



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

USCIS
Form I-942
OMB No.1615-0133
Expires 11/30/2018

For USCIS Use Only	Request Received At (Select only one box)	
	<input type="checkbox"/> USCIS Field Office <input type="checkbox"/> Reduced Fee Approved <input type="checkbox"/> Reduced Fee Denied Date: _____ Date: _____	<input type="checkbox"/> USCIS Service Center <input type="checkbox"/> Reduced Fee Approved <input type="checkbox"/> Reduced Fee Denied Date: _____ Date: _____

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

Part 1. Information About You (Requestor)

Provide information about yourself. If you are the legal guardian filing on behalf of a person with a physical disability or developmental or mental impairment, provide information about the person for whom you are filing this form.

1. Full Name

Family Name (Last Name)

Given Name (First Name)

Middle Name

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

3. Alien Registration Number (A-Number)

► **A-**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

4. Marital Status

☐ Single, Never Married

☐ Married

☐ Divorced

☐ Widowed

☐ Marriage Annulled

☐ Separated

☐ Other (Explain)

Part 2. Information About Family Members Filing This Request With You

1. In the table below, add the family members filing this request with you

Full Name	A-Number (if any)													Date of Birth	Relationship to You
	A-														
	A-														
	A-														
	A-														

Part 3. Household Income

Your Employment Status

1. Employment Status

☐ Employed (full-time, part-time, seasonal, self-employed)

☐ Unemployed or Not Employed

☐ Retired

☐ Other (Explain)

Part 3. Household Income (continued)**Information About Your Spouse**

2. If you are married or separated, does your spouse live in your household? ☐ Yes ☐ No
- A. If you answered "No" to **Item Number 2.**, does your spouse provide any financial support to your household? ☐ Yes ☐ No

Your Household Size

3. Are you the person providing the primary financial support for your household? ☐ Yes ☐ No

If you answered "Yes" to **Item Number 3.**, type or print your name on the line marked "self" in the table below. If you answered "No" to **Item Number 3.**, 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	Does Person Earn Income Counted Toward 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.

4. Your Annual Income

5. Annual Income of All Household Members

Provide the annual income of all family members counted as part of your household as listed above under **Household Size** in **Item Number 3.** (Do not include the amount provided in **Item Number 4.**)

6. Total Additional Income or Financial Support

Provide the total annual amount you receive in additional regular income or financial support from a source outside of your household. (Do not include the amount provided in **Item Number 4.** or **5.**) You must add all of the additional income and financial support amounts that you regularly receive and put the total amount in the space provided. Type or print "0" in the total box if there is none. Select the type of additional income or financial support that you receive and provide documentation.

- | | | |
|--|--|--|
| <input type="checkbox"/> Parental Support | <input type="checkbox"/> Unemployment | <input type="checkbox"/> Other (Explain) |
| <input type="checkbox"/> Spousal Support (Alimony) | <input type="checkbox"/> Social Security Benefits | <input type="text"/> |
| <input type="checkbox"/> Child Support | <input type="checkbox"/> Veteran's Benefits | <input type="text"/> |
| <input type="checkbox"/> Educational Stipends | <input type="checkbox"/> Financial Support From Adult Children, Dependents, Other People | <input type="text"/> |
| <input type="checkbox"/> Royalties | <input type="checkbox"/> Living in the Household | <input type="text"/> |
| <input type="checkbox"/> Pensions | | <input type="text"/> |

7. Total Household Income (add the amounts from **Item Numbers 4., 5., and 6.**)

Part 3. Household Income (continued)

8. Has anything changed since the date you filed your Federal tax returns? (For example, your marital status, ☐ Yes ☐ No income, or number of dependents.)

If you answered "Yes" to **Item Number 8.**, provide an explanation below. Provide documentation if available.

Part 4. Requestor's Statement, Contact Information, Certification, and Signature

NOTE: Read the **Penalties** section of the Form I-942 Instructions before completing this part.

Each person applying for a reduced fee must complete, sign, and date Form I-942 and provide the required documentation. This includes family members identified in **Part 2., Item Number 1.** Signature fields for family members are at the end of this part. A legal guardian may sign the request on behalf of the applicant. USCIS rejects any Form I-942 that is not signed by all individuals requesting a reduced fee and may deny a request that does not provide the required documentation. If the information provided by the requestor in **Part 4.** is not applicable to a family member identified in **Part 2.**, that individual should complete **Part 5.**

Requestor's Statement

NOTE: 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 6.** 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

- ☐ At my request, the preparer named in **Part 7.**, , 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.

Part 4. Requestor's Statement, Contact Information, Certification, and Signature (continued)

I understand that USCIS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, if I am required to provide biometrics, I will be required to sign an oath reaffirming that:

- 1) I reviewed and provided or authorized all of the information in my request;
- 2) I understood all of the information contained in, and submitted with, my request; and
- 3) All of this information was complete, true, and correct at the time of filing.

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.

Requestor's Signature

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

Family Members' Signatures

NOTE: Each family member must type or print their full name and sign in the spaces below. You can find additional family members' signature spaces in **Item Numbers 7. - 10.** below. All family members identified in **Part 2., Item Number 1.** must sign and date Form I-942.

I certify that the information provided by the requestor in **Part 4.** applies to me.

7. Family Member 1

Family Member's Name

Family Member's Signature

Date of Signature (mm/dd/yyyy)

➡

8. Family Member 2

Family Member's Name

Family Member's Signature

Date of Signature (mm/dd/yyyy)

➡

9. Family Member 3

Family Member's Name

Family Member's Signature

Date of Signature (mm/dd/yyyy)

➡

10. Family Member 4

Family Member's Name

Family Member's Signature

Date of Signature (mm/dd/yyyy)

➡

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

NOTE: Read the information on penalties in the **Penalties** section of the Form I-942 Instructions before completing this part.

If the information provided by the requestor in **Part 4.** is not applicable to a family member identified in **Part 2., Item Number 1.** (for example, the family member used an interpreter or speaks a different language) that individual should complete **Part 5.** USCIS rejects any Form I-942 that is not signed by all individuals requesting a reduced fee.

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

1. Family Member's Statement Regarding the Interpreter for:
- A. ☐ I can read and understand English, and have read and understand every question, instruction, and answer on this request.
- B. ☐ The interpreter named in **Part 6.** has also read to me every question, instruction, and answer on this request in , a language in which I am fluent. I understand every question and instruction on this request as translated to me by my interpreter, and have provided complete, true, and correct responses in the language indicated above.
2. Family Member's Statement Regarding the Preparer for:
- ☐ I have requested the services of and consented to , who ☐ is ☐ is not an attorney or accredited representative, preparing this request for me.

Family Member's Contact Information

3. Family Member's Daytime Telephone Number
4. Family Member's Mobile Telephone Number (if any)
5. Family Member's Email Address (if any)

Family Member's Certification

I certify, under penalty of perjury, that the information in my request and any document submitted with my request were provided by me and are complete, true, and correct.

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.

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 these Instructions, USCIS may deny your request.

Part 6. 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 7.**) ☐ Yes ☐ No

2. Was the same interpreter used for all individuals requesting a reduced fee (as listed in **Part 2.**) ☐ Yes ☐ No

NOTE for Family Members: If you used a different interpreter than the one used by the requestor, make additional copies of **Part 6.**, provide the following information, indicate the family member for whom he or she interpreted, and include the pages with your completed Form I-942.

Provide the following information about the interpreter.

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

5. Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

Province

Postal Code

Country

Interpreter's Contact Information

6. Interpreter's Daytime 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:

I am fluent in English and , which is the same language specified in **Part 4., 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 **Requestor's Certification**, and has verified the accuracy of every answer.

Interpreter's Signature

9. Interpreter's Signature

Date of Signature (mm/dd/yyyy)

Part 7. Contact Information, Declaration, and Signature of the Person Preparing this Request, if Other Than the Requestor

1. Did any person prepare this request on your behalf? Yes, (complete this section). No, (skip). ☐ Yes ☐ No
2. Was the same preparer used for all individuals requesting a reduced fee (as listed in **Part 2.**) ☐ Yes ☐ No

NOTE for Family Members: If you used a different preparer than the one used by the requestor, provide the following information, and include the pages with your completed Form I-942.

Provide the following information about the preparer.

Preparer's Full Name

3. Preparer's Family Name (Last Name) Preparer's Given Name (First Name)
4. Preparer's Business or Organization (if any)

Preparer's Mailing Address

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

Preparer's Contact Information

6. Preparer's Daytime 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 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.

Part 7. Contact Information, Declaration, and Signature of the Person Preparing this Request, if Other Than the Requestor (continued)

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 **Requestor'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)

Part 8. 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. Type or print 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.
