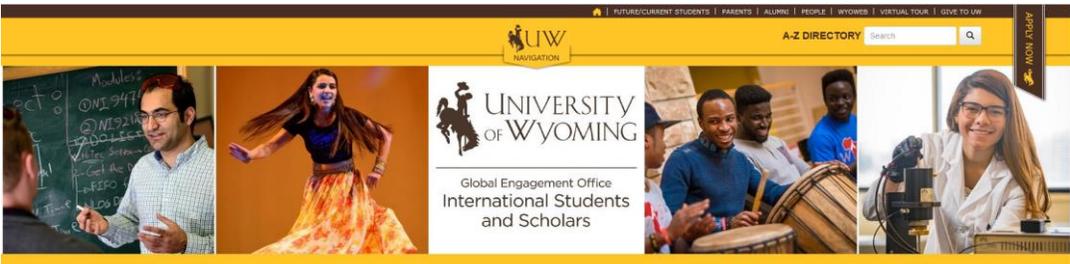


# Off-Campus Employment: Severe Economic Hardship

International Students and Scholars Office | University of Wyoming

Cheney International Center, Ste 5    307-766-5193    [uwglobal@uwyo.edu](mailto:uwglobal@uwyo.edu)



# Online Resources

[www.uwyo.edu/iss](http://www.uwyo.edu/iss)

## INTERNATIONAL STUDENTS AND SCHOLARS

International Students and Scholars (ISS) offers more than just direct support to students on the F or J visa category by assisting with advising on immigration matters. We also work hard to provide a welcoming environment for the international community in Laramie, and provide a wide range of workshops and outreach services to the University of Wyoming.

[Learn More About ISS](#)



## CURRENT STUDENTS

### Financial Information

-  [Employment Information](#)
-  [Social Security Information and Process](#)
-  [Scholarship and Financial Resources](#)

## SCHOLARSHIP AND FINANCIAL RESOURCES

**What financial support is available?**

[UW Scholarships](#)

[Severe Economic Hardship](#)

[Outside Scholarships](#)



- [Workshop Slides](#)
- [Eligibility & Application Checklist](#)
- [Application Forms](#)

# Today's Presentation

- ▶ What is Off-Campus Employment Due to Severe Economic Hardship?
- ▶ Eligibility for Off-Campus Employment Due to Severe Economic Hardship
- ▶ Application and processing timeline
- ▶ Maintaining Status During Employment Authorization Period
- ▶ Completion of application forms

# What is Severe Economic Hardship

## Employment Authorization?

- ▶ Based on a change in economic support after a student arrives in the US
- ▶ Allows student to work in addition to the 20 hours per week on-campus already allowed by the F-1 status
- ▶ Employment authorization is designed for off-campus use, but there is no specific prohibition on it being used for on-campus employment
- ▶ 20 hours of work per week allowed during fall and spring semesters
- ▶ No USCIS limit on employment hours during spring, summer, and winter breaks
- ▶ Student remains in F-1 status
- ▶ Student must maintain F-1 status
- ▶ Student may apply at any time and lasts for one calendar year\*

\*Unless student graduates, transfers, changes degree level, or fails to maintain F-1 status

# Eligibility for Off-Campus Employment

## Due to Severe Economic Hardship

- ▶ Student must have been in F-1 status for at least one full academic year (a fall and spring semester)
- ▶ Student must be in “good academic standing” with the UW - no probation!
- ▶ Student must acknowledge that acceptance of employment will not interfere with their enrollment in a full course of study
- ▶ Student must prove to United States Citizenship and Immigration Services (USCIS) that employment is necessary due to severe economic hardship **caused by circumstances beyond their control that arose after obtaining F-1 status**
- ▶ Student must prove that on-campus employment is not available or not sufficient to meet their needs that have arisen due to the **unforeseen circumstances**
- ▶ Offer of employment is NOT required for application

# Application and Processing Timeline

- ▶ Student may apply for employment authorization at any time
- ▶ Student must attend an application workshop or review the slideshow posted on the ISS website. Forms must be completed as directed on the slideshow!
- ▶ Collect all application materials and meet with ISS staff to submit application. Can take THREE months or more for approval
- ▶ Receipt notice from USCIS approximately two weeks after application is received by USCIS. Will be emailed to student by ISS staff. Electronic notification from USCIS will arrive approximately one week after application is received by USCIS
- ▶ Track your application online at [www.uscis.gov](http://www.uscis.gov)
- ▶ Approval notice/EAD card received by ISS approximately 90 days after receipt date. ISS will email student within 24 hours after the card is received at ISS, approximately 10 days after approval noted on the online tracking
- ▶ Employment is not allowed until EAD card is received and start date has been reached.
- ▶ Student may/must re-apply every year

# Maintaining Status During Employment Authorization Period

- ▶ Student must continue to maintain F-1 status including:
  - Enroll full-time in the fall and spring semesters
  - Maintain good academic standing with UW
  - Do not work illegally or violate on or off-campus employment rules
  - Continue in degree/program at UW. Transferring to a new school, changing program levels, or graduating will terminate the employment authorization
- ▶ Do not work more than 20 additional hours per week using the EAD card, on or off campus during the spring or fall semesters
- ▶ Student does not HAVE to work once they receive the EAD and there is no penalty for not using the card
- ▶ Employment does NOT have to be related to field of study
- ▶ Student does not need to report this employment to USCIS/ISS

# Completing the Application - Checklist!

Download forms from [www.uwyo.edu/iss](http://www.uwyo.edu/iss) for most current and pre-completed forms!

- ▶ Complete USCIS Form I-765
- ▶ Complete Form G-1145 for electronic notification of application receipt
- ▶ Official transcript from the UW Office of the Registrar (Do NOT open the envelope!)
- ▶ Copy of current passport, most recent visa, current I-94 printed from [www.cbp.gov/i94](http://www.cbp.gov/i94) or I-94 card if in passport, any other documents you have such as I-797 for change of status or previous Economic Hardship EADs
- ▶ Two passport photos per USCIS requirements, taken within the last 30 days.
- ▶ Filing fee of \$410.00. A check or money order payable to “US Department of Homeland Security”. Or Form G-1450 Credit Card Authorization Form. Or Form I-912 Fee Waiver Petition. \*Cash cannot be accepted
- ▶ Letter describing your circumstances, including:
  - Statement that accepting employment will not interfere with your full course of study
  - Description of why employment is necessary to avoid severe economic hardship due to unforeseen circumstances beyond your control
  - On campus employment is not available (not usually true) OR not sufficient to meet the needs that have arisen due to the unforeseen circumstances
- ▶ Supporting documentation of your circumstances described in your letter





# Form I-765

## Page 3

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

21.c. Travel Document Number: F-1 students do not have a travel document

24. Immigration Status at Your Last Arrival (most recent arrival to the US): Most will be "F-1 student". If you have changed to F-1 status within the US and have not traveled since then, enter your status at your last entry.

25. Your Current Immigration Status or Category: Current status MUST be "F-1 student" to be eligible

26. SEVIS Number: Enter ALL numbers in your SEVIS number

27. Eligibility Category: ALWAYS (c)(3)(iii) for Economic Hardship

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

#### Place of Birth

List the city/town/village, state/province, and country where you were born.

19.a. City/Town/Village of Birth

19.b. State/Province of Birth

19.c. Country of Birth

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

#### Information About Your Last Arrival in the United States

21.a. Form I-94 Arrival-Departure Record Number (if any)

21.b. Passport Number of Your Most Recently Issued Passport

21.c. Travel Document Number (if any)

21.d. Country That Issued Your Passport or Travel Document

21.e. Expiration Date for Passport or Travel Document (mm/dd/yyyy)

22. Date of Your Last Arrival Into the United States, On or About (mm/dd/yyyy)

23. Place of Your Last Arrival Into the United States

24. Immigration Status at Your Last Arrival (for example, B-2 visitor, F-1 student, or no status)

25. Your Current Immigration Status or Category (for example, B-2 visitor, F-1 student, parolee, deferred action, or no status or category)

26. Student and Exchange Visitor Information System (SEVIS) Number (if any)

### Information About Your Eligibility Category

27. Eligibility Category. Refer to the Who May File Form I-765 section of the Form I-765 Instructions to determine the appropriate eligibility category for this application. Enter the appropriate letter and number for your eligibility category below (for example, (a)(8), (c)(17)(iii)).

28. (c)(3)(C) STEM OPT Eligibility Category. If you entered the eligibility category (c)(3)(C) in Item Number 27., provide the information requested in Item Numbers 28.a - 28.c.

28.a. Degree

28.b. Employer's Name as Listed on E-Verify

28.c. Employer's E-Verify Identification Number or a Valid E-Verify Client Identification Number

29. (c)(26) Eligibility Category. If you entered the eligibility category (c)(26) in Item Number 27., provide the receipt number of your H-1B spouse's most recent Form I-797 Notice for Form I-129, Petition for a Nonimmigrant Worker.

30. (c)(8) Eligibility Category. If you entered the eligibility category (c)(8) in Item Number 27., have you EVER been arrested for and/or convicted of any crime?

NOTE: If you entered the eligibility category (c)(8) in Item Number 30., refer to the Required Documentation for Those With Pending Criminal Cases in the Required Documentation section of the Form I-765 Instructions for information about providing court dispositions.

31.a. (c)(35) and (c)(36) Eligibility Category. If you entered the eligibility category (c)(35) in Item Number 27., please provide the receipt number of your Form I-797 Notice for Form I-140, Immigrant Petition for Alien Worker. If you entered the eligibility category (c)(36) in Item Number 27., please provide the receipt number of your spouse's or parent's Form I-751, Petition for Alien Relative.

31.b. If you entered the eligibility category (c)(35) or (c)(36) in Item Number 27., have you EVER been arrested for and/or convicted of any crime?  Yes  No

NOTE: If you answered "Yes" in Item Number 31.b., refer to Employment-Based Non-Immigrant Categories, Items 8 - 9, in the Who May File Form I-765 section of the Form I-765 Instructions for information about providing court dispositions.

SAMPLE

# Form I-765

## Page 4

### Part 3. Applicant's Statement, Contact Information, Declaration, Certification, and Signature

#### Applicant's Statement

1.a. I can read and understand English...: Most students should check this box.

7.a. and 7.b. Applicant's Signature, and Date of Signature: Complete in BLACK ink.

Part 4. Interpreter's Contact Information... Only complete this if you checked 1.b. and 2 above

### Part 3. Applicant's Statement, Contact Information, Declaration, Certification, and Signature

NOTE: Read the Penalties section of the Form I-765 Instructions before completing this section. You must file Form I-765 while in the United States.

#### Applicant'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 I have read and understand every question and instruction on this application and my answer to every question.
- 1.b.  The interpreter named in Part 4, read to me every question and instruction on this application and my answer to every question in , a language in which I am fluent, and I understood everything.
2.  At my request, the preparer named in Part 5, , prepared this application for me based only upon information I provided or authorized.

#### Applicant's Contact Information

3. Applicant's Daytime Telephone Number
4. Applicant's Mobile Telephone Number (if any)
5. Applicant's Email Address (if any)
6.  Select this box if you are a Salvadoran or Guatemalan national eligible for benefits under the ABC settlement agreement.

#### Applicant's Declaration and 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 application, in supporting documents, and in my USCIS records to other entities and persons and necessary for the administration and enforcement of U.S. immigration laws.

I understand that USCIS may require me to appear for an appointment to take any biometrics (fingerprints, photograph, and/or signature), and, at that time, if I am required to provide biometrics, I will be required to sign an oath reaffirming that:

- 1) I reviewed and understood all of the information contained in, and submitted with, my application; and
- 2) All of this information was complete, true, and correct at the time of filing.

I certify, under penalty of perjury, that all of the information in my application and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my application and that all of this information is complete, true, and correct.

#### Applicant's Signature

- 7.a. Applicant's Signature  
➔
- 7.b. Date of Signature (mm/dd/yyyy)

NOTE TO ALL APPLICANTS: If you do not completely fill out this application and fail to submit required documents listed in the Instructions, USCIS may deny your application.

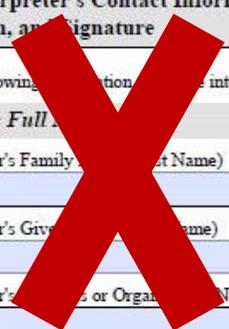
#### Interpreter's Contact Information, Certification, and Signature

Provide the following information for 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 Title or Organization Name (if any)

Sign in BLACK ink and date



# Form I-765

## Page 5

**Part 4. Interpreter's Contact Information, Certification, and Signature**

**-and-**

**Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant**

Only complete this page if you do not speak English well and have had an interpreter read and complete the form for you.

ISS staff will help you note "N/A" on this form during your OPT appointment, before submitting the application to USCIS.

The image shows a sample of Form I-765, Page 5, which is a form for providing contact information and certification for an interpreter and the preparer. The form is divided into two main sections: Part 4 (Interpreter's Contact Information, Certification, and Signature) and Part 5 (Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant). The form is marked with large red 'X's and a large green 'SAMPLE' watermark, indicating it is a sample form.

**Part 4. Interpreter's Contact Information, Certification, and Signature**

*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.   
3.f. Province  
3.g. Postal Code  
3.h. 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 3, Item Number 1.b., and I have read to this applicant in the identified language every question and instruction on this application and his or her answer to every question. The applicant informed me that he or she understands every question, and answer on the application, including the Declaration and Certification, and has verified the accuracy of every answer.

*Interpreter's Signature*

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

**Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant**

Provide the following information for the preparer.

*Preparer's Full Name*

1.a. Preparer's Family Name  
1.b. Preparer's Given or 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.   
3.f. Province  
3.g. Postal Code  
3.h. 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)

Form I-765 05/31/18 Page 5 of 7

# Form I-765

## Page 6

### Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant (continued)

Only complete this page if you do not speak English and have had an interpreter read and complete the form for you.

ISS staff will help you note "N/A" on this form during your OPT appointment, before submitting the application to USCIS.

**Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant (continued)**

*Preparer's Statement*

7.a.  I am not an attorney or accredited representative but have prepared this application on behalf of the applicant and obtained the applicant's consent.

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

NOTE: If you are an attorney or accredited representative, you need to submit Form I-765, Notice of Entry of Appearance as Attorney or Accredited Representative, with this application.

*Preparer's Certification*

By my signature, I certify, under penalty of perjury, that I prepared this application at the request of the applicant. The applicant then reviewed this completed application and informed me that he or she understands all the information contained in, and submitted it, his or her own volition, including the Applicant's Declaration of Certification, and that all of this information is true and correct. I completed this application based on information that the applicant provided to me or authorized me to obtain or use.

*Preparer's Signature*

8.a. Preparer's Signature \_\_\_\_\_

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

Form I-765 05/31/18 Page 6 of 7

# Form I-765

## Page 7

### Part 6. Additional Information

Complete this page only if you have additional information that did not fit on the previous pages

#### Part 6. Additional Information

If you need extra space to provide any additional information within this application, 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 application on attached separate sheet of paper. Type or print your name and number (if any) at the top of each sheet; indicate the Page Number, Part Number, and Item Number to which your answer refers; and indicate the date of the information.

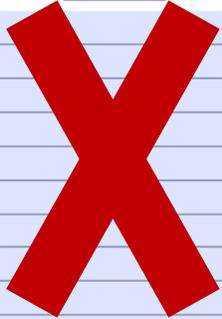
1.a. Family Name

1.b. Given Name (First Name)

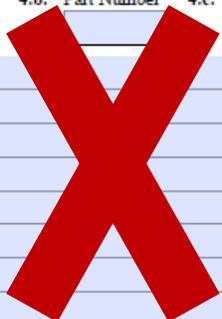
1.c. Middle Name

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. 

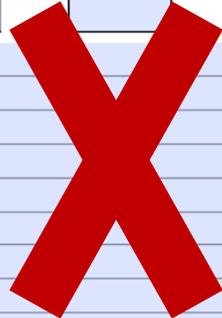
5.a. Page Number  5.b. Part Number  5.c. Item Number



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

6.d. 

7.a. Page Number  7.b. Part Number  7.c. Item Number

7.d. 

# Form G-1145

To receive direct electronic notification of receipt of application by USCIS - approximately one week after receipt date

If you do not want to receive text messages about your application, leave the Mobile Phone Number field blank

 **e-Notification of Application/Petition Acceptance**  
Department of Homeland Security  
U.S. Citizenship and Immigration Services USCIS  
Form G-1145

---

**What Is the Purpose of this Form?**

Use this form to request an electronic notification (e-notification) when U.S. Citizenship and Immigration Services accepts your immigration application. This service is available for applications filed at a USCIS Lockbox facility.

---

**General Information**

Complete the information below and clip this form to the first page of your application package. You will receive one e-mail and/or text message when you are filing.

We will send the e-Notification within 24 hours after we accept your application. Domestic customers will receive an e-mail and/or text message; overseas customers will only receive an e-mail. Undeliverable e-Notifications cannot be resent.

The e-mail or text message will display your receipt number and tell you how to get updated case status information. It will not include any personal information. The e-Notification does not grant any type of status or benefit; rather it is provided as a convenience to customers.

USCIS will also mail you a receipt notice (I-797C), which you will receive within 10 days after your application has been accepted; use this notice as proof of your pending application or petition.

---

**USCIS Privacy Act Statement**

**AUTHORITIES:** The information requested on this form is collected pursuant to section 103(a) of the Immigration and Nationality Act, as amended INA section 101, et seq.

**PURPOSE:** The primary purpose for providing the information on this form is to request an electronic notification when USCIS accepts immigration form. The information you provide will be used to send you a text and/or email message.

**DISCLOSURE:** The information you provide is voluntary. However, failure to provide the requested information may prevent USCIS from providing you a text and/or email message receipting your immigration form.

**ROUTINE USES:** The information provide on this form will be used by and disclosed to DHS personnel and contractors in accordance with approved routine uses, as described in the associated published system of records notices [[DHS/USCIS-007 - Benefits Information System and DHS/USCIS-001 - Alien File \(A-File\) and Central Index System \(CIS\)](#)], which can be found at [www.dhs.gov/privacy](http://www.dhs.gov/privacy). The information may also be made available, as appropriate for law enforcement purposes or in the interest of national security.

---

**Complete this form and clip it on top of the first page of your immigration form(s).**

|                                     |                                      |                                       |
|-------------------------------------|--------------------------------------|---------------------------------------|
| Applicant/Petitioner Full Last Name | Applicant/Petitioner Full First Name | Applicant/Petitioner Full Middle Name |
| Email Address                       |                                      | Mobile Phone Number (Text Message)    |

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Form G-1145 09/26/14 Y Page 1 of 1

# Form G-1450

Optional: To pay the \$410 fee using your credit or debit card.

Form will be mailed to USCIS with your application.

Please keep a copy for yourself as proof of correct submission. ISS will NOT keep a copy of this form!

SAMPLE



## Authorization for Credit Card Transactions

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

USCIS  
Form G-1450  
OMB No. 1615-0131  
Expires 01/31/2021

### How To Fill Out Form G-1450

1. Type or print legibly in black ink.
2. Complete the Applicant's/Petitioner's/Requester's Information, "Credit Card Billing Information," and "Credit Card Information" sections, and sign the authorization.
3. Place Form G-1450 ON TOP of your application, petition, or request package.

**NOTE:** Failure to provide the requested information may result in USCIS and your financial institution not accepting the payment. USCIS cannot process credit card payments without an authorized signature.

**NOTE:** Form G-1450 may only be used with a form being submitted to a USCIS Lockbox. Do not submit this form to a USCIS Field Office. They will not accept it.

We recommend that you print or save a copy of your completed Form G-1450 to review in the future and for your records.

| Applicant's/Petitioner's/Requester's Information (Full Legal Name)                    |   |  |                      |
|---|---|--|----------------------|
| Given Name (First Name)   | Middle Name (if any)                      | Family Name (Last Name)  |                      |
| <input type="text"/>  | <input type="text"/>                      | <input type="text"/>   |                      |
| Credit Card Billing Information (Credit Card Holder's Name as it Appears on the Card) |   |  |                      |
| Given Name (First Name)   | Middle Name (if any)                      | Family Name (Last Name)  |                      |
| <input type="text"/>  | <input type="text"/>                      | <input type="text"/>   |                      |
| Credit Card Holder's Billing Address:   |   |  |                      |
| Street Number and Name  |   | Apt. Ste. Flr.   | Number               |
| <input type="text"/>  |   | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="text"/> |
| City or Town  |   | State  | ZIP Code             |
| <input type="text"/>  |   | <input type="text"/>   | <input type="text"/> |
| Credit Card Holder's Signature and Contact Information:                               |   |  |                      |
| Credit Card Holder's Signature  |   |  |                      |
| Credit Card Holder's Daytime Telephone Number   |   | Credit Card Holder's Email Address   |                      |
| <input type="text"/>  |   | <input type="text"/>   |                      |
| Credit Card Information   |   |  |                      |
| Credit Card Number  | Credit Card Type:                         | Authorized Payment Amount  |                      |
| <input type="text"/>  | <input type="checkbox"/> Visa             | \$ <input type="text"/> .00  |                      |
| Credit Card Expiration Date (mm/yyyy)   | <input type="checkbox"/> MasterCard       |  |                      |
| <input type="text"/>  | <input type="checkbox"/> American Express |  |                      |
|   | <input type="checkbox"/> Discover         |  |                      |

# Form I-912 - Page 1

Optional: If you cannot pay the application fee, you may petition for a fee waiver. It is difficult to get the fee waiver approved so you must have very good documentation.

Form must be mailed to USCIS with your application.

If your fee waiver is denied, your whole application will be returned and you will need to re-submit with a fee payment, or a new I-912 request.

**Part 1:** Check box 3 “I have a financial hardship”

## Part 2

1. Full name as it is on your official documents
2. Give only other names used on official documents in the US
3. A# only if you have previously had an EAD card for any reason
4. USCIS online account number - most students will not have this

 **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

|                           |  |             |   |             |
|---------------------------|--|-------------|---|-------------|
| <b>For USCIS Use Only</b> | Applicant: <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** Use or print in black ink.

Use the space provided 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 II. Additional Information. Complete and submit as many copies of Part II., 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.

- 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.)
- My household income is at or below 150 percent of the Federal Poverty Guidelines. (Complete Parts 2. - 3., Part 5., and 7. - 10.)
- 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)  Given Name (First Name)  Middle Name
2. 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
3. Alien Registration Number (A-Number) (if any) ▶
4. USCIS Online Account Number (if any) ▶
5. Date of Birth (mm/dd/yyyy)
6. U.S. Social Security Number (if any) ▶

Form I-912 03/13/18 Page 1 of 11

# Form I-912 - Page 2

## Part 3.

1. Do not add any other family members, only yourself

DO NOT complete Part 4. Means-Tested Benefits or Part 5. Income at or Below 150 Percent of the Federal Poverty Guidelines

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

### Part 4. Means-Tested Benefits

- If you selected Item Number 1. in Part 1., complete this section.
1. If you, your spouse, or head of household (including parent if the child is under 18 years of age) with you is receiving any means-tested benefit, 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 a person with a physical disability or developmental impairment, provide information about the child or person from whom you are filing this form if he or she is not receiving the means-tested benefit.

| Means-Tested Benefit Recipient            |                     |                                 |                         |   |
|---|---------------------|---------------------------------|-------------------------|---|
| Full Name of Person Receiving the Benefit | Relationship to You | Name of Agency Awarding Benefit | Type of Benefit Awarded | Date Benefit Expires (or must be renewed) |
|   |                     |                                 |                         |   |
|   |                     |                                 |                         |   |
|   |                     |                                 |                         |   |

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

- If you selected Item Number 1. 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

# Form I-912 - Page 3

DO NOT complete Part 5.  
Income at or Below 150  
Percent of the Federal  
Poverty Guidelines

**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 Household**

3. If you are married or separated, do you and your spouse live in your household?  Yes  No

A. If you answered "No" to Item Number 3, does your spouse provide any financial support for 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.

| Full Name                             | Date of Birth | Relationship to Head of Household | Married  | Full-Time Student  | Is any income earned by this person counted towards the household income? |
|---------------------------------------|---------------|-----------------------------------|--|--|---|
|                                       |               | If                                | <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                  |
|                                       |               |                                   | <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) |               |                                   |  |  |   |

**Your Annual Household Income**

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

5. Your Annual Income \$

6. Annual Income of All Family Members  
Provide the annual income of all family members counted as part of your household in Item Number 4. (Do not include the amount provided in Item 5.) \$

7. Total Additional Income or Financial Support \$

Provide the total 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.

Parental Support  Educational Stipends  Unemployment Benefits  Financial Support From Adult Children, Dependents, Other People Living in the Household

Spousal Support (Alimony)  Royalties  Social Security Benefits

Child Support  Pensions  Veteran's Benefits  Other (Explain)

# Form I-912 - Page 4

**DO NOT complete Part 5.**

## Part 6. Financial Hardship

1. Provide details about your financial hardship. This may include medical expenses of family members, unemployment, eviction, and homelessness.

2. List the types of assets you have, the dollar value of those assets, and the total dollar value including:

-Cash, checking and savings accounts, annuities, stocks, and bonds. These are assets that easily convert into cash; and

-Other property or assets that you can easily convert into cash without incurring a hardship.

You must document your income and provide a complete list, description, and an estimate of the value of your assets that you can easily convert into cash and any liabilities.

\*If you need more space, or need to include documentation, also complete Page 11 and attached documentation.

## 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 question 9, provide an explanation below. Provide as much detail as is available. You may also use this space to provide any other information about your circumstances that you think the LIS to consider.

## 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.

|  |
|--|
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|  |

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) |
|                              |                      |
|                              |                      |
|                              |                      |
|                              |                      |
| <b>Total Value of Assets</b> |                      |

SAMPLE

# Form I-912 - Page 5

## Part 6. Financial Hardship

3. Provide your average monthly costs for all applicable categories provided.

Provide evidence, where possible, such as copies of monthly bills and payments, and documentation for monthly expenses and any extenuating circumstances, such as medical bills. If you cannot provide evidence of income, you may submit affidavits from religious institutions, non-profits, or community-based organizations verifying that you are currently receiving some benefit or support from them.

If you need more space, or need to include documentation, also complete Page 11 and attached documentation.

### 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, 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 all of this information is complete, true, and correct.

# Form I-912 - Page 6

Part 7. Sign in BLACK ink and date

Do not complete the Family Members' Signatures section

## 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)

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  Signature (mm/dd/yyyy)

8. Family Member 2

Family Member's Name

Family Member's Signature  Signature (mm/dd/yyyy)

9. Family Member 3

Family Member's Name

Family Member's Signature  Signature (mm/dd/yyyy)

10. Family Member 4

Family Member's Name

Family Member's Signature  Signature (mm/dd/yyyy)

11. Family Member 5

Family Member's Name

Family Member's Signature  Signature (mm/dd/yyyy)

# Form I-912 - Page 7

DO NOT complete Part 8.

## 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 A or B in Item 1. If applicable, select the System Number.

1. Family Member's Statement regarding interpreter for [redacted]
  - A.  I can read and understand English, and I have read and understand every question on this request and my answer to every question.
  - B.  The interpreter named in Item 9. read to me every question and instruction and my answer to every question in [redacted] language in which I am fluent, and I understood every question and instruction.
2. Family Member's Statement regarding preparer for [redacted]  
 At my request, the preparer named in Item 10, [redacted], prepared this request for me based only on information provided or authorized.

### Family Member's Contact Information

3. Family Member's Home Telephone Number [redacted]
4. Family Member's Mobile Telephone Number (if any) [redacted]
5. Family Member's Email Address (if any) [redacted]

### Family Member's Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents. 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 obtained in this request, in supporting documents, and 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 prepared or authorized all of the information in this request, and all of the information contained in, and submitted with, my request. I certify that all of this information is complete, true, and correct.

### Family Member's Signature

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

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.

# Form I-912 - Page 8

DO NOT complete Part 9.

## 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 is completed, 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 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

### 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)

# Form I-912 - Page 9

DO NOT complete Part 10.

## 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 the 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 (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.

# Form I-912 - Page 10

DO NOT complete Part 10.

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

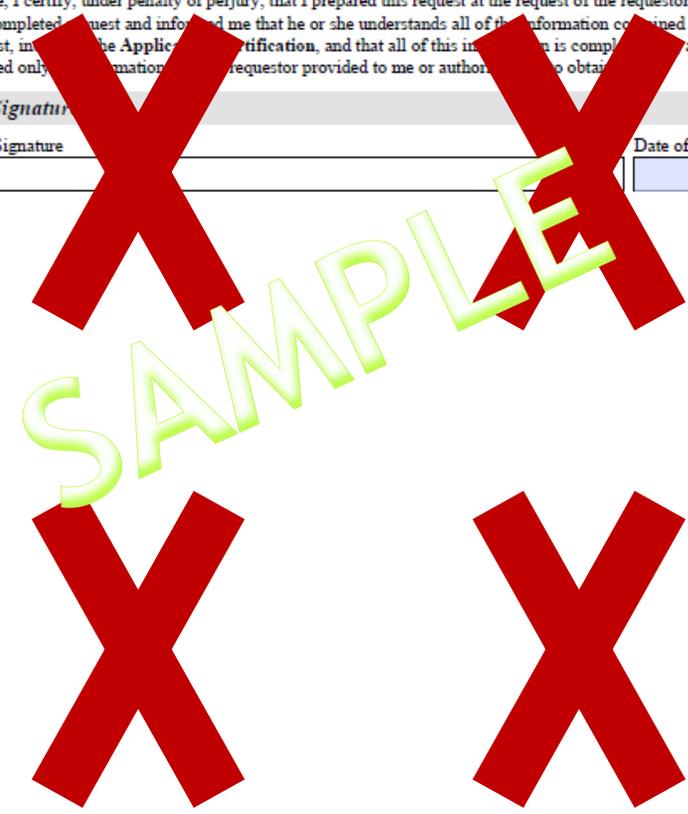
*Preparer's Certification*

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 and correct. I completed this request based only on the information the requestor provided to me or authorized me to obtain.

*Preparer's Signature*

10. Preparer's Signature

Date of Signature (mm/dd/yyyy)



# Form I-912 - Page 11

## Part 11. Additional Information

Complete this page **ONLY** if you have additional information that did not fit on previous pages.

### 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-

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.

SAMPLE