asociada con su aplicación/solicitud de inmigración. Ejemplos de evidencia que demuestran que tiene dificultades económicas incluyen: Carta de un refugio para personas sin hogar, Facturas medicas para usted o un familiar/persona viviendo en su hogar , Carta de terminación de empleo o beneficios de desempleo, Carta de desalojo, Certificado de divorcio o certificado de defunción demostrando perdida de ingreso



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

6. Date of Birth (mm/dd/yyyy) 7. U.S. Social Security Number (if any)
8. Marital Status
 Single, Never Married Married Divorced Widowed Marriage Annulled Separated
 Other (Explain)

Si estas solicitando esta exencion de tarifa con su aplicacion de permiso de trabajo, escribe I-765 aca

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
	A-		Self	
	A-			
	A-			
	A-			
Total Number of Forms (including self)				

Si estas pidiendo una exencion de tarifa para sus familiares, lista sus nombres completos aca

Part 4. Means-Tested Benefits

If you selected **Item Number 1.A.** 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 in any means-tested benefits, list the information in the table below and attach supporting documentation. If you are a legal guardian filing on behalf of a child or person with a physical disability or developmental or mental information about the child or person for whom you are filing this form if they are receiving a means-tested benefit.

Si seleccionaste opción A. recibiendo actualmente un beneficio/prestación social, en la primera página, tiene que contestar las preguntas en Parte 4. Si no selecciono opción "A." en la primera página, sigue a la Parte 5.

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



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

Si seleccionaste opción B. El ingreso de su hogar es igual o menos de 150% del índice de pobreza federal, contesta preguntas 1 - 9 en la Parte 5.

Si no seleccionaste la opción B. El ingreso de su hogar es igual o menos de 150% del índice de pobreza federal, en la primera página, sigue a la Parte 6.

Provide information about your adjusted gross income. See Instructions for more details.
If you selected **Item Number 1.B.** 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)

2. If you are currently unemployed, are you currently receiving unemployment benefits? Yes No

A. Date you became unemployed (mm/dd/yyyy)

3. What is your total household size

4. What is the total number of household members earning income including yourself

5. Name of head of household (if not you):

Your Annual Household Income

Provide information about your adjusted gross income and the adjusted gross income of all family members counted as part of your household. You must list all amounts in U.S. dollars.

6. Your Annual Adjusted Gross Income \$

7. Annual Adjusted Gross Income of All Family Members
Provide the annual adjusted gross income of all family members counted as part of your household. (Do not include the amount provided in **Item Number 6.**) \$

8. Total Adjusted Gross Household Income (add the amounts from **Item Numbers 6.** and **7.**) \$

9. Has anything changed since the date you filed your Federal tax returns or is there any difference in your circumstances from the information on your petition? (For example, your marital status, income, or number of dependents as related to documents provided.) 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.



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

The person whose information is provided in **Part 2**, may sign on behalf of the entire household. If the person is under 14 years of age, a parent or legal guardian may sign on their behalf.

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

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 and answer to every question.

B. The interpreter named in **Part 8**, read to me every question and instruction on this request question in _____, a _____, and I understood everything.

2. Requestor's Statement Regarding the Preparer (if applicable)

At my request, the preparer named in **Part 9**, _____, prepared this request for me based only upon information I provided or authorized.

Si lees inglés y has leído y completado este formulario solo/a selecciona opción 1.A.

Si un intérprete le ayudo completar este formulario, selecciona opción 1.B y completa Parte 8.

Si un abogado u otro profesional le ayudo completar este formulario, contesta la pregunta número 2 y completa Parte 9.

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 of my records that USCIS may need to determine my eligibility for the immigration benefit 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 laws.

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.

I certify that the information provided by the requestor in **Part 7**, applies to the household members identified in **Part 3**.

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.

El solicitante firma aca



Part 8. Interpreter's Contact Information, Certification, and Signature

Si un intérprete le ayudo completar este formulario, contesta preguntas 1 - 7 en la Parte 8

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

[\(USPS ZIP Code Lookup\)](#)

3. Street Number and Name Apt. Ste. Flr. Number
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 , 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

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

El interprete firma aca

Part 9. Contact Information, Declaration, and Signature of the Person Preparing this Request, if Other Than the Requestor

Provide the following information about the preparer for (if applicable).

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. Number
- 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 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.

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 **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.

Preparer's Signature

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



Usa esta página para agregar o explicar respuestas en este formulario por cual no tenías suficiente espacio. Tienes que notar la página, la parte, y el numero de la pregunta que está contestando.

Tiene que solicitar este formulario con el formulario principal por cual estas pidiendo exención de tarifa.

No se olvide de incluir evidencia con esta aplicación, por ejemplo: prueba de su benéfico/prestación pública, prueba de su ingreso, prueba de sus impuestos, prueba que está recibiendo servicios de un refugio etc.

Si le niegan esta solicitud por exención de tarifa, le van a regresar su aplicación/formulario principal por cual está pidiendo exención de tarifa y vas a tener que pagar la tarifa asociada con esa aplicación/solicitud.

Part 10. Additional Information

If you need extra space to provide any additional information within this what is provided, you may make copies of this page to complete and file your name and A-Number (if any) at the top of each sheet; indicate the P your answer refers.

1. Family Name (Last Name) Given Name (First Name)

2. A-Number (if any) ▶ A-

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3. A. Page Number B. Part Number C. Item Number

D.

4. A. Page Number B. Part Number C. Item Number

D.

5. A. Page Number B. Part Number C. Item Number

D.

6. A. Page Number B. Part Number C. Item Number

D.





Request for Fee Waiver
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-912
 OMB No. 1615-0116
 Expires: 03/31/2027

For USCIS Use Only	Application Received At (Select only one box)			
	<input type="checkbox"/> USCIS Field Office <input type="checkbox"/> Fee Waiver Approved <input type="checkbox"/> Fee Waiver Denied Date: _____ Date: _____	<input type="checkbox"/> USCIS Service Center <input type="checkbox"/> Fee Waiver Approved <input type="checkbox"/> Fee Waiver Denied Date: _____ Date: _____		

▶ **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 10. Additional Information. Complete and submit as many copies of Part 10., 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. **A.** 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. - 9.**)
- B.** My household income is at or below 150 percent of the Federal Poverty Guidelines. (Complete **Parts 2. - 3., Part 5.,** and **Parts 7. - 9.**)
- C.** I have a financial hardship. (Complete **Parts 2. -3.** and **Parts 6. - 9.**)

2. What is your current immigrant or nonimmigrant status?

Part 2. Information About You (Requestor)

Provide information about yourself if you are the person requesting a fee waiver for a petition or application that you are filing for yourself. If you are the parent or legal guardian filing on behalf of a child or person with a developmental or mental impairment, provide information about the child or person for whom you are filing this form.

1. Check here if you are a parent or legal guardian filing on behalf of the person seeking the fee waiver.

2. Full Name

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

3. Other Names Used (if any)

List all other names you have used, including nicknames, aliases, and maiden name.

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

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

▶ **A-**

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5. USCIS Online Account Number (if any)

▶

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

6. Date of Birth (mm/dd/yyyy) 7. U.S. Social Security Number (if any)

8. Marital Status
 Single, Never Married Married Divorced Widowed Marriage Annulled Separated
 Other (Explain)

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
	A-			Self	
	A-				
	A-				
	A-				
Total Number of Forms (including self)					

Part 4. Means-Tested Benefits

If you selected **Item Number 1.A.** 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 they are 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)



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

Provide information about your adjusted gross income. See Instructions for more details.

If you selected **Item Number 1.B.** 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)

2. If you are currently unemployed, are you currently receiving unemployment benefits? Yes No

A. Date you became unemployed (mm/dd/yyyy)

3. What is your total household size

4. What is the total number of household members earning income including yourself

5. Name of head of household (if not you):

Your Annual Household Income

Provide information about your adjusted gross income and the adjusted gross income of all family members counted as part of your household. You must list all amounts in U.S. dollars.

6. Your Annual Adjusted Gross Income \$

7. Annual Adjusted Gross Income of All Family Members
Provide the annual adjusted gross income of all family members counted as part of your household. (Do not include the amount provided in **Item Number 6.**) \$

8. Total Adjusted Gross Household Income (add the amounts from **Item Numbers 6. and **7.**)** \$

9. Has anything changed since the date you filed your Federal tax returns or is there any difference in your circumstances from the information on your petition? (For example, your marital status, income, or number of dependents as related to documents provided.) 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.



Part 6. Financial Hardship

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

1. 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. 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. This may include homelessness, major medical debt for yourself or a family member, and natural disasters declaration posted to www.uscis.gov.

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)
Total Value of Assets	

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.

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



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

The person whose information is provided in **Part 2.** may sign on behalf of the entire household. If the person listed in **Part 2.** is under 14 years of age, a parent or legal guardian may sign on their behalf.

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

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 8.** 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.

2. Requestor's Statement Regarding the Preparer (if applicable)

- At my request, the preparer named in **Part 9.**, , 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 of my records that USCIS may need to determine my eligibility for the immigration benefit 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 laws.

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.

I certify that the information provided by the requestor in **Part 7.** applies to the household members identified in **Part 3.**

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 8. 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

[\(USPS ZIP Code Lookup\)](#)

3. Street Number and Name Apt. Ste. Flr. Number
- 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 , 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

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



Part 9. Contact Information, Declaration, and Signature of the Person Preparing this Request, if Other Than the Requestor

Provide the following information about the preparer for (if applicable).

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. Number
- 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 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.

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 **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.

Preparer's Signature

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



Part 10. 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

2. A-Number (if any) ▶ A-

3. A. Page Number B. Part Number C. Item Number

D.

4. A. Page Number B. Part Number C. Item Number

D.

5. A. Page Number B. Part Number C. Item Number

D.

6. A. Page Number B. Part Number C. Item Number

D.

