OMB No. 1615-0116; Expires 10/31/2012

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

Form I-912, Request for Fee Waiver

Before you fill out this form, please read the instructions.

Section 1. Information About You

Line 1. a. Family Name (Last Name)

Line 1. b. Given Name (First Name)

Line 1. c. Middle Initial

Line 2. Alien Registration Number (A-Number) *(numbers only)* **A**

Line 3. U.S. Social Security Number (SSN) *(9 numbers only)*

Line 4. Date of Birth *(mm/dd/yyyy)*

Line 5. Marital Status ☐ Never Married ☐ Married ☐ Marriage Annulled ☐ Legally Separated ☐ Divorced ☐ Widow(er)

Line 6. Applications and Petitions (Enter the form number(s) of the application(s) and/or petition(s) for which you are requesting a fee waiver.

Biometric services fees, where applicable, will be included in the request.

For USCIS Use Only

☐ Approved

Signature of Approving Officer

☐ Denied

Officer's Comments

Section 2. Additional Information if Dependent(s) are Included in This Request

Line 7. Complete the Table below if applicable. *(If you need more space, attach a separate sheet of paper)*

Name (First, MI, Last)	A-Number (If applicable)	SSN (If applicable)	Date of Birth (mm/dd/yyyy)	Relationship to You
	A-			
	A-			
	A-			
	A-			
	A-			
	A-			
	A-			

Section 3. Basis for Your Request (Check any that apply)

Line 8. a. ☐ a. I am receiving a means-tested benefit. (complete Section 4)

Line 8. b. ☐ b. My household income is at or below 150% of the Federal Poverty Guidelines. (complete Section 5)

Line 8. c. ☐ c. I have a financial hardship. (complete Section 6)

Section 4. Means-Tested Benefit

Line 9. **Complete the Table Below** *(If you need more space, attach a separate sheet of paper)*

Name of Person Receiving the Benefit	Name of Agency Awarding Benefit	Date Benefit Was Awarded	Are You Receiving This Benefit Now?
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No

Section 5. Household Income (Provide evidence of monthly income or other support)

Line 10. How many dependents (for tax purposes) live with you? ☐

(round to the nearest dollar)

Line 11. Average monthly wage income from household members ☐

Line 12. Other money received each month (child support, spousal support, unemployment, etc.) ☐

Total (USCIS will compare this amount to Federal Poverty Guidelines) ☐

Section 6. Financial Hardship

Line 13. Describe your particular situation. Be sure to include how this situation has caused you to incur costs (and what the costs were) or loss of income that you have experienced (and what that loss was). *(If you need more space, attach a separate sheet of paper.)*

If unemployed:

Line 14. Date that you became unemployed

Line 15. Amount of unemployment compensation (monthly) that you are receiving (enter dollars)

Line 16. List your assets and the value of your assets. *(If you need more space, attach a separate sheet of paper.)*

Type of Asset	Value (enter dollars)
TOTAL Value of Assets	

Section 6. Financial Hardship *(Cont'd)*

List your average monthly cost, provide evidence of monthly payments where possible. *(If you need more space, attach a separate sheet of paper.)*

Line 17.

Type of Cost	Value (Enter Dollars)	Type of Cost	Value (Enter Dollars)
Rent		Insurance	
Mortgage		Loan Payment	
Food		Commuting Costs	
Utilities		Medical	
Child/Elder care		School	
		TOTAL Monthly Costs	

Section 7. Your Signature and Authorization

Do not sign your Form I-912 until it is complete and you are ready to file.

I take full responsibility for the accuracy of all the information provided, including all supporting documentation. I authorize the release of any information, including the release of my Federal tax returns, that USCIS needs to determine my eligibility.

Each person applying for a fee waiver request must sign Form I-912. This includes individuals identified in Sections 1 and 2 if 14 years of age or older.

Line 18.

Your Signature _____ Date _____

Additional Signature _____ Date _____

Additional Signature _____ Date _____

Additional Signature _____ Date _____

Additional Signature _____ Date _____

Additional Signature _____ Date _____