

# I-912 Fee Waiver Form

## Applicant Information

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Alien Registration Number (if applicable): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## Reason for Fee Waiver Request

- Receiving government assistance
- Income below 150% of the Federal Poverty Guidelines
- Financial hardship (medical bills, unemployment, etc.)

## Household Income Details

Total Monthly Income: \$ \_\_\_\_\_

Number of Household Members: \_\_\_\_\_

Employer Name (if applicable): \_\_\_\_\_

## Supporting Documents (Attach Copies)

- Proof of means-tested benefits (SSI, Medicaid, TANF)
- Recent tax return or proof of income
- Unemployment benefits letter
- Written explanation of financial hardship

## Declaration and Signature

I, \_\_\_\_\_, certify that all information provided is true and correct to the best of my knowledge.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**For USCIS Use Only**

**Approved**

**Denied**

**Reviewed by:** \_\_\_\_\_

**Date:** \_\_\_\_\_