



VAWA Review Training

Module 2:

Fee Waiver Training



Enterprise Adjudications & Solutions
Vermont Service Center

July 2021

Training Agenda



U.S. Citizenship
and Immigration
Services

Forms That
Require a
Fee

Form I-912 &
Supporting
Evidence

Approvals &
Denials

Form G-1054

Training Agenda



U.S. Citizenship
and Immigration
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Forms That
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Form G-1054

Forms That Require a Fee



- Form I-131 (if applying for Humanitarian Parole)
- Form I-192
- Form I-193
- Form I-212
- Form I-290B
- Form I-485
- Form I-539
- Form I-601
- Form I-751

NOTE: If a Form I-131 is filed with a Form I-485, and the Form I-485 is filed with a fee, then a fee is not required for the Form I-131.

Forms That Require a Fee



- Form I-765(c)(14)
- Form I-765(a)(20)
- Form I-765(c)(25) initial filing
- Form I-765(c)(9) (if not filed concurrently with a Form I-485 with a fee or a receipt notice showing the fee for the Form I-485 was paid)
- ALL Form I-765 RENEWALS (except for I-765(c)(9) if filed with evidence that the Form I-485 fee was paid)
- ALL Form I-765 REPLACEMENTS (except I-765(c)(9) filed to correct an error made by USCIS, and there is evidence fee was paid for the Form I-485)
- Form I-824
- Form I-929

Training Agenda



U.S. Citizenship
and Immigration
Services

Forms That
Require a
Fee

Form I-912 &
Supporting
Evidence

Approvals &
Denials

Form G-1054

Form I-912, Pages 1 and 2



U.S. Citizenship and Immigration Services

Request for Fee Waiver
 U.S. Citizenship and Immigration Services

USCIS
Form I-912
 (OMB No. 1615-0129)
 Expires: 06/30/2022

Application Received At (Seller only use box)

For USCIS Use Only

USCIS Field Office USCIS Service Center

Fee Waiver Approval Fee Waiver Denial Fee Waiver Approval Fee Waiver Denial

Date: _____ Date: _____

▶ **START HERE - Type or print in black ink.**

If you need extra space to complete any section of this request or if you would like to provide additional information about your circumstances, use the space provided in Part 11. Additional Information. Complete and submit as many copies of Part 11, as necessary, with your request.

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

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

- I am, my spouse is, or the head of household living in my household is currently receiving a means-tested benefit. (Complete Parts 2 - 4, and Parts 3 - 10.)
- My household income is at or below 150 percent of the Federal Poverty Guidelines. (Complete Parts 2 - 3, Part 5, and 7 - 10.)
- I have a financial hardship. (Complete Parts 2 - 5, and Parts 4 - 10.)

Part 2. Information About You (Requester)

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

- Full Name
 Family Name (Last Name) _____ Green Name (First Name) _____ Middle Name _____
- Other Names Used (if any)
 List all other names you have used, including nicknames, aliases, and maiden names:
 Family Name (Last Name) _____ Green Name (First Name) _____ Middle Name _____
- Alien Registration Number (A-Number) (if any) 4. USCIS Online Account Number (if any)
 ▶ A- _____ ▶ USCIS Online Account Number (if any) _____
- Date of Birth (mm/dd/yyyy) 6. U.S. Social Security Number (if any)
 ▶ _____ ▶ _____

Form I-912 Edition 09/2021 Page 1 of 2

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

- Marital Status
 Single, Never Married Married Divorced Widowed Marriage Annulled Separated
 Other (Explain) _____

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

- In the table below, add the form numbers of the applications and petitions for which you are requesting a fee waiver.

Application or Petition for You and Your Family Members				
Full Name	A-Number (if any)	Date of Birth	Relationship to You	Forms Being Filed
A-			Self	
A-				
A-				
A-				
Total Number of Forms (including self)				

Part 4. Means-Tested Benefits

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

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

Means-Tested Benefit Recipients				
Full Name of Person Receiving the Benefit	Relationship to You	Name of Agency Awarding Benefit	Type of Benefit	Date Benefit Expires (or must be renewed)

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

If you selected Item Number 2, in Part 1, complete this section.

Your Employment Status

- Employment Status
 Employed (Full-time, part-time, seasonal, self-employed) Unemployed or Not Employed Retired Other (Explain) _____

Form I-912 Edition 09/2021 Page 2 of 2

Form I-912, Part 1



U.S. Citizenship
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NOTE: The applicant must have one or more boxes checked in Part 1. “Basis for Your Request”:

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

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

1. I am, my spouse is, or the head of household living in my household is currently receiving a means-tested benefit. (Complete **Parts 2. - 4.** and **Parts 7. - 10.**)
2. My household income is at or below 150 percent of the Federal Poverty Guidelines. (Complete **Parts 2. - 3., Part 5.,** and **7. - 10.**)
3. I have a financial hardship. (Complete **Parts 2. -3.** and **Parts 6. - 10.**)

Form I-912, Part 4



- If the applicant is applying for Means-Tested Benefits, Part 4 needs to be complete, and supporting documentation must be attached.

Part 4. Means-Tested Benefits

If you selected **Item Number 1.** 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 he or she is receiving a means-tested benefit.

Means-Tested Benefit Recipients					
Full Name of Person Receiving the Benefit	Relationship to You	Name of Agency Awarding Benefit	Type of Benefit	Date Benefit was Awarded	Date Benefit Expires (or must be renewed)

Form I-912, Part 5



U.S. Citizenship and Immigration Services

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

7. Marital Status: Single Never Married Married Divorced Widowed Marriage Annulled Separated Other (Explain) _____

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

1. In the table below, fill in the dates and numbers of the applications and petitions for which you are requesting a fee waiver.

Applications or Petitions for You and Your Family Members				
Full Name	A-Number (if any)	Date of Birth	Relationship to You	Forms Being Filed
A-			Self	
A-				
A-				
A-				
Total Number of Forms (including self)				

Part 4. Means-Tested Benefits

If you selected Item Number 1, 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 he or she is receiving a means-tested benefit.

Means-Tested Benefit Recipients					
Full Name of Person Receiving the Benefit	Relationship to You	Name of Agency Awarding Benefit	Type of Benefit	Date Benefit was Awarded	Date Benefit Expires (or date to be entered)

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

If you selected Item Number 2, in Part 1, complete this section.

Your Employment Status

1. Employment Status: Employed (full-time, part-time, seasonal, self-employed) Unemployed or Retired Other (Explain) _____

Form I-912, Edition 05/023 Page 1 of 11

Part 5. Income at or Below 150 Percent of the Federal Poverty Guidelines (continued)

2. If you are currently unemployed, are you currently receiving unemployment benefits? Yes No

A. Date you became unemployed: _____

Information About Your Spouse

3. If you are married or separated, does your spouse live in your household? Yes No

A. If you answered "No" to Item Number 3, does your spouse provide any financial support to your household? Yes No

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 total 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?
		Self	<input type="checkbox"/> Yes <input 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	<input type="checkbox"/> Yes <input 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	<input type="checkbox"/> Yes <input 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)					

Your Annual Household Income

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

5. Your Annual Income: \$ _____

6. Annual Income of All Family Members: \$ _____

Provide the annual income of all family members counted as part of your household as listed in Item Number 5. Do not include the amount provided in Item Number 5.

7. Total Additional Income or Financial Support: \$ _____

Provide the total annual amount you receive in additional income or financial support from a source outside of your household. Do not include the amount provided in Items Numbers 5, or 6. You must add all of the additional income and financial support amounts and put the total amount in the space provided. Type or print "0" in the total box if there are none. Select the type of additional income or financial support that you receive and provide documentation.

Parental Support Educational Support Unemployment Benefits Financial Support From Adult Children, Dependents, Other People Living in the Household

Spousal Support (Alimony) Royalties Social Security Benefits

Child Support Pensions Veterans' Benefits Other (Explain): _____

Form I-912, Edition 05/023 Page 1 of 11

Part 6. Income at or Below 150 Percent of the Federal Poverty Guidelines (continued)

8. Total Household Income (add the amounts from Item Numbers 6, 7, and 5): \$ _____

9. Has anything changed since the date you filed your Federal tax return? (For example, your marital status, or income, or number of dependents.) 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.

Part 6. Financial Hardship

If you selected Item Number 3, in Part 1, complete this section.

1. If you or any family member faces a situation that has caused you or those expenses, debts, or loss of income, describe the situation in the box below. Specify the amounts of the expenses, debts, and income losses to as much detail as possible. Examples may include medical expenses, job loss, eviction, and homelessness.

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)
Total Value of Assets	

Form I-912, Edition 05/023 Page 1 of 11

Form I-912, Part 6



If the applicant is applying for a fee waiver based on Financial Hardship, they must complete Part 6, and include supporting documentation.

Part 6. Financial Hardship

If you selected **Item Number 3**, in **Part 1.**, complete this section.

1. 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. Examples may include medical expenses, job loss, eviction, and homelessness.

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)
Total Value of Assets	

Form I-912, Part 6



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Form I-912, Part 6, begins on page 4 and continues on page 5.

Part 6. Financial Hardship (continued)

3. Total Monthly Expenses and Liabilities

\$

Provide the total monthly amount of your expenses and liabilities. You must add all of the expense and liability amounts and type or print the total amount in the space provided. Type or print "0" in the total box if there are none. Select the types of expenses or liabilities you have each month and provide evidence of monthly payments, where possible.

- | | | |
|--|--|--------------------------------|
| <input type="checkbox"/> Rent and/or Mortgage | <input type="checkbox"/> Loans and/or Credit Cards | <input type="checkbox"/> Other |
| <input type="checkbox"/> Food | <input type="checkbox"/> Car Payment | |
| <input type="checkbox"/> Utilities | <input type="checkbox"/> Commuting Costs | |
| <input type="checkbox"/> Child and/or Elder Care | <input type="checkbox"/> Medical Expenses | |
| <input type="checkbox"/> Insurance | <input type="checkbox"/> School Expenses | |

Form I-912, Pages 5 and 6



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Part 6. Financial Hardship (continued)

3. Total Monthly Expenses and Liabilities: _____

Provide the total monthly amount of your expenses and liabilities. You must add all of the expenses and liability amounts and sign 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.

Rent and/or Mortgage Loans and/or Credit Cards Other
 Food Car Payment
 Utilities Continuing Costs
 Child and/or Elder Care Medical Expenses
 Insurance School Expenses

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

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

Each person applying for a fee waiver request must complete, sign, and date Form I-912 and provide the required documentation. This includes family members identified in Part 3. Signature fields for family members are at the end of this part. If an individual is under 14 years of age, a parent or legal guardian may sign the request on their behalf. USCIS accepts any Form I-912 that is not signed by all individuals requesting a fee waiver and may deny a request that does not provide required documentation.

Select the box for either Item A, or B, in Item Number 3. If applicable, select the box for Item Number 2.

1. Requestor's Statement Regarding the Waiver:

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

B. The interpreter named in Part 9, read to me every question and instruction on this request and my answer to every question in _____ a language in which I am fluent, and I understood everything.

1. 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

2. Requestor's Daytime Telephone Number: _____

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

3. 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 any 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.

Form I-912, Edition 03-0971 Page 5 of 11

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

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

Requestor's Signature

A. Requestor's Signature: _____ Date of Signature (month/year): _____

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

Family Members' Signatures

NOTE: Each family member must type or print their full name and sign in the space below. You can find additional family members' signature spaces in Item Numbers 7, 10, 13, and 16. All family members identified in Part 3, must sign and date Form I-912.

I certify that the information provided by the requestor in Part 7, applies to me.

7. Family Member 1

Family Member's Name: _____

Family Member's Signature: _____ Date of Signature (month/year): _____

8. Family Member 2

Family Member's Name: _____

Family Member's Signature: _____ Date of Signature (month/year): _____

9. Family Member 3

Family Member's Name: _____

Family Member's Signature: _____ Date of Signature (month/year): _____

10. Family Member 4

Family Member's Name: _____

Family Member's Signature: _____ Date of Signature (month/year): _____

11. Family Member 5

Family Member's Name: _____

Family Member's Signature: _____ Date of Signature (month/year): _____

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Form I-912, Pages 7 and 8



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Part 8. Family Member's Statement, Contact Information, Certification, and Signature

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

If the information provided by the response to Part 7, is not applicable to a family member identified in Part 3, (for example, the family member used an interpreter or speaks a different language) that individual should complete Part 8, USCIS at least one Form I-912 that is not signed by all individuals requesting a fee waiver.

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

1. Family Member's Statement Regarding the Interpreter for _____

A. I am 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 7, read to my eyes, pointed and explained to me the request and my answer to every question in _____ a language to which I am fluent, and I understand everything.

2. Family Member's Statement Regarding the Preparer for _____

At my request, the preparer named in Part 10, _____ prepared this request for me based only upon information I provided or explained.

Family Member's Contact Information

3. Family Member's Business Telephone Number _____ 4. Family Member's Mobile Telephone Number (if any) _____

5. Family Member's Email Address (if any) _____

Family Member's Certification

Copies of any documents I have submitted are exact photocopies of truthful, 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 any USCIS records or other written and persons whom 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 the information is complete, true, and correct.

Family Member's Signature

6. Family Member's Signature _____ (Date of Signature (mm/dd/yyyy)) _____

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

Form I-912, Edition: 03/16/11 Page 7 of 11

Part 9. Interpreter's Contact Information, Certification, and Signature

1. Did any person filing this request use an interpreter? Yes, complete this section. No (skip to Part 10)

2. Was the same interpreter used for all individuals requesting a fee waiver (as listed in Part 3)? Yes No

NOTE for Family Members: If you used a different interpreter than the one used by the requester, make additional copies of Part 9, provide the following information, indicate the family member for whom he or she interpreted, and include the page with your completed Form I-912.

Provide the following information about the interpreter for _____

Interpreter's Full Name

3. Interpreter's Family Name (Last Name) _____ Interpreter's Given Name (First Name) _____

4. Interpreter's Business or Organization Name (if any) _____

Interpreter's Mailing Address SEE INSTRUCTIONS

5. Street Number and Name _____ Apt. No. _____ Bldg. Number _____

City or Town _____ State _____ ZIP Code _____

Province _____ Postal Code _____ Country _____

Interpreter's Contact Information

6. Interpreter's Business Telephone Number _____ 7. Interpreter's Mobile Telephone Number (if any) _____

8. Interpreter's Email Address (if any) _____

Interpreter's Certification

I certify, under penalty of perjury, that _____ which is the name language specified in Part 7, Item B, or Item Number 1, and I have read to the requester in the identified language every question and instruction on this request and he or she answers to every question. The interpreter 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

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

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Form I-912, Pages 9 and 10



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Part 10. Contact Information, Declaration, and Signature of the Person Preparing this Request, if Other Than the Requester

1. Did any person prepare this request on your behalf? Yes (complete this section) No, stop

2. Was the same preparer used for all individuals requesting a fee waiver (as listed in Part 3)? Yes No

NOTE for Family Members: If you filed a different preparer than the one used by the requester, provide the following information, and include the pages with your completed Form I-912.

Provide the following information about the preparer for _____

Preparer's Full Name:

3. Preparer's Family Name (Last Name) _____ Preparer's Given Name (First Name) _____

4. Preparer's Business or Organization Name (If any) _____

Preparer's Mailing Address

5. Street Number and Name _____ Apt. No. No Yes _____

City or Town _____ State _____ ZIP Code _____

Province _____ Postal Code _____ Country _____

Preparer's Contact Information

6. Preparer's Domestic Telephone Number _____ 7. Preparer's Mobile Telephone Number (If any) _____

8. Preparer's Email Address (If any) _____

Preparer's Statement

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

B. I am an attorney or accredited representative and my representation of the requester 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-28C, Notice of Entry of Appearance as Attorney in Matters Outside the Geographical Limits of the United States, with this request.

Form I-912, Release (03-05-11) Page 9 of 11

Part 10. Contact Information, Declaration, and Signature of the Person Preparing this Request, if Other Than the Requester (continued)

Preparer's Certification

By my signature, I certify, under penalty of perjury, that I prepared this request at the request of the requester. The requester has reviewed this completed request and witnessed me do so in the presence of 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 requester provided to me or authorized me to obtain or use.

Preparer's Signature

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

Form I-912, Release (03-05-11) Page 10 of 11

Form I-912, Page 11



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Part 11. 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. _____

Form I-912, Edition: 09/2011 Page 11 of 11

Evidentiary Requirements



All requests for fee waivers must be considered and should be adjudicated favorably when the applicant meets the guidelines provided below. The applicant must meet one or more of the following evidentiary requirements:

- Applicant or a member of the household is currently receiving a means-tested benefit.
- Sufficient proof applicant's household income is at or below 150 percent of the Federal Poverty Guidelines.
- Sufficient proof applicant is under financial hardship due to extraordinary expenses that renders the applicant unable to pay.

Evidentiary Requirements



Before making a determination on fee waiver requests, it is important to look at the totality of the situation and consider the following questions:

- How many people are included on the request?
- Is the applicant receiving a means-tested benefit?
- Can the applicant afford the filing fees based on his or her assets and income versus liabilities and expenses?
- Is the applicant's current living situation causing him or her financial hardship?
- Did the applicant provide sufficient proof to substantiate his or her

Supporting Evidence for Means-Tested Benefit



Evidence to support a claim that an applicant qualifies for a means-tested benefit can be a letter, notice or other official document that must contain:

- Name of the agency
- Name of recipient
- Name of benefit
- Date when benefit began
- Indication that the applicant is currently receiving the benefit

Acceptable Evidence for a Means-Tested Benefit



- Supplemental Security Income (SSI) letter or Electronic Fund Transfer (EFT) Statement
- Supplemental Nutrition Assistance Program (SNAP)/ Temporary Assistance for Needy Families (TANF) Letter
- Cash Assistance Letter
- Medicaid Letter
- Benefit Letter from U.S. Territories (Puerto Rico, Guam, U.S. Virgin Islands, Northern Mariana Island, Saipan)
- Women Infants and Children (WIC) statement
- Department of Housing and Urban Development (HUD)/ Section 8 statement
- Cash Assistance Program for Immigrants (CAPI) letter

Unacceptable Evidence for a Means-Tested Benefit



- **Social Security Retirement Benefits**
- **Social Security Disability Benefits**
- **Supplemental Security Income (SSI) checks or bank statement showing SSI deposit**
- **Medicare**
- **Federal Pell Grants**
- **Unemployment Compensation**
- **Means-tested benefits from a foreign country**
- **Medicare Extra Help**
- **Supplement Medical Insurance/ Subsidies**
- **Housing assistance programs other than HUD/ Section 8**

Income at or Below 150% of the Federal Poverty Guideline (FPG)



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The Form I-912P, HHS Poverty Guidelines for Fee Waiver Request, provides the average yearly gross income amount that is 150% of the HHS Poverty Guideline based on state and household size.

The most up to date version of the FPG can be found on the following website:

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

Income at or Below 150% of the FPG



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Evidence to support a claim that the applicant's income is at or below 150% of the FPG can include:

- **Tax returns**
 - Listing members of household
- **W-2s**
- **Statements from employer**
 - On business letterhead
 - Salary or wages paid

Income at or Below 150% of the FPO



- **Financial Support or subsidies**

- Parental support
- Alimony
- Child support
- Educational scholarships and fellowships
- Pensions
- Social Security
- Veteran's benefits
- Monetary expenses received from adult children, dependents, or others living in applicant's household

Income at or Below 150% of the FPA



- Documents showing applicant's living arrangements and who resides with them in the U.S.
- Affidavits from members of the community who are of good moral character
 - Applicant should submit a statement indicating why more substantial documentation is not available if only affidavits are submitted

How to Determine Average Weekly Gross Income



Example:

Pay Check Stub 1
\$516.80
(gross)

Pay Check Stub 2
\$526.40
(gross)

Pay Check Stub 3
\$499.20
(gross)

Pay Check Stub 4
\$473.60
(gross)

Applicant gets paid weekly

$$\begin{array}{|c|} \hline \text{Pay Check 1} \\ \$516.80 \\ \hline \end{array} + \begin{array}{|c|} \hline \text{Pay Check 2} \\ \$526.40 \\ \hline \end{array} + \begin{array}{|c|} \hline \text{Pay Check 3} \\ \$499.20 \\ \hline \end{array} + \begin{array}{|c|} \hline \text{Pay Check 4} \\ \$473.60 \\ \hline \end{array} = \begin{array}{|c|} \hline \text{Total Gross Income} \\ \$2,016.00 \\ \hline \end{array}$$

Divide the Total Gross Income by the number of pay check stubs.

$$\begin{array}{|c|} \hline \text{Total Gross Income} \\ \$2,016.00 \\ \hline \end{array} \div \begin{array}{|c|} \hline 4 \\ \hline \end{array} = \begin{array}{|c|} \hline \text{Average Gross Income Per Week} \\ \$504.00 \\ \hline \end{array}$$

How to Determine Average Yearly Gross Income



Example:

Weekly Pay Check Stubs: 52 weeks in a year

$$\boxed{52} \times \boxed{\text{Average Weekly Gross Income}} = \boxed{\text{Yearly Gross Income}}$$

Bi-Weekly Pay Check Stubs: 26 pay periods in a year

$$\boxed{26} \times \boxed{\text{Average Bi-Weekly Gross Income}} = \boxed{\text{Yearly Gross Income}}$$

Monthly Pay Check Stubs: 12 months in a year

$$\boxed{12} \times \boxed{\text{Average Monthly Gross Income}} = \boxed{\text{Yearly Gross Income}}$$

Financial Hardship



Evidence to establish the applicant's claim of financial hardship can include the following:

- Documents showing unexpected/uninsured medical bills
 - Not normally expected in course of regular life
 - Applicant or applicant's dependents living with applicant in U.S. during 3 month period preceding the filing of the waiver
- Documents showing medical emergency or catastrophic illness
 - Can be for applicant or applicant's dependents residing in the U.S. during the 3 month period preceding filing of the waiver
- Documents showing assets owned, possessed, or controlled by applicant or dependents

Financial Hardship



Documentation of living expenses

- Evidence of mortgage payments
- Rent receipts
- Utility bills
- Food receipts
- Medical expenses
- Child care receipts
- Receipts for other essential expenditures

Financial Hardship



Documentation of extraordinary expenditures for applicant or dependents residing in the U.S. during the 3-month period preceding the filing of the waiver and reasonable to their well-being or for earning a living including, but not limited to:

- Clothing
- Laundry
- Dry cleaning

Financial Hardship



Unreasonable living expenses that do not establish financial hardship:

- **Extravagant expenses (expensive cars, clothing, vacations, etc.)**
- **Cable/satellite television**
- **Credit card charges not used for basic expenses**
- **Charitable donations**
- **Entertainment expenses (movies, music, internet, etc.)**

Training Agenda



U.S. Citizenship
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Forms That
Require a
Fee

Form I-912 &
Supporting
Evidence

Approvals &
Denials

Form G-1054

Final Decision Reminders



- Forms being rejected for a separate reason need the safe address and reviewed for fee waiver.
- There is no SISO review of a fee waiver denial.

Final Decision Reminders, *continued*



U.S. Citizenship
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Services

If a form is submitted, a previous fee waiver request was denied, and...

Then white out the previous information ...

The file contains a new Fee Waiver Request,

Enter your decision on the current Fee Waiver Request.

Final Decision Reminders, *continued*



U.S. Citizenship
and Immigration
Services

If a form is submitted, a previous fee waiver request was denied, and...

Then white out the previous information and ...

The subsequent filing now contains a fee for the underlying form,

Process the form as instructed for forms submitted with a fee.

Final Decisions



U.S. Citizenship
and Immigration
Services

The following slides provide the instructions for processing approvals and denials of fee waiver requests.

APPROVALS



U.S. Citizenship
and Immigration
Services

On the Form I-912:

- Check the USCIS Service Center block
- Check Fee Waiver Approved
- Write in the date and your RAILS ID

<input checked="" type="checkbox"/> USCIS Service Center	
<input checked="" type="checkbox"/> Fee Waiver Approved	<input type="checkbox"/> Fee Waiver Denied
Date: <u>7/4/18 AA0000</u>	Date: _____

On the Safe Address Sheet:

- Check “Granted” next to “Application fee waiver”

	Granted	Denied	Not Required
Application fee waiver:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DENIALS



U.S. Citizenship
and Immigration
Services

On the Form I-912:

- Check the USCIS Service Center block
- Check Fee Waiver Denied
- Write in the date and your RAILS ID

<input checked="" type="checkbox"/> USCIS Service Center	
<input type="checkbox"/> Fee Waiver Approved	<input checked="" type="checkbox"/> Fee Waiver Denied
Date: _____	Date: <u>7/4/18 AA0000</u>

On the Safe Address Sheet:

- Check “Denied” next to “Application fee waiver”

	Granted	Denied	Not required
Application fee waiver:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Fill out Form G-1054 and rubber band it to the front of the file

Training Agenda



U.S. Citizenship
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Forms That
Require a
Fee

Form I-912 &
supporting
evidence

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Form G-1054



G-1054, Request for Fee Waiver Denial Letter
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form G-1054

START HERE. Type or print in black ink.

1. Title's Date (month/year)

Part I: Information About Requester

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

3. a. Family Name (Last Name)

b. Given Name (First Name)

c. Middle Name

4. a. Street Number

b. Comments:

Notice to Requester

You file the waiver request and associated application, petition, motion, or request is being returned to you. If you wish to re-apply for the immigration benefit noted in Part 2 of this form, you must resubmit the application, petition, motion, or request with the required filing fee to the appropriate USCIS office.

If you filed the denial of your fee waiver request in however, you may submit a new fee waiver request with additional supporting information when you resubmit your associated application, petition, motion, or request. It would be helpful for any additional information that you submit to include a more complete description of your financial and living situation, with supporting documentation. For additional guidance, please visit our Web site at uscis.dhs.gov. For example, you may wish to include:

1. Proof of living arrangements (e.g., living with relatives, living in the individual's own home, apartment) and evidence of whether the individual's dependents are residing in her or his household.
2. Evidence of current employment or self-employment such as recent pay statements, W-2 forms, statement(s) from the individual's employer(s) on business stationary showing salary or wages paid and income tax returns (proof of filing of a tax return).
3. Mortgage payment receipts, rent receipts, food receipts, clothing receipts, utility bills (e.g., gas, electricity, telephone, water), child or elder care receipts, tuition bills, transportation expense receipts, medical expense receipts and proof of other essential expenditures.

NOTE: The Form G-1054 can be found in the training resources on the training console and in the Published Knowledge Management Library under Safe Address.

... household income does not appear to be as or below the Federal Poverty Guidelines; you have not demonstrated that you have (within the last 180 days) specified, for or received a "federally recognized" public benefit" you have not demonstrated that you have any extraordinary circumstances, including but not limited to being elderly (65 years of age or older at the time the fee waiver request was submitted), disabled, naturalized individual in household expenditures, active humanitarian or compassionate records that would justify granting your fee waiver request.

Form G-1054 02/11/14 Page 1 of 2

... educational scholarships, fellowships, pensions, Social Security or Veterans benefits, etc. This includes monetary contributions for the payment of monthly expenses received from adult children, dependents, and other people who are living in the individual's household, etc.

10. Documentation of debts and liabilities such as what is owed on any outstanding loans, credit cards, etc. by the individual and his or her dependents, and any other expenses the individual is responsible for (e.g., automobile, medical dental bills).

Form G-1054 02/11/14 Page 2 of 2

Form G-1054

- Fill in the applicant's information and the safe address.
- Enter your RAILS code in the "Title" section of Part 2, and the VSC address in the "Return Address" section



▶ **START HERE.** Type or print in black ink.

1. Today's Date (mm/dd/yyyy) ▶ 1/4/2018

Part 1. Information About Requestor

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

▶ A- 0000000001

3.a. Family Name (Last Name) DOE

3.b. Given Name (First Name) JANE

3.c. Middle Name

Mailing Address

4.a. Street Number and Name THE SAFE ADDRESS

4.b. Apt. Ste. Flr.

4.c. City or Town

4.d. State 4.e. ZIP Code

Part 2. Information About Your Fee Waiver Request

Request to Waive Required Filing Fee for Form I-485

Application/Petition/Motion/Request for:
OTHER RIDING FORMS IF APPLICABLE

Accordingly, your Fee Waiver Request is hereby denied.

3.a. Last Name

3.b. First Name

3.c. Title AA0000

Return Address

4. Name of Company or Organization
VERMONT SERVICE CENTER

5.a. Street Number and Name 75 LOWER WELDEN ST

5.b. Apt. Ste. Flr.

5.c. City or Town ST. ALBANS

5.d. State VT 5.e. ZIP Code 05479

Form G-1054



U.S. Citizenship
and Immigration
Services

If the applicant's Form I-912 will be denied because he or she:

- Earns more than the Federal Poverty Guidelines;
- Does not qualify for a means-tested benefit; or
- Has not demonstrated any extenuating circumstances;

Then select "1.a." on the Form G-1054.

Dear Sir/Madam:

- 1.a. Upon review of your fee waiver request, U.S. Citizenship and Immigration Services (USCIS) has determined that you have not demonstrated an "inability to pay" the required filing fee for the above noted application, petition, motion or request because of one or more of the following noted reasons: your household income does not appear to be at or below the Federal Poverty Guidelines; you have not demonstrated that you have (within the last 180 days) qualified for or received a "federal means-tested public benefit" you have not demonstrated that you have any extenuating circumstances, including but not limited to being elderly (65 years of age or older at the time the fee waiver request was submitted), disabled, unusual individual or household expenditures, and/or humanitarian or compassionate reasons that would justify granting your fee waiver request.

Form G-1054



If the applicant's Form I-912 will be denied because he or she did not submit any supporting evidence, or the evidence was insufficient:

Then select "2.a." on the Form G-1054.

1.b. Comments:

2.a. Due to insufficient information contained in your fee waiver request, USCIS was not able to determine your "inability to pay" the required filing fee.

2.b. Comments:

Questions



U.S. Citizenship
and Immigration
Services



Summary



U.S. Citizenship
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Forms That
Require a
Fee

Form I-912 &
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Form G-1054

About this Presentation



U.S. Citizenship
and Immigration
Services

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