



## MEMORANDUM FOR PUBLIC CHARGE QUESTION ON FORM I-129, I-539, AND I-539A (IF APPLICABLE)

### Background:

The government has expanded its interpretation of the term “public charge” - a concept that involves determining whether you are likely to become reliant on government assistance (in which case the government may conclude that you are “inadmissible” and thus not eligible for the immigration benefit that we seek). To make this determination, the government now requires that additional information be provided on Forms I-129, I-539, and I-539A. Form I-539 is only required if a dependent family member is included in the filing, and a Form I-539A for any additional dependent family member(s) included in the filing. We need to obtain the information from you so that we can properly complete the form(s).

### Guidelines:

When you are completing the attached, please follow the below guidelines:

- Do not take into account your spouse or child(ren) when completing the form for yourself.
- If you have a spouse and/or child(ren) who will be filing as your dependent, please print, complete, and have them sign a separate form for each person who will be included in the filing. Do not complete a certification for any US citizen spouse or child.
- When completing the form, focus on Question 1: whether you have received or are certified to receive (and, in the case of federally funded Medicaid, whether you have applied to receive) any of the listed benefits. If you are able to check off **both** “no” lines at Question 1, then the balance of the questions will not apply. **If the answer to both questions is “no,” please be sure to check both “no” responses before returning the signed certification.**
- In responding to Question 1, please take into account ONLY those benefits that you received on or after the later of (i) October 15, 2019 or (ii) the date you obtained your current visa status. [Example: If you are currently an F-1 student and you first held F-1 student status in the United States on December 6, 2019, then you would only take into account benefits received on or after December 6, 2019. However, if you had first held student status on May 12, 2019, then you would only take into account benefits that you received on or after October 15, 2019.]
- In answering Question 1, you do NOT need to take into account the following benefits: earned benefits (such as unemployment, social security retirement, worker’s compensation); emergency and disaster relief/aid; tax credits; public health services; public education (including HeadStart); state or local funded health programs or housing assistance programs (unless involving cash assistance).

### Action Required:

If the response to Question 1 for you or for your spouse and/or child (if applicable) is “Yes” or if you are uncertain how to respond, you may wish to consult with your own attorney or tax professional for assistance. For general inquiries, you may email your Seyfarth case handler.

If the response to Question 1 for you is “No,” then please sign and date the form, and **upload** the signed and dated form to your ImmSTAR record. Please do the same for any required forms for your spouse and/or child(ren).

We appreciate your timely cooperation so that we may move forward with your immigration benefit request filing.

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**Part 6. Information About The Beneficiary's Public Benefits (continued)**

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1. Has the beneficiary received, since obtaining the nonimmigrant status that you seek to extend or that you seek to change on behalf of the beneficiary, received, or is the beneficiary currently certified to receive, the following public benefits? (select all that apply).

☐ Yes, the beneficiary has received or is currently certified to receive the following public benefits: (select all that apply)

- ☐ Any Federal, State, local or tribal cash assistance for income maintenance
- ☐ Supplemental Security Income (SSI)
- ☐ Temporary Assistance for Needy Families (TANF)
- ☐ General Assistance (GA)
- ☐ Supplemental Nutrition Assistance Program (SNAP, formerly called "Food Stamps")
- ☐ Section 8 Housing Assistance under the Housing Choice Voucher Program
- ☐ Section 8 Project-Based Rental Assistance (including Moderate Rehabilitation)
- ☐ Public Housing under the Housing Act of 1937, 42 U.S.C. 1437 et seq.
- ☐ Federally-Funded Medicaid

☒ No, the beneficiary has not received any of the above listed public benefits.

☒ No, the beneficiary is not certified to receive any of the above listed public benefits.

2. If the beneficiary has received or is currently certified to receive any of the above public benefits, provide information about the public benefits below. If you need additional space to complete any Item Number in this Part, use the space provided in **Part 10. Additional Information**. Submit evidence as outlined in the Instructions.

**A.** Type of Benefit

Agency that Granted the Benefit

Date the Beneficiary Started Receiving the Benefit or if Certified,  
Date the Beneficiary Will Start Receiving the Benefit (mm/dd/yyyy)

Date Benefit Ended or Expires  
(mm/dd/yyyy)

**B.** Type of Benefit

Agency that Granted the Benefit

Date the Beneficiary Started Receiving the Benefit or if Certified,  
Date the Beneficiary Will Start Receiving the Benefit (mm/dd/yyyy)

Date Benefit Ended or Expires  
(mm/dd/yyyy)

**C.** Type of Benefit

Agency that Granted the Benefit

Date the Beneficiary Started Receiving the Benefit or if Certified,  
Date the Beneficiary Will Start Receiving the Benefit (mm/dd/yyyy)

Date Benefit Ended or Expires  
(mm/dd/yyyy)

**Part 6. Information About The Beneficiary's Public Benefits (continued)**

**D. Type of Benefit**

Agency that Granted the Benefit

Date the Beneficiary Started Receiving the Benefit or if Certified,  
Date the Beneficiary Will Start Receiving the Benefit (mm/dd/yyyy)

Date Benefit Ended or Expires  
(mm/dd/yyyy)

**3. If you answered "Yes" to Item Number 1., do any of the following apply to the beneficiary? Provide the evidence listed in the Form I-129 Instructions.**

- ☐ The beneficiary is enlisted in the Armed Forces, or is serving in active duty or in the Ready Reserve Component of the U.S. Armed Forces.
- ☐ The beneficiary is the spouse or the child of an individual who is enlisted in the Armed Forces, or who is serving in active duty or in the Ready Reserve Component of the U.S. Armed Forces.
- ☐ At the time the beneficiary received the public benefits, the beneficiary (or the beneficiary's spouse or parent) was enlisted in the Armed Forces, or was serving in active duty or in the Ready Reserve Component of the U.S. Armed Forces.
- ☐ At the time the beneficiary received the public benefits, the beneficiary was present in the United States in a status exempt from the public charge ground of inadmissibility.
- ☐ At the time the beneficiary received the public benefits, the beneficiary was present in the United States after being granted a waiver of the public charge ground of inadmissibility.
- ☐ The beneficiary is a child currently residing abroad who entered the United States with a nonimmigrant visa to attend an N-600K, Application for Citizenship and Issuance of Certificate Under INA Section 322 interview.
- ☐ None of the above statements apply to the beneficiary.

**4. Has the beneficiary received, applied for, or has been certified to receive federally-funded Medicaid in connection with any of the following (select all that apply): Submit evidence as outlined in the Instructions.**

- ☐ An emergency medical condition
- ☐ For a service under the Individuals with Disabilities Education Act (IDEA)
- ☐ Other school-based benefits or services available up to the oldest age eligible for secondary education under State law
- ☐ While under the of age 21
- ☐ While pregnant or during the 60-day period following the last day of pregnancy

**5. Provide the applicable dates** From: (mm/dd/yyyy)  To: (mm/dd/yyyy)

**Name of Signer (printed):** Himanshu Malik

**By signing below, I hereby affirm, under penalty of perjury, that my response to Question 1 of the Form I-129, I-539, or I-539A, as applies to individual indicated below, is "No, I have not received and am not certified to receive any of the public benefits listed on the form."**

**I am signing this document for:** ☒ **myself**

☐ **my spouse** (printed name: \_\_\_\_\_)

☐ **my child** (printed name: \_\_\_\_\_)

**Signature:** 

**Date Signed:** 8/16/2021