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 Receipted At** (Select **only one** box)	
	☐ **USCIS Field Office**	☐ **USCIS Service Center**
	☐ Fee Waiver Approved ☐ Fee Waiver Denied	☐ Fee Waiver Approved ☐ Fee Waiver Denied
	Date:_____ Date:_____	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-**

5. USCIS Online Account Number (if any)
►

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.

- ☐ Rent and/or Mortgage
- ☐ Food
- ☐ Utilities
- ☐ Child and/or Elder Care
- ☐ Insurance
- ☐ Loans and/or Credit Cards
- ☐ Car Payment
- ☐ Commuting Costs
- ☐ Medical Expenses
- ☐ School Expenses
- ☐ Other

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.