

FEE WAIVERS ARE
INCLUDED AS PART OF
THE PACKAGE

THIS SAMPLE IS:

FORM I-912

AND 2017 TAX RETURN
AND LAST 3 PAY STUBS AS
PROOF OF INCOME BEING
BELOW 150% OF HHS
POVERTY GUIDELINES



Request for Fee Waiver

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

USCIS
Form I-912
OMB No. 1615-0116
Expires: 03/31/2020

For USCIS Use Only	Application Received At (Select only one box)			
	<input type="checkbox"/> USCIS Field Office		<input type="checkbox"/> USCIS Service Center	
	<input type="checkbox"/> Fee Waiver Approved	<input type="checkbox"/> Fee Waiver Denied	<input type="checkbox"/> Fee Waiver Approved	<input type="checkbox"/> 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 11. Additional Information. Complete and submit as many copies of Part 11., 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. 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. - 10.**)
2. My household income is at or below 150 percent of the Federal Poverty Guidelines. (Complete **Parts 2. - 3., Part 5.,** and **7. - 10.**)
3. I have a financial hardship. (Complete **Parts 2. -3.** and **Parts 6. - 10.**)

Part 2. Information About You (Requestor)

Provide information about yourself if you are the person requesting a fee waiver for a petition or application you are filing. 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.

1. Full Name

Family Name (Last Name) CLARKE	Given Name (First Name) WINSTON	Middle Name MICHALE
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2. Other Names Used (if any)

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

Family Name (Last Name) NONE	Given Name (First Name) NONE	Middle Name NONE
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3. Alien Registration Number (A-Number) (if any)

▶ A-

2	1	0	4	5	2	3	4	8
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4. USCIS Online Account Number (if any)

▶

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

09/28/1977

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

▶

3	2	3	6	5	6	9	8	9
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Part 2. Information About You (Requestor) (continued)

7. 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		
WINSTON CLARKE	A- 2 1 0 4 5 2 3 4 8	09/28/1977	Self	I-90		
	A-					
	A-					
	A-					
Total Number of Forms (including self)				1		

Part 4. Means-Tested Benefits

If you selected **Item Number 1.** 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 he or she is 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)
NA					

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

If you selected **Item Number 2.** 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)

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

2. If you are currently unemployed, are you currently receiving unemployment benefits? Yes No
- A. Date you became unemployed (mm/dd/yyyy)
-

Information About Your Spouse

3. If you are married or separated, does your spouse live in your household? Yes No
- A. If you answered "No" to **Item Number 3.**, does your spouse provide any financial support to your household? Yes No

Your Household Size

4. Are you the person providing the primary financial support for your household? Yes No
- If you answered "Yes" to **Item Number 4.**, type or print your name on the line marked "self" in the table below. If you answered "No" to **Item Number 4.**, type or print your name on the line marked "self" in the table below and add the head of household's name on the line below yours.

Household Size					
Full Name	Date of Birth	Relationship to You	Married	Full-Time Student	Is any income earned by this person counted towards the household income?
WINSTON CLARKE	09/28/1977	Self	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
TANYA CLARKE	05/16/1978	SPOUSE	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Total Household Size (including self)					2

Your Annual Household Income

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

5. Your Annual Income \$ 16,500.00
6. Annual Income of All Family Members
- Provide the annual income of all family members counted as part of your household as listed in **Item Number 4.** (Do not include the amount provided in **Item Number 5.**) \$ 0.00
7. Total Additional Income or Financial Support \$ 1,500.00

Provide the total annual amount you receive in additional income or financial support from a source outside of your household. (Do not include the amount provided in **Item Numbers 5.** or **6.**) You must add all of the additional income and financial support amounts and put the total amount in the space provided. Type or print "0" in the total box if there are none. Select the type of additional income or financial support that you receive and provide documentation.

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Parental Support | <input type="checkbox"/> Educational Stipends | <input type="checkbox"/> Unemployment Benefits | <input type="checkbox"/> Financial Support From Adult Children, Dependents, Other People Living in the Household |
| <input type="checkbox"/> Spousal Support (Alimony) | <input type="checkbox"/> Royalties | <input type="checkbox"/> Social Security Benefits | |
| <input type="checkbox"/> Child Support | <input type="checkbox"/> Pensions | <input type="checkbox"/> Veteran's Benefits | <input checked="" type="checkbox"/> Other (Explain) |
- HELP FROM FAMILY

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

8. Total Household Income (add the amounts from **Item Numbers 5., 6., and 7.**) \$
9. Has anything changed since the date you filed your Federal tax returns? (For example, your marital status, income, or number of dependents.) 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.

I WORK FULL TIME + MAKE ABOUT \$ 16,500 /per Year My WIFE IS A FULL TIME STUDENT. HER PARENTS HELP US OCCASSIONALLY.

Part 6. Financial Hardship

If you selected **Item Number 3.** in **Part 1.**, complete this section.

1. 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. Examples may include medical expenses, job loss, eviction, and homelessness.

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)
NONE	0.00
Total Value of Assets	0.00

Part 6. Financial Hardship (continued)

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

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

Each person applying for a fee waiver request must complete, sign, and date Form I-912 and provide the required documentation. This includes family members identified in **Part 3**. Signature fields for family members are at the end of this part. If an individual is under 14 years of age, a parent or legal guardian may sign the request on their behalf. USCIS rejects any Form I-912 that is not signed by all individuals requesting a fee waiver and may deny a request that does not provide required documentation.

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 9**, 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 10**, , 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.

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

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)
 08/15/2018

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.

Family Members' Signatures

NOTE: Each family member **must** type or print their full name and sign in the spaces below. You can find additional family members' signature spaces in **Item Numbers 7. - 10.** below. All family members identified in **Part 3.** must sign and date Form I-912.

I certify that the information provided by the requestor in **Part 7.** applies to me.

7. Family Member 1

Family Member's Name

Family Member's Signature

Date of Signature (mm/dd/yyyy)

8. Family Member 2

Family Member's Name

Family Member's Signature

Date of Signature (mm/dd/yyyy)

9. Family Member 3

Family Member's Name

Family Member's Signature

Date of Signature (mm/dd/yyyy)

10. Family Member 4

Family Member's Name

Family Member's Signature

Date of Signature (mm/dd/yyyy)

11. Family Member 5

Family Member's Name

Family Member's Signature

Date of Signature (mm/dd/yyyy)

Part 8. Family Member's Statement, Contact Information, Certification, and Signature

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

If the information provided by the requestor in **Part 7** is not applicable to a family member identified in **Part 3**, (for example, the family member used an interpreter or speaks a different language) that individual should complete **Part 8**. USCIS rejects any Form I-912 that is not signed by all individuals requesting a fee waiver.

Select the box for either **Item A** or **B** in **Item Number 1**. If applicable, select the box for **Item Number 2**.

1. Family Member's Statement Regarding the Interpreter for
- 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 9**, 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. Family Member's Statement Regarding the Preparer for
- At my request, the preparer named in **Part 10**, , prepared this request for me based only upon information I provided or authorized.

Family Member's Contact Information

3. Family Member's Daytime Telephone Number
4. Family Member's Mobile Telephone Number (if any)
5. Family Member's Email Address (if any)

Family Member'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.

Family Member's Signature

6. Family Member's Signature Date of Signature (mm/dd/yyyy)

NOTE TO ALL FAMILY MEMBERS: 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 9. Interpreter's Contact Information, Certification, and Signature

1. Did any person filing this request use an interpreter? Yes, (complete this section) No (skip to **Part 10.**)
2. Was the same interpreter used for all individuals requesting a fee waiver (as listed in **Part 3.**)? Yes No

NOTE for Family Members: If you used a different interpreter than the one used by the requestor, make additional copies of **Part 9.**, provide the following information, indicate the family member for whom he or she interpreted, and include the pages with your completed Form I-912.

Provide the following information about the interpreter for

Interpreter's Full Name

3. Interpreter's Family Name (Last Name) Interpreter's Given Name (First Name)
4. Interpreter's Business or Organization Name (if any)

Interpreter's Mailing Address

(USPS ZIP Code Lookup)

5. Street Number and Name Apt. Ste. Flr. Number
- City or Town State ZIP Code
- Province Postal Code Country

Interpreter's Contact Information

6. Interpreter's Daytime Telephone Number
7. Interpreter's Mobile Telephone Number (if any)
8. 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

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

Part 10. Contact Information, Declaration, and Signature of the Person Preparing this Request, if Other Than the Requestor

1. Did any person prepare this request on your behalf? Yes, (complete this section) No, skip
2. Was the same preparer used for all individuals requesting a fee waiver (as listed in Part 3.)? Yes No

NOTE for Family Members: If you used a different preparer than the one used by the requestor, provide the following information, and include the pages with your completed Form I-912.

Provide the following information about the preparer for

Preparer's Full Name

3. Preparer's Family Name (Last Name) Preparer's Given Name (First Name)

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

Preparer's Mailing Address

5. Street Number and Name Apt. Ste. Flr. Number
City or Town State ZIP Code
Province Postal Code Country

Preparer's Contact Information

6. Preparer's Daytime Telephone Number 7. Preparer's Mobile Telephone Number (if any)
8. Preparer's Email Address (if any)

Preparer's Statement

9. 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.

Part 10. Contact Information, Declaration, and Signature of the Person Preparing this Request, if Other Than the Requestor (continued)

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

10. Preparer's Signature

Date of Signature (mm/dd/yyyy)

Maryne Magnifique

08/15/2018

Part 11. 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-

2	1	0	4	5	2	3	4	8
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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.

Petitioner's Last 3 Pay Stubs

My Company		123 Anystreet, Gainesville, FL 02020		Earnings Statement		
Employee Name						
Social Security No.	Pay Period		Pay Date	Employee #		
XXXX-XX-1234	1/1/2016 - 1/15/2016		1/22/2016	A1233		
Income	Rate	Hours	Current Total	Deductions	Total	YTD Total
Gross Earnings	\$14.50	40	\$580.00	FICA - Medicare	\$3.71	\$18.56
				FICA - Social Security	\$7.54	\$37.70
				Federal Tax	\$87.00	\$435.00
				State Tax	\$23.20	\$116.00
YTD Gross	YTD Deductions	YTD Net Pay	Total	Deductions	Net Pay	
\$2,900.00	\$607.26	\$2,292.74	\$580.00	\$121.45	\$458.55	