



Instructions for Supplement A to Form I-539

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

USCIS
Form I-539
OMB No. 1615-0003
Expires 08/31/2020

What Is the Purpose of This Form?

I-539A is part of Form I-539. If you are applying for more than one person using your I-539 application, use a separate Form I-539A to provide all of the requested information for each additional applicant listed. Each Form I-539A must include the signature of the individual applicant. If you are under 14 years of age, your parent or legal guardian may sign the application on your behalf. A legal guardian may also sign for a mentally incompetent person.

Special Instructions for V Nonimmigrants

If you are physically present in the United States and are applying for V nonimmigrant status, see the **Who Is Eligible for V Nonimmigrant Status** section below.

NOTE: If you are filing Form I-539A, you do not necessarily have to be in valid nonimmigrant status to obtain V nonimmigrant status in the United States. See the **Who Is Eligible for V Nonimmigrant Status** section for more information.

Who Is Eligible for V Nonimmigrant Status?

To be eligible for V nonimmigrant status, you must be the spouse or child of a lawful permanent resident and be the beneficiary of a properly filed Form I-130, Petition for Alien Relative, filed on or before December 21, 2000. In addition, Form I-130 must have been filed three or more years prior to the date of filing Supplement A to Form I-539, and be:

1. Still pending; or
2. Approved, and your beneficiary must either:
 - A. Wait for an immigrant visa number to become available; or
 - B. If the visa number is immediately available, you must have pending an application for adjustment of status or an application for an immigrant visa.

In addition, you must be admissible to the United States, except where the grounds of inadmissibility do not apply or have been waived. The grounds of inadmissibility that do not apply are Immigration and Nationality Act (INA) sections:

1. 212(a)(6)(A) -- Aliens present without admission or parole;
2. 212(a)(7) -- Aliens without valid passports, visas, or other entry documents; and
3. 212(a)(9)(B) -- Aliens who were unlawfully present for more than 180 days, then departed, and seek admission while barred from doing so.

Additional Instructions

1. Select **Part 2. Application Type, Item Number 3.a.** of Form I-539, and indicate "V" in **Item Number 3.c.**
2. Use information from the qualifying Form I-130 for your response to **Part 3., Item Number 3.a.** of Form I-539.

Additional Evidence Requirements for V Nonimmigrants

In addition to the General Filing Instructions and Initial Evidence required by the Form I-539 Instructions, you **must** submit:

1. Form I-693, Report of Medical Examination and Vaccination Record, without the vaccination supplement; and
2. Proof of filing of the immigrant petition that qualifies you for V nonimmigrant status, and if necessary, proof of filing of Form I-485, Application to Register Permanent Residence or Adjust Status. Proof of filing may be in the form of Form I-797, Notice of Action, that serves as a receipt or as a notice of approval, or a receipt for a filed Form I-130 or Form I-485, or notice of approval issued by a local district/field office.

If you do not have such proof, USCIS will review other forms of evidence, such as correspondence to or from USCIS regarding a pending petition.

If you do not have any of the above items, but believe you are eligible for V nonimmigrant status, you must state where and when the petition was filed, the name and alien registration number of the petitioner, and the names of all beneficiaries.

Part 3. Public Benefits

In general, as a condition on the approval of this application, you must demonstrate that you have not received since obtaining the nonimmigrant status you seek to extend or from which you seek to change, one or more public benefits set forth in 8 CFR 212.21(b) (and listed below) for more than 12 months within any 36 month period (such that, for instance, receipt of two benefits in one month counts as two months).

You must provide information about all public benefits, as defined in 8 CFR 212.21(b) (and which are listed below), you have received since obtaining the nonimmigrant status you seek to extend or from which you seek to change. You do not need to provide information on your receipt of public benefits if you are filing under one of these categories: A1, A2, G1, G2, G3, G4, NATO1, NATO2, NATO3, NATO4, NATO5, NATO6, NATO7, T1, T2, T3, T4, T5, T6, U1, U2, U3, U4, U5).

Receipt means when a benefit-granting agency provides a public benefit to you whether in the form of cash, voucher, services, or insurance coverage. Only the public benefits received by or attributable to you will be considered.

In the space provided, please provide all requested information about each public benefit received, regardless of how long you received the public benefit. USCIS will calculate the duration you received public benefits, as described below, for purposes of determining your eligibility for an extension of stay or change of status. If you received public benefits intermittently throughout the year, provide each instance separately. For example, if you received SNAP from January to February and from June to December, list the information separately.

Indicate whether, since obtaining the nonimmigrant status you seek to extend or from which you seek to change, or have been certified to receive, any of the following public benefits (You need to respond even if you fall within one of the categories of individuals for whom receipt of public benefits will not be considered – see table below for evidence that must be provided to document that you qualify for the exemption):

1. Any Federal, state, local, or tribal cash assistance for income maintenance including:
2. Supplemental Security Income (SSI);
3. Temporary Assistance for Needy Families (TANF);
4. Federal, state, or local cash benefit programs for income maintenance (often called “General Assistance” in the state context, but which may exist under other names);
5. Supplemental Nutrition Assistance Program (SNAP, formerly called “Food Stamps”);
6. Section 8 Housing Assistance under the Housing Choice Voucher Program;
7. Section 8 Project-Based Rental Assistance (including Moderate Rehabilitation);
8. Public Housing under the Housing Act of 1937, 42 U.S.C. 1437 et seq.; and
9. Federally-funded Medicaid.

If you have not received any of the above listed public benefits, please select that option.

If you are not certified to receive any of the above listed public benefits, please select that option.

If you have received or are certified to receive the public benefits but requested disenrollment, please provide, in addition to completing the information below, evidence of your request to disenroll if the public benefit-granting agency has not processed your request.

Unless you qualify for certain exemptions listed in the table below, you are ineligible for extension of stay and change of status if you have received, since obtaining the nonimmigrant status that you seek to extend or from which you seek to change, the benefits listed above for more than 12 months in the aggregate within any 36-month period (such that, for instance, receipt of two public benefits in one month counts as two months).

The following is a list of exemption from the public benefits listed above. If you belong to one of the following categories, submit the evidence listed below.

Exemption	Description	Evidence you must submit to qualify for exemption
U.S. Armed Forces Service Members	<p>At the time the public benefit was received or at the time you file, or at the time of adjudication of the I-539, the applicant is:</p> <ol style="list-style-type: none"> 1. An alien enlisted in the U.S. Armed Forces, serving in active duty or in the Ready Reserve component of the U.S. Armed Forces; or 2. The spouse or child of the service member (listed in Item Number 1., above). 	<ol style="list-style-type: none"> 1. Service Members: Certified evidence of alien’s enlistment/ service issued by the authorizing official of the executive department in which service member is serving. 2. Spouses and Children of Service Members: Copy of Form DD-1173, United States Uniformed Services Identification and Privilege Card (Dependent).
Federal-funded Medicaid	<ol style="list-style-type: none"> 1. A child under 21 years of age; 2. The recipient of Medicaid payment(s) for an “emergency medical condition;” 3. The receipt of Medicaid for services provided under the Individuals with Disabilities Education Act (IDEA); or 4. Receipt during pregnancy and during the 60-day period after the last day of the pregnancy. 	<ul style="list-style-type: none"> • Documentation of payments made under the IDEA or school-based service; • A statement with information regarding the “emergency medical condition” determination (if applicable); and • Pregnancy verification letter from medical professional including estimated duration of pregnancy.

Exemption	Description	Evidence you must submit to qualify for exemption
Children Who Will Naturalize under INA 322	Child currently residing abroad who entered the United States with a nonimmigrant visa to attend N-600K, Application for Citizenship and Issuance of Certificate Under INA Section 322 interview.	A copy of the N-600K interview notice.
Public Benefits While in an Immigration Category Exempt from Public Charge	<ol style="list-style-type: none"> 1. Received public benefits while in a category that is exempt from public charge; or 2. Received public benefits while in a category had received a waiver for public charge. 	Information that evidences your status or that you received a waiver for the public charge ground of inadmissibility, such as: <ul style="list-style-type: none"> • Approval notice (Form I-797, Notice of Action); or • Form I-94, Arrival/Departure Record.

Documentation

If you have received or are currently certified to receive any of the public benefits listed above, submit evidence in the form of a letter, notice, certification, or other agency documents that contain the following:

1. Your name;
2. Name and contact information for the public benefit granting agency;
3. Type of benefit;
4. Date you started receiving the benefit or if certified, date you will start receiving the benefit; and
5. Date benefit or coverage ended or expires (mm/dd/yyyy) (if applicable).

If you have received or are currently certified to receive public benefits, please indicate whether an exemption applies to you in **Item Number 3.**, and provide the evidence listed in the chart above to demonstrate why the benefit should not be considered.

What Is the Filing Fee?

In addition to the required application fee of **\$370** for Form I-539, you must remit the biometrics services fee of **\$85** as required by 8 CFR 103.17. If necessary, USCIS may also take your photograph and signature as part of the biometrics services requirements.

NOTE: The filing fee and biometric services fee are not refundable, regardless of any action USCIS takes on this application. **DO NOT MAIL CASH.** You must submit all fees in the exact amounts.

Use the following guidelines when you prepare your checks or money orders for the Form I-539 filing fee and biometric services fee:

1. The check or money order must be drawn on a bank or other financial institution located in the United States and must be payable in U.S. currency; **and**
2. Make the checks or money orders payable to **U.S. Department of Homeland Security.**

NOTE: Spell out U.S. Department of Homeland Security; do not use the initials “USDHS” or “DHS.”

Notice to Those Making Payment by Check. If you send us a check, USCIS will convert it into an electronic funds transfer (EFT). This means we will copy your check and use the account information on it to electronically debit your account for the amount of the check. The debit from your account will usually take 24 hours and your bank will show it on your regular account statement.

You will not receive your original check back. We will destroy your original check, but will keep a copy of it. If USCIS cannot process the EFT for technical reasons, you authorize us to process the copy in place of your original check. If your check is returned as unpayable, USCIS will re-submit the payment to the financial institution one time. If the check is returned as unpayable a second time, we will reject your application and charge you a returned check fee.

How To Check If the Fees Are Correct

Form I-539's filing fee is current as of the edition date in the lower left corner of this page. However, because USCIS fees change periodically, you can verify that the fees are correct by following one of the steps below.

1. Visit the USCIS website at www.uscis.gov, select "FORMS" and check the appropriate fee; or
2. Call the USCIS National Customer Service Center at **1-800-375-5283** and ask for the fee information. For TTY (deaf or hard of hearing) call: **1-800-767-1833**.

Fee Waiver

You may be eligible for a fee waiver under 8 CFR 103.7(c). If you believe you are eligible for a fee waiver, complete Form I-912, Request for Fee Waiver (or a written request), and submit it and any required evidence of your inability to pay the filing fee with this application. You can review the fee waiver guidance at www.uscis.gov/feewaiver.

Where to File?

Please see our website at www.uscis.gov/i-539 or call our National Customer Service Center at **1-800-375-5283** for the most current information about where to file this benefit request. For TTY (deaf or hard of hearing) call: **1-800-767-1833**.

Penalties

If you knowingly and willfully falsify or conceal a material fact or submit a false document with this request, we will deny the benefit you are filing for, and may deny any other immigration benefit.

In addition, you will face severe penalties provided by law, and may be subject to criminal prosecution.

DHS Privacy Notice

AUTHORITIES: The information requested on this form, and the associated evidence, is collected under the Immigration and Nationality Act sections 1103 and 1184, and Title 8 of the Code of Federal Regulations (CFR) parts 103, 214, and 248.

PURPOSE: The primary purpose for providing the requested information on this form is to apply for an extension of stay or a change from one nonimmigrant category to another nonimmigrant category. DHS will use the information you provide to grant or deny the immigration benefit you are seeking.

DISCLOSURE: The information you provide is voluntary. However, failure to provide the requested information, including your Social Security number (if applicable), and any requested evidence, may delay a final decision or result in denial of your form.

ROUTINE USES: DHS may share the information you provide on this form and any additional requested evidence with other Federal, state, local, and foreign government agencies and authorized organizations. DHS follows approved routine uses described in the associated published system of records notices [DHS/USCIS-001 - Alien File, Index, and National File Tracking System and DHS/USCIS-007 - Benefits Information System] and the published privacy impact assessment [DHS/USCIS/PIA-016(a) Computer Linked Application Information Management System and Associated Systems], which can be found at www.dhs.gov/privacy. DHS may also share this information, as appropriate, for law enforcement purposes or in the interest of national security.

Paperwork Reduction Act

An agency may not conduct or sponsor an information collection, and a person is not required to respond to a collection of information, unless it displays a currently valid Office of Management and Budget (OMB) control number. The public reporting burden for this collection of information is estimated at 30 minutes per response, including the time for reviewing instructions, gathering the required documentation and information, completing the application, preparing statements, attaching necessary documentation, and submitting the application. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Coordination Division, Office of Policy and Strategy, 20 Massachusetts Ave NW, Washington, DC 20529-2140; OMB No. 1615-0003. **Do not mail your completed Form I-539A to this address.**

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