

# How to Request a Fee Waiver from USCIS

Jason Scherzer, International Student Counselor II.

i-912



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## I-912, Request for Fee Waiver - USCIS

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May 3, 2016 - To request a fee waiver for certain immigration forms and services based on a demonstrated inability to pay. Please consult the list below, ...

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## FORMS

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# I-912, Request for Fee Waiver

- [Form I-912 \(PDF, 482 KB\)](#)
- [Instructions for Form I-912 \(PDF, 235 KB\)](#)

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### Purpose of Form

To request a fee waiver for certain immigration forms and services based on a demonstrated inability to pay. Please consult the list below, [www.uscis.gov/feewaiver](http://www.uscis.gov/feewaiver), or 8 CFR 103.7(c)(3) for the list of forms and services that are eligible for a fee waiver.

#### Important:

- Sign your form.
- Include supporting documentation in English.



**Request for Fee Waiver**  
**Department of Homeland Security**  
**U.S. Citizenship and Immigration Services**

**USCIS**  
**Form I-912**  
OMB No. 1615-0116  
Expires: 04/30/2018

For USCIS Use Only	Application Received At (Select <b>only one</b> box)	
	<input type="checkbox"/> USCIS Field Office  <input type="checkbox"/> Fee Waiver Approved <input type="checkbox"/> Fee Waiver Denied Date: _____                      Date: _____	<input type="checkbox"/> USCIS Service Center  <input type="checkbox"/> Fee Waiver Approved <input type="checkbox"/> Fee Waiver Denied 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.

- 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)**

▶ A-

**4. USCIS Online Account Number (if any)**

▶

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

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

▶

### Part 3. Applications and Petitions for Which You Are Requesting a Fee Waiver

- 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-				
	A-				
	A-				
	A-				
<b>Total Number of Forms (including self)</b>					

### Part 4. Means-Tested Benefits

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

- 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)

**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)





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**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           |                                |

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## 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)

**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)

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## 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.

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## 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)

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**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)

