



AILA Citizenship Day 2024

Requests for Fee Waiver & Reduced Fee

*August 22,
2024*





Erin Lynum

*Associate, Practice and Professionalism Center
American Immigration Lawyers Association*

Shawn Rahman

*Managing Attorney, Training & Capacity Building
CUNY Citizenship NOW!*

AILA Citizenship Day



- AILA's 19th annual Citizenship Day will take place on or around Saturday, September 21, 2024.
- Citizenship Day is a single-day nationwide event hosted by AILA chapters across the country and their local grassroots partners. Each year, Citizenship Day helps thousands of eligible legal permanent residents to prepare and apply for U.S. naturalization.
- Every year, AILA chapters across the country host free or low-cost naturalization drives on the same day to amplify our pro bono impact and our voices.
- AILA members have helped thousands of LPRs take the final step towards citizenship over the past 19 years, but there are still nearly 9 million people eligible to naturalize in the US today.



CUNY Citizenship Now!

Nation's largest university-based citizenship and immigration law service provider



- 6 centers throughout 5 boroughs of New York City, on CUNY campuses with highest number of LPRs, 37 NY City Council offices
- 22 community-based naturalization assistance events yearly
- More than 15,000 New Yorkers assisted per year with all services at centers and events
- Over 8,200 are Naturalization Applications or Certificates of Citizenship

Webinar Outline

- **Naturalization Fee Waivers Using Public Benefits**
 - Types of Public Benefits
 - Eligibility
 - How to complete I-912
- **Naturalization Fee Waivers for Income At or Below 150% of the Federal Poverty Guidelines & for Temporary Financial Hardship**
 - Eligibility
 - How to complete I-912
- **Reduced Naturalization Fee with Income Between 150% and 400% of Federal Poverty Guidelines**
 - Eligibility
 - Now part of N-400; Previous I-942 Eliminated

ELIGIBILITY REQUIREMENTS FOR FEE WAIVERS

USCIS Fee-Waiver for Naturalization



- 1) Fee for N-400 Application is now \$760 (includes Biometrics Fee)
- 2) For those with household income between 150 – 400 % of poverty guidelines eligible for Reduced Fee \$380
- 3) Full Fee Waiver still available

COMPLETING FORM I-912

General Recommendations

- Fillable PDF recommended (check USCIS website for latest version)
 - 2013 version still accepted and much shorter (easier)
- USCIS still not accepting fee-waivers via electronic filing
- For applications completed by hand:
 - ALWAYS use a BLACK ballpoint pen
 - PRINT legibly. Do not use cursive script
- Be sure to complete all relevant portions of the form, and have applicant(s) sign, date and print his or her name
- On the I-912 Form, blank spaces for items that do not apply are OK
- Write dates in the order month/day/year using eight digits (mm/dd/yyyy)
- All official agency documents submitted to USCIS must be in **English**
 - Applicant should be provided a handout on how to obtain proper documentation if missing

Completing the I-912

- Current edition: 04/01/24 Edition; Expires 02/28/2026; 8 Pages

TOP RIGHT; PAGE 1

Request for Fee Waiver Department of Homeland Security U.S. Citizenship and Immigration Services	USCIS Form I-912 OMB No. 1615-0116 Expires: 02/28/2026
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4. Alien Registration Number (A-Num)
▶ A- <input type="text"/>
Form I-912 Edition 04/01/24

BOTTOM LEFT; PAGE 1

Completing the I-912

Prior Editions Still Accepted

<https://www.uscis.gov/i-912>

Form Details

 Close All  Open All

Edition Date

04/01/24. We will also accept prior editions (or a written request). You can find the edition date at the bottom of the page on the form and instructions.

- Current edition: 04/01/24 Edition; Expires 02/08/2026; 8 Pages
- 05/10/13 Edition; Expired 05/31/2015; Only 5 Pages

Part 1: Basis for Your Request

Select at least 1 option under which Applicant may qualify:

Part 1. Basis for Your Request (Each basis is further explained in the **Specific Instructions** section of the Form I-912 Instructions)

Select at least one basis or more for which you may qualify and provide supporting documentation for any basis you select. You only need to qualify and provide documentation for one basis for U.S. Citizenship and Immigration Services (USCIS) to grant your fee waiver. If you choose, you may select more than one basis. You must provide supporting documentation for each basis you want considered.

1. A. I am, my spouse is, or the head of household living in my household is currently receiving a means-tested benefit. (Complete **Parts 2. - 4.** and **Parts 7. - 9.**)
- B. My household income is at or below 150 percent of the Federal Poverty Guidelines. (Complete **Parts 2. - 3., Part 5.,** and **Parts 7. - 9.**)
- C. I have a financial hardship. (Complete **Parts 2. -3.** and **Parts 6. - 9.**)
2. What is your current immigrant or nonimmigrant status?

LPR

Complete the corresponding sections as instructed in application

Part 2: Information About You (Requestor)

- Part 2 – Q's 1-8 Information About You: **MUST MATCH N-400 or Application**

Part 2. Information About You (Requestor)

Provide information about yourself if you are the person requesting a fee waiver for a petition or application that you are filing for yourself. If you are the parent or legal guardian filing on behalf of a child or person with a developmental or mental impairment, provide information about the child or person for whom you are filing this form.

- Check here if you are a parent or legal guardian filing on behalf of the person seeking the fee waiver.

- Full Name

Family Name (Last Name)

DOE

Given Name (First Name)

JONATHAN

Middle Name

A

- Other Names Used (if any)

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

Family Name (Last Name)

DOE

Given Name (First Name)

JOHN

Middle Name

- Alien Registration Number (A-Number) (if any)

▶ A-

0	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

- USCIS Online Account Number (if any)

▶

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Part 2: Information About You (Requestor)

- Part 2 – Q's 1-8 Information About You: **MUST MATCH N-400 or Application**

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

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

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

8. Marital Status

Single, Never Married Married Divorced Widowed Marriage Annulled Separated

Other (Explain)

- "Separated" means legally separated (in legal proceedings to dissolve marriage)

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

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	
JONATHAN DOE	A- 0 0 0 0 0 0 0 0 0 0	01/01/1985	Self	N400	
JANE DOE	A- 0 0 0 0 0 0 0 0 0 0	12/01/1984	Spouse	N400	
LITTLE DOE	A- 0 0 0 0 0 0 0 0 0 0	02/01/2000	Daughter	N400	
	A-				
Total Number of Forms (including self)				3	

Can be used for multiple applicants and forms. Make sure to include each applicant's:

- Full Name
- A-Number
- DOB
- Relationship to primary applicant
- Form being filed
- Total Number of Forms being filed

MEANS-TESTED PUBLIC BENEFITS

Part 1. Basis for Your Request (Each basis is further explained in the **Specific Instructions** section of the Form I-912 Instructions)

Select at least one basis or more for which you may qualify and provide supporting documentation for any basis you select. You only need to qualify and provide documentation for one basis for U.S. Citizenship and Immigration Services (USCIS) to grant your fee waiver. If you choose, you may select more than one basis. You must provide supporting documentation for each basis you want considered.

1. A. I am, my spouse is, or the head of household living in my household is currently receiving a means-tested benefit. (Complete **Parts 2. - 4.** and **Parts 7. - 9.**)
- B. My household income is at or below 150 percent of the Federal Poverty Guidelines. (Complete **Parts 2. - 3., Part 5.,** and **Parts 7. - 9.**)
- C. I have a financial hardship. (Complete **Parts 2. -3.** and **Parts 6. - 9.**)

Means-Tested Public Benefits



- A “means-tested benefit” is a public benefit where the eligibility for benefit and amount received are determined by income and resources
- Determination made by agency in charge of administering benefit
- As long as sufficient proof is submitted, no further information is required by USCIS to show eligibility for fee waiver

Examples of “Means-Tested Benefits”

USE TO COMPLETE I-912 FORM, SECTION 4 LINE 8

Benefit *	Agency **
<ul style="list-style-type: none"> • Public Assistance (PA) • Cash Assistance (CA) <ul style="list-style-type: none"> • FEPS: Eviction Prevention • HEAP: Heating Assistance • Food Stamps (SNAP: Supplemental Nutrition Assistance Program) • Medicaid (MA) • Essential Plan 	<ul style="list-style-type: none"> • (COUNTY) Department of Social Services • NYC Human Resources Administration (HRA) <ul style="list-style-type: none"> ! Do not submit large format Budget Letter printouts from local HRA offices. The participant must call the hotline number listed on the HRA handout for an updated version of the letter. • NY State of Health (NYSOH) <ul style="list-style-type: none"> ○ Medicaid (MA) ○ Essential Plan
<ul style="list-style-type: none"> • SSI (Supplemental Security Income) 	<ul style="list-style-type: none"> • Social Security Administration (SSA)
<ul style="list-style-type: none"> • Public Housing • Section 8 Housing 	<ul style="list-style-type: none"> • NYC Dept. of Housing Preservation & Development (NYHPD) • NYC Housing Authority (NYCHA) • NYS Housing and Community Renewal (NYS DHCR)

NOTE: The official award letter from the agency administering the benefit may also be called a confirmation letter, verification letter, re-certification letter, approval letter or Notice of Decision

NOT “Means-Tested Benefits”



- Social Security Disability Insurance (SSDI)
- Social Security
- Worker’s Compensation
- State Disability & Injury Benefit Programs
- Unemployment Insurance
- Student Loans
- Scholarships/Fellowships
- Pensions
- Spousal Support
- Child Support

Practice Point: Supporting Documentation Means-Tested Benefits



- Agency letters must be in English and list:
 1. Participant's Name
 2. Name of benefit awarded
 3. Name of agency administering the benefit
 4. Type and/or amount of benefit awarded (SSI or SNAP)
 5. Most recent date the participant was approved to receive the benefit - MUST be within the last year
- Participants who are missing documents or who have versions of documents that cannot be submitted (Ex. not in English, outdated, missing information, etc.) should receive the appropriate handout on how to get the correct documentation.

Part 4: Means-Tested Benefits

Part 4. Means-Tested Benefits

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

1. If you, your spouse, or the head of household (including parent if the child is under 21 years of age) living with you is receiving any means-tested benefits, list the information in the table below and attach supporting documentation. If you are the parent or legal guardian filing on behalf of a child or person with a physical disability or developmental or mental impairment, provide information about the child or person for whom you are filing this form if they are receiving a means-tested benefit.

Means-Tested Benefit Recipients					
Full Name of Person Receiving the Benefit	Relationship to You	Name of Agency Awarding Benefit	Type of Benefit	Date Benefit was Awarded	Date Benefit Expires (or must be renewed)
JONATHAN DOE	SELF	NYC HRA	MEDICAID	01/01/2014	12/31/2014

Fill out if you selected Item Number 1A in Part 1

- Name of the person receiving the benefit (in most cases the Applicant but could be a relevant family member)
- Relationship to Recipient

Complete Table and include:

- Name of the Agency
- Type of Benefit Awarded
 - Medicaid, SNAP, TANF, SSI, Etc.
- Date Benefit was Awarded
- Date Benefit Expires (or must be renewed)
- Copy of Benefit Award Letter (English)

Income At or Below 150% of Poverty Guidelines

Part 1. Basis for Your Request (Each basis is further explained in the **Specific Instructions** section of the Form I-912 Instructions)

Select at least one basis or more for which you may qualify and provide supporting documentation for any basis you select. You only need to qualify and provide documentation for one basis for U.S. Citizenship and Immigration Services (USCIS) to grant your fee waiver. If you choose, you may select more than one basis. You must provide supporting documentation for each basis you want considered.

1.


A. I am, my spouse is, or the head of household living in my household is currently receiving a means-tested benefit. (Complete **Parts 2. - 4.** and **Parts 7. - 9.**)

B. My household income is at or below 150 percent of the Federal Poverty Guidelines. (Complete **Parts 2. - 3., Part 5.,** and **Parts 7. - 9.**)

C. I have a financial hardship. (Complete **Parts 2. -3.** and **Parts 6. - 9.**)
2. What is your current immigrant or nonimmigrant status?

LPR

Section 5: Household Income

For the 48 Contiguous States, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam, and the Commonwealth of the Northern Mariana Islands: 

Household Size	Fee Waiver (Form I-912) 150% of HHS Poverty Guidelines*	Reduced Fee for Form N-400 400% of HHS Poverty Guidelines*
1	\$22,590	\$60,240
2	\$30,660	\$81,760
3	\$38,730	\$103,280
4	\$46,800	\$124,800
5	\$54,870	\$146,320
6	\$62,940	\$167,840
7	\$71,010	\$189,360
8	\$79,080	\$210,880
	Add \$8,070 for each additional person	Add \$21,520 for each additional person

- <https://www.uscis.gov/forms/filing-fees/poverty-guidelines>
- Compare the income from Applicant's most recent tax return using ADJUSTED GROSS income (amount of money Applicant made before taxes were taken out of paycheck) to the Federal Poverty Guidelines
- In order to qualify for Fee Waiver on this basis, income must be BELOW corresponding figure for the household size on this chart
- Must submit FEDERAL Tax Transcript (or other income proof if transcript not available) as supporting documentation

Transcripts, Not 1040s

- Form 1040, the Federal Tax Return may no longer be accepted to document income, **despite the instructions**.
- If a Tax Return was filed, then a **Tax Return Transcript should** accompany the I-912 in lieu of the Tax Return Copy.

Documentation. To document your annual income, provide copies of the following:

1. A copy of your most recent Federal tax return, if available;
2. If you did not file a Federal tax return, or if your Federal tax return does not properly reflect your current income, submit copies of consecutive pay statements (stubs) for a minimum of the past month, recent Form W-2, Form SSA-1099, or statements from your employers on business stationery showing salary or wages paid;

IRS Tax Return Transcripts

The IRS offers 5 transcripts:

- **Tax Return Transcript**: shows most line items including the Adjusted Gross Income (AGI), all dependents, and includes all schedules. **THIS IS THE ONE TO SUBMIT WITH THE I-912.**
- **Tax Account Transcript**: shows basic data of filing
- **Record of Account Transcript**: Combines both above
- **Wage & Income Transcript**
- **Verification of Non-Filing Letter**

<https://www.irs.gov/individuals/tax-return-transcript-types-and-ways-to-order-them>

Tax Return Transcript



Internal Revenue Service
United States Department of the Treasury

This Product Contains Sensitive Taxpayer Data

Tax Return Transcript

SSN: XXX-XX-5084

SPOUSE SSN:

NAME(S) SHOWN ON RETURN: DRAK

ADDRESS: 123 DA

FILING STATUS: Single

FORM NUMBER: 1040

CYCLE POSTED: 20181005

RECEIVED DATE: Jan.15, 2018

REMITTANCE: \$0.00

EXEMPTION NUMBER: 1

DEPENDENT 1 NAME CTRL:

DEPENDENT 1 SSN:

DEPENDENT 2 NAME CTRL:

DEPENDENT 2 SSN:

DEPENDENT 3 NAME CTRL:

DEPENDENT 3 SSN:

DEPENDENT 4 NAME CTRL:

DEPENDENT 4 SSN:

PTIN:

PREPARER EIN:

Request Date: 08-09-2018

Response Date: 08-09-2018

Tracking Number: 100200235179

Customer File Number: 0097654221

8/9/2018

Page 3 of 6

DOMESTIC PRODUCTION ACTIVITIES DEDUCTION PER COMPUTER:	\$0.00
OTHER ADJUSTMENTS:	\$0.00
ARCHER MSA DEDUCTION:	\$0.00
ARCHER MSA DEDUCTION PER COMPUTER:	\$0.00
TOTAL ADJUSTMENTS:	\$177.00
TOTAL ADJUSTMENTS PER COMPUTER:	\$177.00
ADJUSTED GROSS INCOME:	\$15,323.00
ADJUSTED GROSS INCOME PER COMPUTER:	\$15,323.00

ADJUSTED GROSS INCOME

Helping Applicants Obtain their Tax Return Transcript

- **Order Online Immediate Delivery:** requires registration and precise data entry, which can be quirky. But immediate delivery.
- **Order Online for Mail Delivery:** requires SS, DOB, and exact mailing address from latest return. Can be quirky with the address. Takes 5-10 business days to deliver.
- **Order by Mail using Form 4506-T;** probably easiest for most clients, but requires a mailing (postage). Also takes 5-10 business days.
- **Order by Phone by Calling 800-908-9946;** also takes 5-10 business days

IRS Form 4506T-EZ

Form 4506-T-EZ (June 2023) Department of the Treasury Internal Revenue Service	Short Form Request for Individual Tax Return Transcript ▶ Request may not be processed if the form is incomplete or illegible. ▶ For more information about Form 4506T-EZ, visit www.irs.gov/form4506tez .	OMB No. 1545-2154
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Tip: Get faster service: Online at www.irs.gov, **Get Your Tax Record** (Get Transcript) or by calling **1-800-908-9946** for specialized assistance. We have teams available to assist. **Note:** Taxpayers may register to use [Get Transcript](#) to view, print, or download the following transcript types: **Tax Return Transcript** (shows most line items including Adjusted Gross Income (AGI) from your original Form 1040-series tax return as filed, along with any forms and schedules), **Tax Account Transcript** (shows basic data such as return type, marital status, AGI, taxable income and all payment types), **Record of Account Transcript** (combines the tax return and tax account transcripts into one complete transcript), **Wage and Income Transcript** (shows data from information returns we receive such as Forms W-2, 1099, 1098 and Form 5498), and **Verification of Non-filing Letter** (provides proof that the IRS has no record of a filed Form 1040-series tax return for the year you request).

1a Name shown on tax return. If a joint return, enter the name shown first. DOE, JONATHAN	1b First social security number or individual taxpayer identification number on tax return 000000000
2a If a joint return, enter spouse's name shown on tax return. DOE, JANE	2b Second social security number or individual taxpayer identification number if joint tax return 000000000
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions) 123 EVERY STREET, ANYTOWN, NY 10001	
4 Previous address shown on the last return filed if different from line 3 (see instructions)	
5 Customer file number (if applicable) (see instructions)	

Note: Effective July 2019, the IRS will mail tax transcript requests only to your address of record. See [What's New under Future Developments on Page 2](#) for additional information.

6 Year(s) requested. Enter the year(s) of the request in the space(s) provided.
 business days.

Signature of taxpayer(s). I declare that I am the taxpayer whose name is shown on either line 1a or 2a. If the request applies to a joint return, **either** spouse must sign. **Note:** This form must be received by IRS within 120 days of the signature date.

Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506T-EZ. See instructions.

Sign Here	_____ Signature (see instructions)	_____ Date	Phone number of taxpayer on line 1a or 2a _____
	_____ Spouse's signature	_____ Date	

Exceptions to Transcripts

- Only those who did not file a tax return for most recent period are exempt from submitting Tax Returns/Transcripts.
 - Unemployed & received unemployment benefits: Submit form **1099-G; INCLUDE ALL PAYMENTS**

1099-G - IDMS

ID # 1 VOID CORR (G) CORR (C) Efile 1096 Printed CORRECTIONS

PAYER'S name, street address, city, state, ZIP code, and telephone number INTEGRATED DATA MANAGEMENT SYSTEMS ACCOUNT ABILITY COMPLIANCE SOFTWARE 555 BROADHOLLOW ROAD SUITE 273 MELVILLE NY 11747-5001 631-249-7744/SALES DEPT				1 Unemployment compensation \$16,755.00	OMB No. 1545-0120 2019 1099-G	Certain Government Payments
PAYER'S TIN 13-3249958		TIN Type SSN	RECIPIENT'S TIN 102110023	2 State or local income tax refunds, credits, or offsets \$2,120.25	3 Box 2 is for tax year 2018	
RECIPIENT'S name JOHN DOE			NAME CTRL JDOE	5 RTAA payments \$0.00	6 Taxable grants \$3,375.00	
Street address 33 EAST 17 STREET			APT. 2101	7 Agriculture payments \$0.00	8 Check if box 2 is for trade or business income <input type="checkbox"/>	
City NEW YORK		State NY	Zip Code 10003	Zip Ext. 2005	9 Market gain \$0.00	For filer's use \$0.00
Account number 75D909-21199391		CFSP NJ	Foreign <input type="checkbox"/>	USPS DP 28	2nd TIN <input checked="" type="checkbox"/>	10a ST #1 NY
E-Mail john.doe@abc.com				10b State #1 ID number 133249958	11 State #1 tax withheld \$195.00	
				10a ST #2 NJ	10b State #2 ID number 133249958001	11 State #2 tax withheld \$810.00

Browsing

Exceptions to Transcripts

- If working or employed during last period: Submit **recent W2** or Social Security Statement earnings record

22222		a Employee's social security number 123-45-6789		OMB No. 1545-0008		
b Employer identification number (EIN) 55-5765489		1 Wages, tips, other compensation 48,500.00		2 Federal income tax withheld 6,835.00		
c Employer's name, address, and ZIP code The Big Company 12 Main Street Anywhere, NC 28111		3 Social security wages 50,000.00		4 Social security tax withheld 3,100.00		
		5 Medicare wages and tips 50,000.00		6 Medicare tax withheld 725.00		
		7 Social security tips		8 Allocated tips		
d Control number A1B2		9 Verification code		10 Dependent care benefits		
e Employee's first name and initial Last name Jane A. Doe 123 Elm Street Anywhere Else, PA 17111		11 Nonqualified plans		12a D 1,500.00		
		13 (Statutory employee Retirement plan Temporary sick day) <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		12b DD 1,000.00		
		14 Other		12c P 4,800.00		
f Employee's address and ZIP code				12d		
15 State PA	Employer's state ID number 124578	16 State wages, tips, etc. 50,000.00	17 State income tax 1,535.00	18 Local wages, tips, etc. 50,000.00	19 Local income tax 750.00	20 Locality name AW


Form **W-2** Wage and Tax Statement
Copy 1 – For State, City, or Local Tax Department

2017

Department of the Treasury—Internal Revenue Service

Exceptions to Transcripts

- If working or employed during last period: Submit recent W2 or **Social Security Statement earnings record**



Prevent identity theft—protect your Social Security number
Your Social Security Statement www.socialsecurity.gov
 Prepared especially for Wanda Worker

May 1, 2012
See inside for your personal information

WANDA WORKER
 456 ANYWHERE AVENUE
 MAINTOWN, USA 11111-1111

What's inside...
Your Estimated Benefits.....
Your Earnings Record.....
 Some Facts About Social Security.....
 If You Need More Information.....

Your Earnings Record

Years You Worked	Your Taxed Social Security Earnings	Your Taxed Medicare Earnings
1989	1,489	1,489
1990	2,663	2,663
1991	4,483	4,483
1992	6,221	6,221
1993	7,491	7,491
1994	9,224	9,224
1995	11,897	11,897
1996	14,677	14,677
1997	17,434	17,434
1998	20,071	20,071
1999	22,827	22,827
2000	25,588	25,588
2001	27,576	27,576
2002	29,004	29,004
2003	30,772	30,772
2004	33,097	33,097
2005	35,102	35,102
2006	37,501	37,501
2007	39,927	39,927
2008	41,487	41,487
2009	41,446	41,446
2010	42,973	42,973
2011	44,833	44,833
2012		Not yet recorded

Exceptions to Transcripts

- Social Security benefits only: Submit form **SSA-1099**

FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT			
20XX. PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME. SEE THE REVERSE FOR MORE INFORMATION.			
Box 1. Name Nicole S. Sterling		Box 2. Beneficiary's Social Security Number 252-XX XXXX	
Box 3. Benefits Paid in 20XX \$34,545.00	Box 4. Benefits Repaid to SSA in 20XX \$0.00	Box 5. Net Benefits for 20XX (Box 3 minus Box 4) \$34,545.00	
DESCRIPTION OF AMOUNT IN BOX 3		DESCRIPTION OF AMOUNT IN BOX 4	
Paid by check or direct deposit: \$29,934.85			
Medicare Part B premiums deducted from your benefits: \$1,384.80			
Medicare Prescription Drug premiums (Part D) deducted from your benefits: \$810.00			
Total Additions: \$34,545.00		Box 6. Voluntary Federal Income Tax Withholding \$2,415.35	
Benefits for CY: \$8,820.00		Box 7. Address Nicole S. Sterling 4822 Broken Arrow Way Your City, State and Zip Code	
Benefits for PY1: \$8,820.00			
Benefits for PY2: \$8,820.00			
Benefits for PY3: \$8,085.00		Box 8. Claim Number (Use this number if you need to contact SSA.)	
Sample document - Subject to Change			
Form SSA-1099-SM (1-2012)		DO NOT RETURN THIS FORM TO SSA OR IRS	

Some Other Exceptions to Transcripts

- Unemployed & did not receive unemployment benefits: Submit letter of termination from employer
- If no income or can't document income, complete Part 3 Item 12 (change of circumstances) **PLUS** documentation from IRS confirming no transcripts or W2s
- If homeless:
 - Submit documentation from IRS of no transcripts or W2s;
or
 - Affidavit from religious institution or non-profit community organization of support received

Documentation Red Flags

- On income & amounts reported, **treat tax transcripts/returns as presumptively accurate**
 - i.e. Assume correctly reported income
 - Refer applicant to accountant or tax preparer instead of giving tax advice
- **However, we should screen for potential red flag issues:**
 - Head of Household filings; esp. if married
 - Adult household members not listed on transcripts
 - Adult children over 21, unmarried, living with parents, and listed as dependents on parents' return
 - Taxes not filed, and no apparent valid reason not to file
 - Students not living at home but still tied to household
 - People listed as dependents who do not live with Applicant

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

Provide information about your adjusted gross income. See Instructions for more details.

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

Your Employment Status

**Current employment status
on date signing the I-912**

1. Employment Status

- Employed (full-time, part-time, seasonal, self-employed) Unemployed or Not Employed Retired Other (Explain)

2. If you are currently unemployed, are you currently receiving unemployment benefits?

Yes No

A. Date you became unemployed (mm/dd/yyyy)

3. What is your total household size

4. What is the total number of household members earning income including yourself

5. Name of head of household (if not you):

Practice Tip: Compare HH Size Here to Tax Transcript/Return

Approximate Date is OK if unemployed

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

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?
JONATHAN DOE	11/11/1985	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
JANE DOE	12/11/1985	SPOUSE	<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
LITTLE DOE	12/01/2002	DAUGHTER	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" 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)					3

Practice Tip: Compare HH Size Here to Tax Transcript/Return

Practice Point: Determining Household Size

- **The number of members in a household should be identifiable on Applicant's most recent Federal Income Taxes (Transcripts & Returns)**
- If Applicant's most recent Federal Income Taxes are **not** available, the following household members should be included:
 - Spouse
 - If Applicant is married and does NOT live with spouse, Applicant DOES NOT need to list him/her as a household member, but must include any financial support the spouse provides (if any)
 - If spouses do not live together and no support is provided to household, write a brief explain about this in Section 5, Item 9.
 - Unmarried Children or Legal Wards (i.e. foster children) under age 21 and living with Applicant
 - Unmarried Children or Legal Wards 21-24 years old, who are full-time students AND living with Applicant
 - Unmarried Children or Legal Wards for whom Applicant is legal guardian because they are physically and/or mentally disabled to the extent they cannot adequately care for themselves and cannot establish, maintain or re-establish their own household
 - Parents
 - Anyone who has lived with the Applicant for the last 6 months of the tax year, for whom the Applicant provides > 50% of their living expenses.

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

- Household Income; Qs 6-8

Insert total of # 6 & 7; auto fill if using current PDF

Your Annual Household Income

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

6. Your Annual Adjusted Gross Income \$


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

8. Total Adjusted Gross Household Income (add the amounts from **Item Numbers 6.** and 7.) \$

9. Has anything changed since the date you filed your Federal tax returns or is there any difference in your circumstances from the information on your petition? (For example, your marital status, income, or number of dependents as related to documents provided.) Yes No

Practice Tip: Qs 6&7 refer to “regular” or “recurring” sources


USCIS Income Guidelines

For the 48 Contiguous States, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam, and the Commonwealth of the Northern Mariana Islands: 

Household Size	Fee Waiver (Form I-912) 150% of HHS Poverty Guidelines*	Reduced Fee for Form N-400 400% of HHS Poverty Guidelines*
1	\$22,590	\$60,240
2	\$30,660	\$81,760
3	\$38,730	\$103,280
4	\$46,800	\$124,800
5	\$54,870	\$146,320
6	\$62,940	\$167,840
7	\$71,010	\$189,360
8	\$79,080	\$210,880
	Add \$8,070 for each additional person	Add \$21,520 for each additional person

- Check Household Size & USCIS Income Guidelines Chart to confirm eligibility:
 - < 150%; I-912 (Full Fee Waiver)
 - 150% to 400%; Reduced Fee for N-400 Only);

USCIS Income Guidelines

For the 48 Contiguous States, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam, and the Commonwealth of the Northern Mariana Islands: 

Household Size	Fee Waiver (Form I-912) 150% of HHS Poverty Guidelines*	Reduced Fee for Form N-400 400% of HHS Poverty Guidelines*
1	\$22,590	\$60,240
2	\$30,660	\$81,760
3	\$38,730	\$103,280
4	\$46,800	\$124,800
5	\$54,870	\$146,320
6	\$62,940	\$167,840
7	\$71,010	\$189,360
8	\$79,080	
	Add \$8,070 for each additional person	

- Check Household Size & USCIS Income Guidelines Chart to confirm eligibility:

- < 150%; I-912 (Full Fee Waiver)
- 150% to 400%; Reduced Fee *for N-400 Only*;

Your Annual Household Income

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

6. Your Annual Adjusted Gross Income \$

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

8. Total Adjusted Gross Household Income (add the amounts from **Item Numbers 6.** and **7.**) \$

9. Has anything changed since the date you filed your Federal tax returns or is there any difference in your circumstances from the information on your petition? (For example, your marital status, income, or number of dependents as related to documents provided.) Yes No

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

- Household Income; Qs 9 – To Explain Changed Circumstances

Your Annual Household Income

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

6. Your Annual Adjusted Gross Income \$ 28,000.00

7. Annual Adjusted Gross Income of All Family Members
Provide the annual adjusted gross income of all family members counted as part of your household. (Do not include the amount provided in **Item Number 6.**) \$ 13,000.00

8. Total Adjusted Gross Household Income (add the amounts from **Item Numbers 6.** and **7.**) \$ 41,000.00

9. Has anything changed since the date you filed your Federal tax returns or is there any difference in your circumstances from the information on your petition? (For example, your marital status, income, or number of dependents as related to documents provided.) Yes No

If you answered "Yes" to **Item Number 9.**, provide an explanation below. Provide documentation if available. You may also use this space to provide any additional information about your circumstances that you would like USCIS to consider.

I was furloughed at work for about 4 months this year, so total salary for the current year is expected to be \$24,000. As a result, our 2024 total adjusted gross household income is approximately \$37,000. A letter from my employer is attached as evidence.

Practice Tip: Q9 - Explain any change of circumstances, if any, that may favor the petition for fee-waiver; esp. if Q8 answer shows too much income, but now reduced enough to qualify (at time of application)

Practice Point: Household Income Below 150% **RED** Flags

- **Head of Household:** Allows for certain tax credits not available under Married or Single
 - **Requirements:**
 - Considered Unmarried
 - Paid > ½ Cost of keeping your Household for entire year
 - Qualifying person **LIVED WITH** you for > 6 months (except dependent parents)
 - **Qualifying Person**
 - Child, Parent, or Relative: Must meet specific requirements for each
- **Dependents**
 - If not filing under *Head of Household* status, taxes may still be “bad” if inaccurately claiming child or relative for exemption purposes
- **Refer Applicant to free tax prep providers if you see these issues!**



Part 6: Financial Hardship

- Time and resource intense
- Requires more documentation
- More difficult for USCIS to approve (case-by-case basis)

Part 6. Financial Hardship

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

1. You may also use this space to provide any additional information about your circumstances that you would like U.S. Citizenship and Immigration Services (USCIS) to consider. If you or any family members have a situation that has caused you to incur expenses, debts, or loss of income, describe the situation in the box below. Specify the amounts of the expenses, debts, and income losses in as much detail as possible. This may include homelessness, major medical debt for yourself or a family member, and natural disasters declaration posted to www.uscis.gov.

I lost my job on November 1, 2023 when my employer closed the business, and my only income since then has been unemployment benefits of \$2,000 per month. My basic living expenses are approx. \$2,400 per month and this exceeds my current income. Therefore, I cannot afford the filing fee for my citizenship application right now because of this, and am depleting my savings on my basic living expenses.

Practice Tip: Q1 – Must be an actual “situation” that is “extraordinary” (i.e. not ordinary, and not poor financial management). Avoid descriptions that cannot be documented; will almost certainly be rejected or issued an RFE if documentation is not included.

Part 6: Financial Hardship

Part 6, Question 2 – Cash or Cash Equivalent Assets

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)
Bank Savings	100.00
Total Value of Assets	100.00

Practice Tip: Q2 – Probably not going to be approved if cash or equivalent assets significantly exceed the application processing fee. If cash assets can be liquidated without incurring further financial hardship, will likely be denied.

<https://www.uscis.gov/policy-manual/volume-1-part-b-chapter-4#S-D-3>

Part 6: Financial Hardship

Part 6, Question 3 – Expenses / Liabilities

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 checked="" type="checkbox"/> Rent and/or Mortgage | <input checked="" type="checkbox"/> Loans and/or Credit Cards | <input type="checkbox"/> Other |
| <input checked="" type="checkbox"/> Food | <input type="checkbox"/> Car Payment | _____ |
| <input checked="" 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 | _____ |

From USCIS I-912 Instructions:

Documentation. 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.

Part 7: Requestor's Statement, Contact Information, Certification, and Signature

- Must be signed by each Applicant requesting a Fee Waiver (including family members listed in Part 3)
 - Q 1. A.
 - Select if Applicant can speak English
 - Q 1. B.
 - Select if Applicant cannot speak English. Include the Applicant's preferred language
 - Q 2.
 - Select if the Applicant received assistance completing the form, fill in YOUR name
 - Qs 3 - 5.
 - Include Applicant's phone number, cell phone and email address (if possible)
 - Q 6. Requestor's Signature

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

The person whose information is provided in **Part 2**, may sign on behalf of the entire household. If the person listed in **Part 2**, is under 14 years of age, a parent or legal guardian may sign on their behalf.

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

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

1. Requestor's Statement Regarding the Interpreter

A. I can read and understand English, and I have read and understand every question and instruction on this request and my answer to every question.

B. The interpreter named in **Part 8**, read to me every question and instruction on this request and my answer to every question in , a language in which I am fluent, and I understood everything.

2. Requestor's Statement Regarding the Preparer (if applicable)

At my request, the preparer named in **Part 9**, , prepared this request for me based only upon information I provided or authorized.

Requestor's Contact Information

3. Requestor's Daytime Telephone Number

4. Requestor's Mobile Telephone Number (if any)

5. Requestor's Email Address (if any)

Requestor's Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any of my records that USCIS may need to determine my eligibility for the immigration benefit I seek.

I further authorize release of information contained in this request, in supporting documents, and in my USCIS records to other entities and persons where necessary for the administration and enforcement of U.S. immigration laws.

I certify, under penalty of perjury, that I provided or authorized all of the information in my request, I understand all of the information contained in, and submitted with, my request, and that all of this information is complete, true, and correct.

I certify that the information provided by the requestor in **Part 7**, applies to the household members identified in **Part 3**.

WARNING: If you knowingly and willfully falsify or conceal a material fact or submit a false document with your Form I-912, USCIS will deny your fee waiver request and may deny any other immigration benefit. In addition, you may face severe penalties provided by law and may be subject to criminal prosecution.

Requestor's Signature

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

➔ **Don't forget to sign & date!**

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

Part 8: Interpreter's Contact Information, Certification, and Signature

Part 8. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.

Interpreter's Full Name

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

Interpreter's Mailing Address

[\(USPS ZIP Code Lookup\)](#)

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

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number
5. Interpreter's Mobile Telephone Number (if any)
6. Interpreter's Email Address (if any)

Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and , which is the same language specified in Part 7., Item B. in Item Number 1., and I have read to this requestor in the identified language every question and instruction on this request and his or her answer to every question. The requestor informed me that he or she understands every instruction, question, and answer on the request, including the **Applicant's Certification**, and has verified the accuracy of every answer.

Interpreter's Signature

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

- Qs 1 - 6.
 - Filled in by and about Interpreter
 - Interpreter must sign & date

Part 9: Contact Information, Declaration and Signature of Person Preparing this Request, if Other Than the Requestor

Q 7. A.

Select if the preparer is not an attorney or BIA rep

Q 7. B.

Select if the preparer is an attorney or BIA rep

Indicate if representation will be provided after the application is completed (check with your supervising attorney(s))

Q 8.

Preparer must sign and date form

Part 9. Contact Information, Declaration, and Signature of the Person Preparing this Request, if Other Than the Requestor

Provide the following information about the preparer for (if applicable).

Preparer's Full Name

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

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

Preparer's Mailing Address

3. Street Number and Name Apt. Ste. Flr. Number

City or Town State ZIP Code

Province Postal Code Country

Preparer's Contact Information

4. Preparer's Daytime Telephone Number 5. Preparer's Mobile Telephone Number (if any)

6. Preparer's Email Address (if any)

Preparer's Statement

7. A. I am not an attorney or accredited representative but have prepared this request on behalf of the requestor and with the requestor's consent.

B. I am an attorney or accredited representative and my representation of the requestor in this case extends does not extend beyond the preparation of this request.

NOTE: If you are an attorney or accredited representative, you may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, or G-28I, Notice of Entry of Appearance as Attorney In Matters Outside the Geographical Confines of the United States, with this request.

Preparer's Certification

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

Preparer's Signature

8. Preparer's Signature Date of Signature (mm/dd/yyyy)

Additional Information Section (Part 10)

Part 10. Additional Information

If you need extra space to provide any additional information within this request, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this request or attach a separate sheet of paper. Include your name and A-Number (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers.

1. Family Name (Last Name) Given Name (First Name) Middle Name

2. A-Number (if any) ▶ A-

3. A. Page Number B. Part Number C. Item Number
D.

4. A. Page Number B. Part Number C. Item Number
D.

5. A. Page Number B. Part Number C. Item Number
D.

6. A. Page Number B. Part Number C. Item Number
D.

From instructions on Page 1:

If you need extra space to complete any section of this request or if you would like to provide additional information about your circumstances, use the space provided in Part 10. Additional Information.

Complete and submit as many copies of Part 10., as necessary, with your request.



SUPPORTING DOCUMENTS

Sample Document: Budget Letter

Report Number WINRO146 / WINRO154 (Rev. 11/12)



Date: 05/01/2013

Case Number: 00001234567E

Case Name: HUGGINS, NADINE

General Phone Number: (718) 742-3600

BUDGET LETTER REQUEST

Enclosed, please find the budget letter that you recently requested. As of August 29, 2012, any reference to the Food Stamp Program in this notice shall mean the Supplemental Nutrition Assistance Program (SNAP) and any reference to Food Stamp benefits or Food Stamps (FS) shall mean SNAP benefits.

Contact Information:

Head of Household: NADINE HUGGINS

Home Address: 101 W 31st Street

NY 10001

Mailing Address:

Phone Number:

Email Address:

Legend

AP= Applying

SI = Single Issue

CA= Cash Assistance

AC= Active

CL/RJ= Not Active

MA= Medicaid

SN= Sanctioned

NA= Not Applying

SNAP= Supplemental Nutrition Assistance Program Benefits

Household Members:

First Name	Last Name	Sex	Date of Birth	Relationship	CA Status	MA Status	SNAP Status
NADINE	HUGGINS	F		Applicant/Payee	AC	AC	AC

Sample Document: Medicaid

CONFIRMATION OF PUBLIC HEALTH INSURANCE



Consumer Information

Last Name	DDE
First Name	JANE
Middle Initial	
Street Address	101 W. 31st Street, 4th Fl
City, State, Zip Code	New York, NY 10001
Client Identification Number (CIN)	EAC1234K

TO WHOM IT MAY CONCERN:

This is to acknowledge that the consumer detailed above:

Is currently in receipt of public health insurance. S/he has an **active case** for:

- Medicaid
- Family Health Plus
- Family Planning Benefit Program (covers family planning related services only)
- Other _____

Was previously in receipt of public health insurance. S/he has a **closed case** for:

- Medicaid
- Family Health Plus
- Family Planning Benefit Program (covers family planning related services only)
- Other _____

Her/his current/most recent coverage became effective on 7/1/2014 and is scheduled to expire / expired on 8/31/2015. S/he was **first determined** to be eligible for coverage on 2/24/2006.

There is active coverage on this closed case. Coverage is scheduled to expire on: _____.

For consumers with currently **active cases**, assuming that all requirements for ongoing program coverage continue to be met, they will be given the opportunity to prove continuing eligibility and renew their health insurance before the expiration date listed above.

Note: This form replaces the MA Case/Suffix/Individual/Summary (WMS Screen 12) printout previously issued to consumers needing proof of public health insurance coverage for the purpose of receiving fee waivers for civil service exams and/or other public or private programs. As applicable, it is also issued

Common Reasons for Rejection of Fee Waiver



- Insufficient Documentary Evidence
- Incomplete or Missing Documents
- Not sending Current Documents
 - Current = within last year for MTB
- Fee Waiver Form is not properly signed and/or dated
- **USCIS Did Not Properly Adjudicate**

After Filing...



- **If Rejected:** May re-file N-400 and new I-912 with alternative documentation or additional evidence
 - If original submission was incorrectly rejected, scan and email entire N-400 and fee waiver request to lockboxsupport@uscis.dhs.gov with explanation of why fee waiver should be accepted


**ELIGIBILITY REQUIREMENTS
FOR A REDUCED FEE ON N-400
ONLY**

What is a Reduced Fee Request?

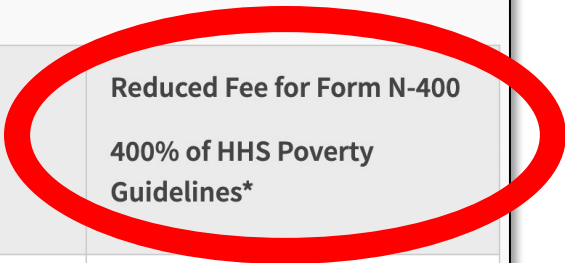


- USCIS recently raised fees for N-400 to \$760
- The reduced fee of ½ of the standard fee remains, but eligibility now expanded to include up to 400% of FPG
- Separate Form I-942 eliminated; section now integrated into the new N-400 with supporting documentation
- If accepted, fee reduced to \$380

Income Guidelines for Reduced Fee for N-400

For the 48 Contiguous States, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam, and the Commonwealth of the Northern Mariana Islands: 

Household Size	Fee Waiver (Form I-912) 150% of HHS Poverty Guidelines*	Reduced Fee for Form N-400 400% of HHS Poverty Guidelines*
1	\$22,590	\$60,240
2	\$30,660	\$81,760
3	\$38,730	\$103,280
4	\$46,800	\$124,800
5	\$54,870	\$146,320
6	\$62,940	\$167,840
7	\$71,010	\$189,360
8	\$79,080	\$210,880
	Add \$8,070 for each additional person	Add \$21,520 for each additional person



N-400 Part 10; Page 11 of 14

Part 10. Request for a Fee Reduction		A-	0 0 0 0 0 0 0 0 0 0
For information about fees, fee waivers, and reduced fees, see Form G-1055, Fee Schedule, at www.uscis.gov/g-1055 . To apply for a reduced fee, complete Item Numbers 1. - 5.b. If you are not eligible for a reduced fee, complete Item Number 1. and proceed to Part 11.			
1.	My household income is less than or equal to 400% of the Federal Poverty Guidelines (see Instructions for required documentation).		
	<input checked="" type="checkbox"/> Yes (complete Item Numbers 2. - 5.b.)		
	<input type="checkbox"/> No (skip to Part 11.)		
2.	Total household income:		72000
3.	My household size is:		3
4.	Total number of household members earning income including yourself:		2
5.a.	I am the head of household.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
5.b.	Name of head of household (if you selected "No" in Item Number 5.a.):	<input type="text"/>	

- Reduced N-400 fee if income between 150% to 400% of poverty guidelines
- Similar to I-912's income section, and with similar evidence