Petition by Entrepreneur to Remove Conditions on Permanent Resident Status

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

USCIS Form I-829
OMB No. 1615-0045
Expires: 03/31/2017

For USCIS Use Only		Fee Receipt	Action Block
	Received (mm/dd/yyyy)		
	Resubmitted (mm/dd/yyyy)		
	Relocated (mm/dd/yyyy)		
	Received (mm/dd/yyyy)		
	Sent (mm/dd/yyyy)		
	Petitioner Interviewed (mm/dd/yyyy) _____	**Remarks**	
	Immigrant Classification _____		
	DOE/A _____		

To be completed by an attorney or accredited representative (if any).	☐ **Select this box if Form G-28 is attached to represent the petitioner.**	**Attorney State Bar Number** (if applicable)	**Attorney or Accredited Representative USCIS ELIS Account Number** (if any)

► **START HERE - Type or print legibly in black ink.**

Part 1. Information About Regional Center

1. Was the investment by the entrepreneur associated with an approved regional center? ☐ Yes ☐ No

If you answered "Yes" to **Item Number 1.**, please complete **Item Numbers 2.a. - 2.c.**

2.a. Name of Regional Center

2.b. Regional Center Identification Number

2.c. Receipt number for the approved Form I-924, Application For Regional Center Under the Immigrant Investor Program, upon which the related Form I-526, Immigrant Petition by Alien Entrepreneur, was based

►

Part 2. Basis for Petition

Select only one box.

1. ☐ I am a conditional permanent resident based on my investment in a commercial enterprise.

2. ☐ I am a conditional permanent resident who is the spouse, former spouse, or child of an entrepreneur, and I am filing separately from the entrepreneur's Form I-829.

3. ☐ I am a conditional permanent resident spouse or child of an entrepreneur who has died.

Part 3. Information About You

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

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

► **A-**

3. USCIS ELIS Account Number (if any)

►

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

►

5. Form I-526 Receipt Number on which this petition is based

►

Other Names You Have Used (including maiden name, nicknames, and aliases, if any)

6.a. Family Name (Last Name)

6.b. Given Name (First Name)

6.c. Middle Name

7.a. Family Name (Last Name)

7.b. Given Name (First Name)

7.c. Middle Name

Part 3. Information About You (continued)

Your U.S. Mailing Address

8.a. In Care Of Name (if any)

8.b. Street Number and Name

8.c. ☐ Apt. ☐ Ste. ☐ Flr.

8.d. City or Town

8.e. State **8.f.** ZIP Code

9. Is your mailing address the same as your physical address?
☐ Yes ☐ No

If your mailing address and the address where you currently live (physical address) are **not** the same, you **MUST** provide your current physical address in the **Item Numbers 10.a. - 10.h.**

Your Physical Address

10.a. Street Number and Name

10.b. ☐ Apt. ☐ Ste. ☐ Flr.

10.c. City or Town

10.d. State **10.e.** ZIP Code

10.f. Province

10.g. Postal Code

10.h. Country

Other Information About You

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

12. Gender ☐ Male ☐ Female

13. Country of Birth

14. Country of Citizenship or Nationality

Criminal History

15. Since becoming a conditional permanent resident, have you **EVER** been arrested, cited, charged, indicted, convicted, fined, or imprisoned for violating any law or ordinance (excluding minor traffic violations)?
☐ Yes ☐ No

16. Since becoming a conditional permanent resident, have you **EVER** committed any crime for which you were not arrested?
☐ Yes ☐ No

If you answered "Yes" to **Item Number 15.**, you must provide certified court dispositions, arrest reports, statements of charges, indictment information, or any other charging documents that were issued. If you answered "Yes" to **Item Number 16.**, provide the date and location (town or city/state or province/country) of the events and provide an explanation in **Part 11. Additional Information**.

Part 4. Information About Your Current Spouse or Your Former Conditional Permanent Resident Spouse

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2. Gender ☐ Male ☐ Female

3. A-Number (if any)
► **A-**

4. USCIS ELIS Account Number (if any)
►

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

Other Names Used (if applicable)

6.a. Family Name (Last Name)

6.b. Given Name (First Name)

6.c. Middle Name

7.a. Family Name (Last Name)

7.b. Given Name (First Name)

7.c. Middle Name

Part 4. Information About Your Current Spouse or Your Former Conditional Permanent Resident Spouse (continued)

Mailing Address

8.a. Street Number and Name

8.b. ☐ Apt. ☐ Ste. ☐ Flr.

8.c. City or Town

8.d. State **8.e.** ZIP Code

8.f. Province

8.g. Postal Code

8.h. Country

Other Information

9. ☐ Current Spouse

☐ Former Conditional Permanent Resident Spouse

10. Date of Marriage (mm/dd/yyyy)

11. Date Marriage Terminated (mm/dd/yyyy)

12. Is this spouse currently living with you? ☐ Yes ☐ No

13. Is this spouse applying with you? ☐ Yes ☐ No

14. Current Immigration Status (for example, conditional resident, tourist/visitor, entered without inspection)

15. Is the current immigration status of your spouse or former spouse based on your current immigration status? ☐ Yes ☐ No

NOTE: If you have both a current spouse and a former conditional permanent resident spouse, use **Part 11. Additional Information** to provide this same information about your current spouse or former conditional permanent resident spouse who you did not already include in **Part 4.** above.

Part 5. Information About Your Children

Provide the following information about your children.

Child 1

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2. Gender ☐ Male ☐ Female

3. A-Number (if any) ► **A-**

4. USCIS ELIS Account Number (if any) ►

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

Other Names Used (if applicable)

6.a. Family Name (Last Name)

6.b. Given Name (First Name)

6.c. Middle Name

Mailing Address

7.a. Street Number and Name

7.b. ☐ Apt. ☐ Ste. ☐ Flr.

7.c. City or Town

7.d. State **7.e.** ZIP Code

7.f. Province

7.g. Postal Code

7.h. Country

8. Is this child currently living with you? ☐ Yes ☐ No

9. Is this child applying with you? ☐ Yes ☐ No

10. Current Immigration Status (for example, conditional resident, tourist/visitor, entered without inspection)

Part 5. Information About Your Children (continued)

Child 2

11.a. Family Name (Last Name)

11.b. Given Name (First Name)

11.c. Middle Name

12. Gender ☐ Male ☐ Female

13. A-Number (if any)
► **A-**

14. USCIS ELIS Account Number (if any)
►

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

Other Names Used (if applicable)

16.a. Family Name (Last Name)

16.b. Given Name (First Name)

16.c. Middle Name

Mailing Address

17.a. Street Number and Name

17.b. ☐ Apt. ☐ Ste. ☐ Flr.

17.c. City or Town

17.d. State **17.e.** ZIP Code

17.f. Province

17.g. Postal Code

17.h. Country

18. Is this child currently living with you? ☐ Yes ☐ No

19. Is this child applying with you? ☐ Yes ☐ No

20. Current Immigration Status (for example, conditional resident, tourist/visitor, entered without inspection)

Child 3

21.a. Family Name (Last Name)

21.b. Given Name (First Name)

21.c. Middle Name

22. Gender ☐ Male ☐ Female

23. A-Number (if any)
► **A-**

24. USCIS ELIS Account Number (if any)
►

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

Other Names Used (if applicable)

26.a. Family Name (Last Name)

26.b. Given Name (First Name)

26.c. Middle Name

Mailing Address

27.a. Street Number and Name

27.b. ☐ Apt. ☐ Ste. ☐ Flr.

27.c. City or Town

27.d. State **27.e.** ZIP Code

27.f. Province

27.g. Postal Code

27.h. Country

28. Is this child currently living with you? ☐ Yes ☐ No

29. Is this child applying with you? ☐ Yes ☐ No

30. Current Immigration Status (for example, conditional resident, tourist/visitor, entered without inspection)

Part 5. Information About Your Children (continued)

Child 4

31.a. Family Name (Last Name)

31.b. Given Name (First Name)

31.c. Middle Name

32. Gender ☐ Male ☐ Female

33. A-Number (if any)
► **A-**

34. USCIS ELIS Account Number (if any)
►

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

Other Names Used (if applicable)

36.a. Family Name (Last Name)

36.b. Given Name (First Name)

36.c. Middle Name

Mailing Address

37.a. Street Number and Name

37.b. ☐ Apt. ☐ Ste. ☐ Flr.

37.c. City or Town

37.d. State **37.e.** ZIP Code

37.f. Province

37.g. Postal Code

37.h. Country

38. Is this child currently living with you? ☐ Yes ☐ No

39. Is this child applying with you? ☐ Yes ☐ No

40. Current Immigration Status (for example, conditional resident, tourist/visitor, entered without inspection)

If you need extra space to list additional children, use the space provided in **Part 11. Additional Information** 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.

Part 6. Your Biographic Information

1. Ethnicity (Select **only one** box)

☐ Hispanic or Latino
☐ Not Hispanic or Latino

2. Race (Select **all applicable** boxes)

☐ White
☐ Asian
☐ Black or African American
☐ American Indian or Alaska Native
☐ Native Hawaiian or Other Pacific Islander

3. Height Feet Inches

4. Weight Pounds

5. Eye Color (Select **only one** box)

☐ Black ☐ Blue ☐ Brown
☐ Gray ☐ Green ☐ Hazel
☐ Maroon ☐ Pink ☐ Unknown/Other

6. Hair Color (Select **only one** box)

☐ Bald (No hair) ☐ Black ☐ Blond
☐ Brown ☐ Gray ☐ Red
☐ Sandy ☐ White ☐ Unknown/Other

Part 7. Information About the New Commercial Enterprise (NCE)

Type of Enterprise

1. ☐ NCE formed after November 29, 1990.

2. ☐ NCE resulting from the purchase of a business, formed on or before November 29, 1990, that has been restructured or reorganized.

3. ☐ NCE resulting from a capital investment in, and substantial expansion of, a business formed on or before November 29, 1990.

Part 7. Information About the New Commercial Enterprise (NCE) (continued)

Additional Information About the NCE

4. Name of the NCE

Physical Address

5.a. Street Number and Name

5.b. ☐ Apt. ☐ Ste. ☐ Flr.

5.c. City or Town

5.d. State **5.e.** ZIP Code

6. Telephone Number

7. Internet Web site Address (if established)

8. Type of Business Organization (for example, corporation, limited liability company, partnership)

9. Nature of Business (for example, furniture manufacturer)

10. Included Industries (select North American Industry Classification System (NAICS) code or codes)

11. IRS Tax Identification Number

12. Date Business Established (mm/dd/yyyy)

13. Amount of the Entrepreneur's **Initial** Investment in the NCE **$**

14. Date of the Entrepreneur's **Initial** Investment (mm/dd/yyyy)

15. What percentage of the NCE does the entrepreneur own?

16. Is this petition based on investment in a troubled business?

☐ Yes ☐ No

Subsequent Investments in the NCE

Provide the following information about how much the entrepreneur has invested in the NCE since the entrepreneur's **initial** investment.

17.a. Date of Subsequent Investment (mm/dd/yyyy)

17.b. Amount of Subsequent Investment **$**

17.c. Type of Subsequent Investment (for example, cash, equipment, inventory, other tangible property, cash equivalents, or qualifying indebtedness as described in 8 CFR 204.6(e))

NOTE: If multiple investments have been made since the entrepreneur's **initial** investment in the commercial enterprise, use **Part 11. Additional Information** to list the dates, amounts, and type of investments.

Full-time Positions and Qualifying Employees

Provide the number of full-time positions for direct and qualifying employees in the NCE in the United States (excluding you, your spouse, and your children):

18.a. At the time of the Entrepreneur's **Initial** Investment

18.b. Currently Employed in the NCE

Job Creation

19.a. How many new direct jobs did the entrepreneur's investment create?

19.b. How many new direct jobs will the entrepreneur's investment create within a reasonable amount of time after filing this petition?

20.a. If the NCE is associated with an approved regional center, how many indirect jobs were created?

20.b. If the NCE is associated with an approved regional center, how many indirect jobs will the NCE create within a reasonable amount of time after filing this petition?

21. If the investment was made into a troubled business, how many jobs were maintained as a result of the investment?

Part 7. Information About the New Commercial Enterprise (NCE) (continued)

Gross and Net Incomes

Provide the gross and net incomes generated annually by the commercial enterprise since the entrepreneur's **initial** investment. Include all income generated in the present year to date.

22.a. Year (yyyy)

22.b. Gross Income $

22.c. Net Income $

23.a. Year (yyyy)

23.b. Gross Income $

23.c. Net Income $

24.a. Year (yyyy)

24.b. Gross Income $

24.c. Net Income $

25. Has the commercial enterprise filed for bankruptcy, ceased business operations, materially changed the nature of the business, or made any changes in its organization or ownership since the date of the entrepreneur's **initial** investment? ☐ Yes ☐ No

26. Has the commercial enterprise sold any corporate assets, shares, or property, or had any capital withdrawn since the date of the entrepreneur's **initial** investment? ☐ Yes ☐ No

NOTE: If you answered "Yes" to **Item Number 25.** or **26.**, provide an explanation in **Part 11. Additional Information**.

27. Provide the total number of EB-5 investors associated with the NCE.

28. Provide the total amount of EB-5 capital invested into the NCE.

If you need extra space to provide additional information for any item in **Part 7.**, use the space provided in **Part 11. Additional Information** 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.

Part 8. Petitioner's Statement, Contact Information, Acknowledgement of Appointment at USCIS Application Support Center, Certification, and Signature

NOTE: Read the information on penalties in the **Penalties** section of the Form I-829 Instructions before completing this part.

Petitioner's Statement

NOTE: Select the box for either **Item Number 1.a.** or **1.b.** If applicable, select the box for **Item Number 2.**

1.a. ☐ I can read and understand English, and have read and understand every question and instruction on this petition, as well as my answer to every question. I have read the **Acknowledgement of Appointment at USCIS Application Support Center.**

1.b. ☐ The interpreter named in **Part 9.** has read every question and instruction on this petition, as well as my answer to every question, in _____, a language in which I am fluent. I understand every question and instruction on this petition as translated to me by my interpreter, and have provided complete, true, and correct responses in the language indicated above. The interpreter named in **Part 9.** has also read the **Acknowledgement of Appointment at USCIS Application Support Center** to me, in the language in which I am fluent, and I understand this Application Support Center (ASC) Acknowledgement as read to me by my interpreter.

2. ☐ I have requested the services of and consented to _____, who ☐ is ☐ is not an attorney or accredited representative, in preparing this petition for me. This person who assisted me in preparing my petition has reviewed the **Acknowledgement of Appointment at USCIS Application Support Center** with me, and I understand the ASC Acknowledgement.

Petitioner's Contact Information

3. Petitioner's Daytime Telephone Number

4. Petitioner's Mobile Phone Number (if any)

5. Petitioner's Email Address (if any)

Part 8. Petitioner's Statement, Contact Information, Acknowledgement of Appointment at USCIS Application Support Center, Certification, and Signature (continued)

Acknowledgement of Appointment at USCIS Application Support Center

I, _____,

understand that the purpose of a USCIS ASC appointment is for me to provide fingerprints, photograph, and/or signature and to re-affirm that all of the information in my petition is complete, true, and correct and was provided by me. I understand that I will sign my name to the following declaration which USCIS will display to me at the time I provide my fingerprints, photograph, and/or signature during my ASC appointment.

By signing here, I declare under penalty of perjury that I have reviewed and understand my application, petition, or request as identified by the receipt number displayed on the screen above, and all supporting documents, applications, petitions, or requests filed with my application, petition, or request that I (or my attorney or accredited representative) filed with USCIS, and that all of the information in these materials is complete, true, and correct.

I also understand that when I sign my name, provide my fingerprints, and am photographed at the USCIS ASC, I will be re-affirming that I willingly submit this petition; I have reviewed the contents of this petition; all of the information in my petition and all supporting documents submitted with my petition were provided by me and are complete, true, and correct; and if I was assisted in completing this petition, the person assisting me also reviewed this **Acknowledgement of Appointment at USCIS Application Support Center** with me.

Petitioner'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 furthermore authorize release of information contained in this petition, 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 petition and any document submitted with my petition were provided by me and are complete, true and correct.

Petitioner's Signature

6.a. Petitioner's Signature

➡ _____

6.b. Date of Signature (mm/dd/yyyy) _____

NOTE TO ALL PETITIONERS: If you do not completely fill out this petition or fail to submit required documents listed in the instructions, your petition may be denied.

Part 9. Interpreter's Certification, Contact Information, and Signature

Provide the following information about the interpreter.

Interpreter's Full Name

1.a. Interpreter's Family Name (Last Name)

_____

1.b. Interpreter's Given Name (First Name)

_____

2. Interpreter's Business or Organization Name (if any)

_____

Interpreter's Mailing Address

3.a. Street Number and Name _____

3.b. ☐ Apt. ☐ Ste. ☐ Flr. _____

3.c. City or Town _____

3.d. State _____ **3.e.** ZIP Code _____

3.f. Province _____

3.g. Postal Code _____

3.h. Country

_____

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number

_____

5. Interpreter's Email Address (if any)

_____

Part 9. Interpreter's Certification, Contact Information, and Signature (continued)

Interpreter's Certification

I certify that:

I am fluent in English and _____, which is the same language provided in **Part 8., Item Number 1.b.**;

I have read to this petitioner every question and instruction on this petition, as well as the answer to every question, in the language provided in **Part 8.**, **Item Number 1.b.**; and

I have read the **Acknowledgement of Appointment at USCIS Application Support Center** to the petitioner in the same language provided in **Part 8.**, **Item Number 1.b.**

The petitioner has informed me that he or she understands every instruction and question on the petition, as well as the answer to every question, and the petitioner verified the accuracy of every answer; and

The petitioner has also informed me that he or she understands the ASC Acknowledgement and that by appearing for a USCIS ASC biometric services appointment and providing his or her fingerprints, photograph, and/or signature, he or she is re-affirming that the contents of this petition and all supporting documentation are complete, true, and correct.

Interpreter's Signature

6.a. Interpreter's Signature

6.b. Date of Signature (mm/dd/yyyy)

Part 10. Contact Information, Statement, Certification, and Signature of the Person Preparing this Petition, If Other Than the Petitioner

Provide the following information about the preparer.

Preparer's Full Name

1.a. Preparer's Family Name (Last Name)

1.b. Preparer's Given Name (First Name)

2. Preparer's Business or Organization Name (if any)

Preparer's Mailing Address

3.a. Street Number and Name

3.b. ☐ Apt. ☐ Ste. ☐ Flr.

3.c. City or Town

3.d. State **3.e.** ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

Preparer's Contact Information

4. Preparer's Daytime Telephone Number

5. Preparer's Fax 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 petition on behalf of the petitioner and with the petitioner's consent.

7.b. ☐ I am an attorney or accredited representative and my representation of the petitioner in this case ☐ extends ☐ does not extend beyond the preparation of this petition.

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

Part 10. Contact Information, Statement, Certification, and Signature of the Person Preparing this Petition, If Other Than the Petitioner (continued)

Preparer's Certification

By my signature, I certify, swear, or affirm, under penalty of perjury, that I prepared this petition on behalf of, at the request of, and with the express consent of the petitioner. I completed this petition based only on responses the petitioner provided to me. After completing the petition, I reviewed it and all of the petitioner's responses with the petitioner, who agreed with every answer on the petition. If the petitioner supplied additional information concerning a question on the petition, I recorded it on the petition. I have also read the **Acknowledgement of Appointment at USCIS Application Support Center** to the petitioner and the petitioner has informed me that he or she understands the ASC Acknowledgement.

Preparer's Signature

8.a. Preparer's Signature

8.b. Date of Signature (mm/dd/yyyy)

Part 11. Additional Information

If you need extra space to provide any additional information within this petition, 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 petition 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.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2. A-Number (if any)

► **A-**

3.a. Page Number **3.b.** Part Number **3.c.** Item Number

3.d.

4.a. Page Number **4.b.** Part Number **4.c.** Item Number

4.d.

5.a. Page Number **5.b.** Part Number **5.c.** Item Number

5.d.

6.a. Page Number **6.b.** Part Number **6.c.** Item Number

6.d.