

# Basic Fee-Waiver Requirements and Completing the I-912

Spring 2023



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## Disclaimer



- The instructions provided in this presentation are intended for training purposes only.
- The information in this presentation does not constitute legal advice.
- The following forms and instructions have been tailored specifically for use at CUNY Citizenship Now!'s application assistance events and are not intended for any other use. Doing so may result in delay or denial of an application.
- Consult with an authorized immigration representative before filing any application or taking any action that may affect your U.S. immigration status. Procedures, filing addresses, fees, and form editions change frequently.
- Check [www.uscis.gov](http://www.uscis.gov) for up-to-date information.



## About CUNY Citizenship Now!



- The largest university-based citizenship and immigration law service provider in the nation
- We grew out of CUNY university-wide voter registration program
- With public and private funding we have expanded our services to include all New Yorkers
- 6 centers on CUNY campuses and over 40 NYC City Council-funded locations
- Average 18-20 large group processing community-based events yearly
- 10-12,000 immigrants served annually, all on the path to citizenship.

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## Fee-Waiver and Reduced Fee Requirements

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## What is a Fee Waiver?



- Requests a waiver of filing fees if the applicant can document an inability to pay the fee
- Filed at the same time as the N-400 Form
- Request for a Reduced Fee is also available only for the N-400 form

## Fees for Filing Form N-400



- Fee for filing the N-400 Application is \$ 725 for most Applicants (includes Biometrics Fee)\*
- Reduced Fee Request: If household income is between 150 – 200 % of poverty guidelines, brings cost of filing the N-400 form to \$ 405.

\*Fee is current at the time of publication. Check by [www.uscis.gov](http://www.uscis.gov) for anticipated changes to filing fees.

## Eligibility for a Fee Waiver



**1. Receipt of a Means-Tested Benefit: Full, Automatic, NO Fees Required**

**This is the only type of fee waiver we complete at events**

Provide participants with a handout on how to obtain missing documentation for type of benefits received

**2. Income-Based Fee-Waiver**

Household Income below 150% of Poverty Guidelines

**3. Financial Hardship**

## Fee Waiver Requests at our Events



- Participants can complete a means-tested public benefits fee waiver request (Form I-912) at the event
- Provide participants with handout on how to obtain missing documentation for type of benefits received
- Income Based, Financial Hardship and Reduced Fee Requests:
  - Participants who qualify under this basis for fee waivers/reduced fee can go to Application Assistance and then to Follow-Up for an appointment at center for the fee waiver

## What are Means Tested Public Benefits?



- A “means tested benefit” is a public benefit where the person’s eligibility for the benefit, amount of the benefit, or both are determined by income and resources
- As long as sufficient proof is submitted, no further information is required to show eligibility when filed with form I-912

## Examples of “Means-Tested Benefits”

Benefit*	Agency**
<ul style="list-style-type: none"> <li>• Public Assistance (PA)</li> <li>• Cash Assistance (CA)                             <ul style="list-style-type: none"> <li>○ FEPS: Eviction Prevention</li> <li>○ HEAP: Heating Assistance</li> </ul> </li> <li>• Food stamps (SNAP: Supplemental Nutrition Assistance Program)</li> <li>• Medicaid (MA)</li> <li>• Essential Plan</li> </ul>	<ul style="list-style-type: none"> <li>• (COUNTY) Department of Social Services</li> <li>• NYC Human Resources Administration (HRA)                             <ul style="list-style-type: none"> <li>! 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.</li> </ul> </li> <li>• NY State of Health (NYSOH)                             <ul style="list-style-type: none"> <li>○ Medicaid (MA)</li> <li>○ Essential Plan</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>• SSI (Supplemental Security Income)</li> </ul>	<ul style="list-style-type: none"> <li>• Social Security Administration (SSA)</li> </ul>
<ul style="list-style-type: none"> <li>• Public Housing</li> <li>• Section 8 housing</li> </ul>	<ul style="list-style-type: none"> <li>• NYC Dept. of Housing Preservation &amp; Development (NYHPD)</li> <li>• NYC Housing Authority (NYCHA)</li> <li>• NYS Housing and Community Renewal (NYS DHCR)</li> </ul>

**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 Retirement Income
- Unemployment Insurance
- Student Loans
- Worker’s Compensation
- Scholarships/Fellowships
- Pensions
- Spousal Support
- Child Support

## 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

# How to Get Fee Waiver Supporting Documentation



## Available Handouts to get correct versions of award letters:

- 1) HRA Medicaid Letter
  - 2) Social Security Income (SSI) Letter
  - 3) Budget Letter for SNAP and PA
  - 4) NY State of Health (NYSOH) Medicaid or Essential Plan Letter
- In English and Spanish
  - Sample documents are on the reverse



**CUNY Citizenship Now!**

How to Request an HRA Medicaid Letter For Your Fee Waiver Application

Many HRA Medicaid offices are not offering in-person services due to the COVID-19 pandemic. To request your "Confirmation of Public Health Insurance" letter so prove that you receive Medicaid:

Option 1: Call 311

Option 2: Go to your ACCESS HRA account online at [www.access.ny.gov](http://www.access.ny.gov)

Option 3: Call 888-624-4116. HRA Counselors are available Monday-Friday, 8:00 a.m.-5:00 p.m. (excluding holidays)

Step 1: Please 1 for English

Step 2: Please 4 to speak with an HRA Counselor. Remain on the line until a counselor is available or you are prompted to leave your number for a callback. (Wait times may exceed 15 minutes)

- When you speak to the HRA Counselor, ask for a "Confirmation of Public Health Insurance" letter in English. Form HRA-MAP-2023 for your HRA Medicaid. Please ask for the Medicaid box to be checked off.
- The HRA Counselor will ask for your case number or social security number and may ask for your current address, phone number, or other information.
- Your Medicaid letter will be sent to the address HRA has on file. If your address is not the same as your address on file, you must go in person to a Medicaid Office. See the reverse side for a sample of the letter you will receive.

**IN SPANISH/EN ESPAÑOL**

**Instrucciones para solicitar pruebas de Medicaid de HRA**  
Para su solicitud de exención de pago

Muchas oficinas de HRA Medicaid no están ofreciendo servicios in persona debido a la pandemia del COVID-19. Para solicitar su carta de "Confirmación de Seguro de Salud Pública" (Confirmación de Public Health Insurance) para probar que recibe Medicaid:

Opción 1: Llame al 311

Opción 2: Vaya a su cuenta ACCESS HRA en línea en [www.access.ny.gov](http://www.access.ny.gov)

Opción 3: Llame al 888-624-4116. Los consejeros de HRA están disponibles de lunes a viernes, de 8:00 a.m. a 5:00 p.m. (excluyendo días festivos).

Paso 1: Presione 1 para inglés.

Paso 2: Presione 4 para hablar con un asesor de HRA. Permanezca en la línea hasta que un asesor esté disponible, o hasta que el sistema indique que puede dejar su número de teléfono para que le devuelvan la llamada. (Tenga en cuenta que el tiempo de espera puede ser de más de 15 minutos).

- Cuando hable con el asesor de HRA, solicite una carta de "Confirmación de Seguro de Salud Pública" en inglés (Formulario HRA-MAP-2023) para comprobar que recibe Medicaid. Por favor solicite que la casilla Medicaid sea seleccionada.

DO NOT FILE THIS DOCUMENT WITH USICS

## How to Request an HRA Medicaid Letter For Your Fee Waiver Application



El asesor de HRA le va a preguntar su número de caso o de seguro social y puede preguntarle su dirección actual, número de teléfono, u otra información.

• Su prueba de Medicaid será enviada a la dirección que HRA tiene en el sistema. Si su dirección no es igual a la dirección en el sistema, solicite a su asesor de Medicaid. Para ver un ejemplo de la carta que recibirá, vea el reverso de esta hoja. También puede solicitar la carta en persona en una de las oficinas de Medicaid.

**Sample HRA Medicaid Letter / Ejemplo de Carta de Medicaid de HRA**

CONFIRMATION OF PUBLIC HEALTH INSURANCE

NYC  
NEW YORK CITY  
DEPARTMENT OF SOCIAL SERVICES

Case Number: 123456789  
Social Security Number: 123-45-6789  
Case Name: John Doe  
Case Address: 123 Main St, New York, NY 10001  
Request Date: 05/01/2023

NY State of Health Insurance

The following information is for your records only. It is not intended for use by any other agency.

Public Health Insurance Program (PHIP) enrollment status confirmed.

Medicaid enrollment status confirmed.

SNAP enrollment status confirmed.

TANF enrollment status confirmed.


Other enrollment status confirmed.

Medicaid box must be checked.


La casilla de Medicaid debe estar seleccionada.

DO NOT FILE THIS DOCUMENT WITH USICS

# 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 7/1/2019 and is  scheduled to expire /  expired on 6/30/2025. 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/Summary/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 child service exams and/or other public assistance programs. As applicable, it is also issued

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How to Request a Budget Letter From the HRA Hotline for SNAP and Public Assistance for Your Fee Waiver Application

**Steps:**  
 1. Call 718-722-8000 (Automated home operator 24 hours/7 days a week)  
 2. Press 1 for English  
 3. Press 1 for a Budget Letter (Request in English Budget Letter)  
 4. Enter your Case Number (if applicable)  
 5. Enter the City Code that will be on file  
 6. Wait for a confirmation number and write it down - **Confirmation#**  
 7. Include the budget letter with your fee waiver request. See reverse side "Sample A" for a sample of the letter you will receive.  
**Note:** If your case cannot be processed through the HRA hotline, you may obtain a "Verification of Assistance" Form W-7000 at the local SNAP office. See reverse side "Sample B" for a sample of this form.

IN SPANISH/EN ESPAÑOL


Instrucciones para solicitar una carta de presupuesto a través de la línea automática de HRA para SNAP y asistencia pública

**Pasos:**  
 1. Llame al número 718-722-8000 (línea automática que opera 24 horas/7 días a la semana)  
 2. Oprime el número 1 para escuchar información en español  
 3. Oprime el número 1 para solicitar la carta de presupuesto. Escuche que se imprima la carta en inglés.  
 4. Ingresa el número de caso (si es aplicable)  
 5. Ingresa el código de la ciudad.  
 6. Espere el número de confirmación y anótelos: **Confirmación#**  
 7. Incluye la carta con su solicitud de exención de pago. Para un ejemplo de la carta que recibirá, vea el reverso de esta hoja (Ejemplo A).  
**Importante:** Si su caso no puede ser procesado por la Línea Automática de HRA, puede solicitar una "Verificación de Asistencia" Formulario W-7000 en la oficina local de SNAP. Para un ejemplo de dicho formulario, vea el reverso de esta hoja (Ejemplo B).


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## How to Request an HRA Budget Letter for SNAP and Public Assistance

A. HRA Budget Letter Sample / Ejemplo de la carta de presupuesto de HRA



B. Sample of Verification of Assistance (W-7000) / Ejemplo de verificación de asistencia (W-7000)



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# Sample Document: SNAP Budget Letter

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

**NYC** Human Resources Administration  
 Administration of Social Services

Date: 05/01/2013  
 Case Number: 00001234367E  
 Case Name: HUGGINS, NADINE  
 General Phone Number: (718) 742-3800

**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	CLIR= 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



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**How to Request a Social Security Administration Benefit Letter**

If you are receiving Social Security benefits, Supplemental Security (SSB) Income or Medicaid, you will need to request a benefit verification letter. This letter is also called "budget letter," "benefits letter," "proof of income letter," or "proof of assets letter." You must send this letter with your fee waiver request.

There are 3 ways to get a benefit verification letter:

1. Come to setting up or using your account at [www.dhs.gov/immigration](http://www.dhs.gov/immigration)
2. In person at your local SSA office, or
3. By calling 800-772-1213, Monday through Friday from 7:00 a.m. to 7:00 p.m. Make your request exactly as it appears on your Social Security card.

See sample letter on back.

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IN SPANISH/EN ESPAÑOL

**Cómo pedir una carta de verificación de los beneficios del Seguro Social**

Si usted recibe beneficios del Seguro Social, Seguridad de Ingresos Suplementaria (SSI), o de Medicaid, usted debe solicitar una carta de verificación de los beneficios y enviarla con su solicitud de extensión de plazo. Esta carta es conocida en inglés como "budget letter," "benefits letter," "proof of income letter," or "proof of assets letter." Hay tres maneras de conseguir la carta de verificación de los beneficios:

1. Por Internet, usando la cuenta de my Social Security (solo disponible en inglés), en [www.ssa.gov/immigration](http://www.ssa.gov/immigration)
2. En una oficina del Seguro Social, o
3. Por teléfono, llamando al 800-772-1213 entre las 7:00 a.m. y las 7:00 p.m. de lunes a viernes. Digite su número de seguro social como aparece en su tarjeta del Seguro Social.

La carta tiene que estar en inglés. Vea un ejemplo de la carta en el reverso de esta hoja.

Page 1 of 2  
Revised 11/07/11

## How to Request a Social Security Administration Benefit Letter

Sample Social Security Administration Benefit Verification Letter / Ejemplo de la carta de verificación de beneficios

\*\*\* BENEFIT LETTER REQUESTED ONLY CANNOT PAGE UP/DOWN \*\*\*

SOCIAL SECURITY ADMINISTRATION

[Redacted Name]  
[Redacted Address]

You asked for the information from your record. The information that you requested is shown below. If you want, please take to your case administrator, you may send the SSA letter.

Information about Supplemental Security Income Payments

Beginning January 2013, the amount is ..... \$ 700.00

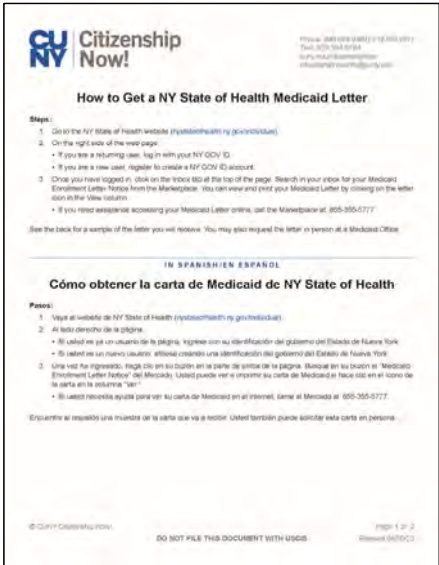
This payment amount may change from month to month if income or living situation changes.

Supplemental Security Income Payments are paid the month they are due. (For details, Supplemental Security Income Payment due month, see paid to benefit.)


There are no open or living adjustments in Social Security benefits to December 2012. The benefit amount shown is current as of the date of this letter.


Page 2 of 2  
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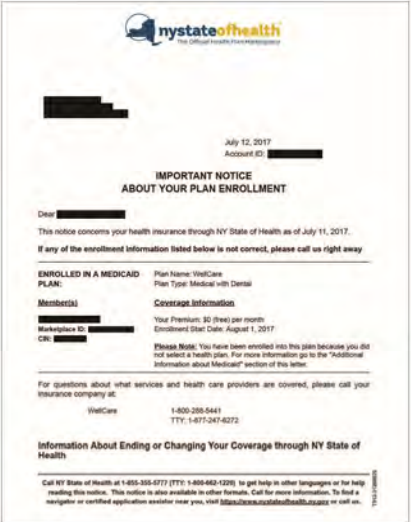
## How to Request a NY State of Health (NYSOH) Medicaid or Essential Plan Letter






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Sample Document: NY State of Health Medicaid Letter






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# Sample Rejected NYC HRA Medicaid Letter

“Medicaid” Not Checked



**CONFIRMATION OF PUBLIC HEALTH INSURANCE**


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**Consumer Information**

Last Name	DOE
First Name	JOHN
Middle Initial	
Street Address	101 W 31st Street, 9th Fl
City, State, Zip Code	New York, NY 10001
Client Identification Number (CIN)	2675209J

**MEDICAL ASSISTANCE PROGRAM  
OED RECEPTION UNIT  
785 ATLANTIC AVENUE - 1st FLOOR  
BROOKLYN, NEW YORK 11238**

**TO WHOM IT MAY CONCERN:**  
This is to acknowledge that the consumer detailed above:

is currently in receipt of public health insurance. She has an **active** case for:

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

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

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

This coverage became effective on 4-1-14 and is  scheduled to expire /  expired on 3-31-15.

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 as proof of public health insurance for college admission or any other purpose for which a screen printout was previously issued.

Signature of Eligibility Specialist: [Signature] Date: JUL 01 2023

Signature of Supervisor: [Signature] Date: 7/01/14

# Sample REJECTED SNAP Budget Letter

Wrong Format

SNAP BUDGET REPORT (BOSIS) - WMS REPORT MEM00717

BUDGET EFFECTIVE DATE: 10/0/14

BUDGET ENTRY SUPERVISOR SUMMARY

MONTHLY INCOME/NEEDS/DEDUCTIONS

MONTHLY CODE LEVEL ENTRIES	MONTHLY SUFFIX LEVEL ENTRIES	MONTHLY INDIVIDUAL LEVEL ENTRIES
FR CODE NO. LEE PRG. IND SHELTY ACT. SHELTY 450.00 NO. BDRMS WATER ART FSUB IND HEAT TYPE FSUB ART FSUB IND FSUB ART STUP ART PHONE IND PHONE ART INST TYPE INST ART	SUFFIX DATA ENTRIES SNAP SUFF ID 01 STATUS RC CHILD NO. IN SUFF 1 RTR CODE N CE CODE N NEAP S	INDIVIDUAL DATA ENTRIES LN ID 01 SEC 01 SUFF ID U D1 R 01 CSM 8 IND CAT S R PRO-GRUP ST S DOB 03/25/1980 05/23/1977 NOSE R/O LES SITE SPEC/REL CD / /
MONTHLY SNAP CALC GROSS INC 876.00 LESS: BCD 240.00 RDJ. INC 385.80 SHELTY EXP 225.00 U/P EXP H/A/P EXP 785.00 PHONE EXP OTHER EXP TOTAL EXP 1010.00 EXCESS SHELTY 817.10 RDJ. INC 385.80 LESS: EXCESS 817.10 NET INC BENEFIT 194.00 LESS: REQUIP RDJ. BENEFIT 194.00	MONTHLY INCOME/NEEDS/DEDUCTIONS LN ID 01 SEC 01 IN 172 ART 1352.00 PROG TRV Y PROG ART EMP U ART PRG 4 CS PROG PRD ART LND ART TYP ART ART SAC 92 ART TRON ART SAC TYP U PROG ART U ART TRON CB SAC TYP ART PROG ART ART SAC TRON ART SAC TYP SAC PROG ART ART ART BCD PROG SAC REDUCTION U PROG TY ART CB ART TRV ART ART TRV ART PROG ART	



# What About Copies of Benefit Cards?



Copies of Benefit Cards are not accepted as proof of receipt of means-tested benefits

# Other Resources: Income Based Fee Waiver Checklist

**CUNY Citizenship Now!**

**I-912 (Full) or I-942 (Reduced) Fee Waiver Checklist**

Check this as a guide to prepare for your appointment.

**1. To see if you qualify for a full or partial fee waiver based on your household income:**

- Bring the most recent **IRS Federal Tax Return Transcripts** for you and family members living in your household with an address that is your income, your spouse's income, or the head of household's income.
- Also to request Federal Tax Return Transcripts:**
  - Online at [www.irs.gov/individuals/get-transcript](https://www.irs.gov/individuals/get-transcript)
  - By phone at 800-829-1040. Please allow two to ten calendar days for delivery or to have your copy sent from IRS.gov.

**Applicants who have NOT filed the most recent federal income tax return or whose transcripts have not reached current status, should bring:**

- W-2 or 1099 forms (1099-MISC or 1099-INT), as it applies to your particular case
- Affidavits for the last month or a statement from employer or company (self-employed) showing salary or wages
- Child support letter or official support document (monthly amount received)
- Proof of Unemployment benefit amount
- Proof of Veterans Compensation (for VA benefit)
- Other benefits (Disability, Unemployment, etc.)
- Proof of any additional financial assistance or financial benefit (scholarship, veteran's benefits, financial support from family, etc.)

**2. To see if you qualify for a fee waiver based on financial hardship such as medical expenses:**

- Current lease rental agreement, or mortgage payments
- Rent record (only one year ago, annual, monthly, payment)
- Mail receipt checking utility service account statement
- Proof of other major expenses (child support, childcare care, household household items, car payments, community health, medical expenses, school expenses, etc.)
- Affidavit from religious institution or community-based organization (including religious, social, welfare, etc.)

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**If you qualify for a full fee waiver:**

Form I-912, Request for Fee Waiver (CUNY2019 Edition), and supporting documents

**If you qualify for a partial fee waiver:**

Form I-942, Request for Reduced Fee (I-912, Income Based only), if you are making under \$4,000 annually to "US Department of Homeland Security," and supporting documents

**Make a copy of your entire application for your records before submitting it.**

Follow-Up Appointment

Staff Name: \_\_\_\_\_ Customer Email: \_\_\_\_\_

Site: \_\_\_\_\_ Title: \_\_\_\_\_ Participant Initials: \_\_\_\_\_ Affiliation Initials: \_\_\_\_\_

**NOTE**

- USCIS makes the decision to issue the fee at the time of filing your application.
- If using a name other than your own documents, please proof of legal name change (marriage certificate, divorce judgment, adoption decree, court order).
- Any document not in English and not in the official language of the country where the applicant is applying for an immigrant visa must be accompanied by a certified English translation that includes the date, translator's signature and printed name, and contact information. The translator must state the translator is competent to translate and that the translation is complete and accurate.

**WARNINGS!**

- All applicants' biometrics (applicants must themselves pass fingerprint history, any receipt of photo biometric and entrance photos, or any other recorded information) or other appointment with us.
- Background checks are conducted on all applicants (lawful permanent residents, information for and applicants who are not including visa support, except applicants for any offshore agent citizen, one health, certain special, children, and/or terminal proceedings).
- If an applicant or child (USCIS) may require documents in relation to the completion of applicant (including the most recent, individual's consent, for other changing documents, any visa agreement, etc.) this may take happening in the case, including any other information or relevant program that is conducted or your successful completion of any type of interview (including or interview program). **There will be a limited time to provide required documents.**
- If all required travel documents is not submitted to USCIS they may deny the application.

DO NOT FILE THIS DOCUMENT WITH USDA

# Completing the I-912 Request for Fee Waiver



## Form I-912, Request for Fee Waiver

- Form used to request the Fee Waiver
- Documentation must be attached to support 'inability to pay'
- Filed at same time as the N-400 form
- A completed, annotated version is available on our website

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

**Section I. Information About You** (Provide information about yourself. If you are applying for a minor child, provide information about the minor child.)

Line 1. a. Family Name (Last Name) \_\_\_\_\_  
 Line 1. b. Given Name (First Name) \_\_\_\_\_  
 Line 1. c. Middle Initial \_\_\_\_\_  
 Line 2. Date of Birth \_\_\_\_\_  
 Line 3. Marital Status:  Never Married  Married  Widowed  Divorced  Legally Separated

**Section II. Additional Information for Dependents**

Parent (You, NE, E, A, or J)	A-Number (if applicable)	Is Individual Included in Fee Waiver Request?	Date of Birth (mm-dd-yyyy)	Relationship to You
A-		<input type="checkbox"/> Yes <input type="checkbox"/> No		
A-		<input type="checkbox"/> Yes <input type="checkbox"/> No		
A-		<input type="checkbox"/> Yes <input type="checkbox"/> No		
A-		<input type="checkbox"/> Yes <input type="checkbox"/> No		
A-		<input type="checkbox"/> Yes <input type="checkbox"/> No		
A-		<input type="checkbox"/> Yes <input type="checkbox"/> No		
A-		<input type="checkbox"/> Yes <input type="checkbox"/> No		



## Filling Out Form I-912 Section 1: Information About You

**Section 1. Information About You** (Provide information about yourself. If you are applying for a minor child, provide information about the minor child.)

**Line 1. a.** Family Name (Last Name)

**Line 1. b.** Given Name (First Name)

**Line 1. c.** Middle Initial

**Line 2.** Alien Registration Number **A-**

**Line 3.** Date of Birth (mm/dd/yyyy)

**Line 4.** Marital Status  Never Married  Divorced  Marriage Annulled  
 Married  Widow(er)  Legally Separated

**Line 5.** Applications and Petitions (Enter the form number(s) of the application(s) and/or petition(s) for which you are requesting a fee waiver.)  
Biometrics services fees, where applicable, will be included in the fee waiver request.



- **Section 1. Information About You**
- **Lines 1.a. through 1.c:** Write participants **current legal name** as it appears on their birth certificate, passport, or other most recent legal document (Ex. Marriage certificate, divorce decree).
- **Line 2.** Write the A number from their green card here
- **Line 3.** Write participant’s date of birth here (mm/dd/yyyy)
- **Line 4.** Check box for Marital Status
- **Line 5.** N-400 is pre-printed here
- **Section 2. SKIP**

## Section 3: Basis for Your Request

**Line 7.a.**

✓ Already Checked: “I am or a relevant member of my household is currently receiving a means-tested benefit.”

**Line 7b. and 7c. SKIP**

**Section 3. Basis for Your Request** (Check any that apply. For additional information, see the form instructions.)

**Line 7. a.**  I am or a relevant member of my household is currently receiving a means-tested benefit. (Complete Sections 4 and 7.)

**Line 7. b.**  My household income is at or below 150% of the Federal Poverty Guidelines. (Complete Sections 5 and 7.)

**Line 7. c.**  I have a financial hardship. (Complete Sections 5, 6 and 7.)

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**Section 4. Means-Tested Benefit**

**Line 8.** Complete the Table Below (If you need more space, attach a separate sheet of paper.)

Name of Person Receiving the Benefit	Name of Agency Awarding Benefit	Date Benefit Was Awarded	Is This Benefit Being Received Now?
JANE DOE	NYC HRA	11/01/2022	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**Line 8. Complete Table Below**

Name of the person receiving the benefit – usually the participant; Name of the Agency; and

Date benefit was awarded (Depends on the documentation)

Is This Benefit Being Received Now? Must ALWAYS be “Yes”



## Sign and Date

**Section 7. Your Signature and Authorization**

*Do not sign your Form I-912 until it is complete and you are ready to file.*

I take full responsibility for the accuracy of all the information provided, including all supporting documentation, and I authorize the release of any information, including the release of my Federal tax returns, that USCIS needs to determine my eligibility for a fee waiver.

**Do not forget to date**

Each person applying for a fee waiver request must sign Form I-912. This includes individuals identified in Sections 1 and 2 if 14 years of age or older. (If you need more space, attach a separate sheet of paper.)

**Line 17. Your Signature** Be sure participant signs here Date (mm/dd/yyyy) ▶

Printed Name Print participants name here

**Line 17.1. Additional Signature**  Date (mm/dd/yyyy) ▶

Printed Name

- Have the participant sign and date their fee waiver form
- Remind the participant add any documentation that is missing and to make a copy of their entire application (N-400 and I-912 plus all supporting documents) for their records before mailing to USCIS
- Remind participants the decision to waive the fee is made by USCIS

## Additional Resources

**Section 7. Your Signature and Authorization**

*Do not sign your Form I-912 until it is complete and you are ready to file.*

I take full responsibility for the accuracy of all the information provided, including all supporting documentation, and I authorize the release of any information, including the release of my Federal tax returns, that USCIS needs to determine my eligibility for a fee waiver.

**Do not forget to date**

Each person applying for a fee waiver request must sign Form I-912. This includes individuals identified in Sections 1 and 2 if 14 years of age or older. (If you need more space, attach a separate sheet of paper.)

**Line 17. Your Signature** Be sure participant signs here Date (mm/dd/yyyy) ▶

Printed Name Print participants name here

**Line 17.1. Additional Signature**  Date (mm/dd/yyyy) ▶

Printed Name

- An annotated I-912 Fee Waiver Packet can be found on the CUNY Citizenship Now! Training Portal
- For this, other useful tools and training resources visit our website:  
[www.cuny.edu/citizenshipnowtraining](http://www.cuny.edu/citizenshipnowtraining)



**Contact us for  
more information**

[CitizenshipNowVolunteers@cuny.edu](mailto:CitizenshipNowVolunteers@cuny.edu)