**Declaration form for H1/L1 Extension of stay or change of status**

**(Please fill separate form for dependents)**

**Name of the Employee/Dependent: Sankar Sarma Akella**

**Employee Number: 310276**

**Case Type: New H1B Cap – Non Premium**

**Application number:** **IN-578265**

**Section 1**

|  |  |
| --- | --- |
| Any federal, State, Local or tribal cash assistance for income maintenance. | **No** |
| Supplemental Security Income (SSI). | **No** |
| Temporary assistance for Needy Families (TANF). | **No** |
| General Assistance (GA). | **No** |
| Supplemental Nutrition Assistance Program (SNAP, Formerly called ‘Food Stamps’). | **No** |
| Section 8 Housing Assistance under the Housing Choice Voucher Program. | **No** |
| Section 8 Project Based Rental Assistance (including Moderate Rehabilitation). | **No** |
| Public Housing under the Housing Act of 1937, 42 U.S.C 1437 et seq. | **No** |
| Federally-Funded Medicaid. | **No** |

Please confirm if you have ever received or are certified to receive any of the below mentioned Public benefits:

**(Select Yes/No appropriately for each point)**

**Section 2**

If the answer to the above is ‘Yes’ the please provide below details. If more benefits are availed add additional sections.

1. Type of Benefit:
2. Agency that granted the Benefit
3. Start date of the benefit
4. End date of the benefit

**Section 3**

If you answered ‘Yes’ to **Section 1** above do any of the following apply to you/dependents? Provide the evidence if you select ‘Yes’

|  |  |
| --- | --- |
| 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. | **No** |
| 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. | **No** |
| 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 Reality Reserve Component of the U.S. Armed Forces. | **No** |
| 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. | **No** |
| 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. | **No** |
| The beneficiary is a child currently residing abroad who entered the United States with a non-immigrant visa to attend an N-600K, Application for Citizenship and Issuance of Certificate under INA Section 322 interview. | **No** |
| None of the above statements apply to the beneficiary. | **No** |

**Section 4**

Have you received, applied for, or has been certified to receive Federally-Funded Medicaid in connection with any of the following (Answer Yes/NO to each point): Submit evidence outlined in the Instructions.

|  |  |
| --- | --- |
| An emergency medical condition. | **No** |
| For a service under the Individuals with Disabilities Education Act (IDEA) | **No** |
| Other school-based benefits or services available up to the oldest age eligible for secondary education under State law | **No** |
| While under the age of 21 | **No** |
| While pregnant or during the 60-day period following the last day pregnancy | **No** |

**If you have answered ‘Yes’ to any of the above, please answer below**

Provide the applicable dates From: (MM/DD/YYYY) Not Applicable

To: (MM/DD/YYYY) Not Applicable