



CATHOLIC LEGAL IMMIGRATION NETWORK, INC.

CLINIC Fee Waiver Application Form

Purpose and Use of the Form

This form was created by Catholic Legal Immigration Network, Inc. (CLINIC) in August 2007 and is based on previous forms created by the Hebrew Immigrant Aid Society, the Immigrant Legal Resource Center, and CLINIC.

Currently, there is no official U.S. Citizenship and Immigration Services (USCIS) fee waiver application form, and USCIS fee waiver policy is discretionary, with considerable variation among different offices in terms of the amount and types of evidence required for a fee waiver. CLINIC has attempted to create a form that is comprehensive in the information provided, based on the 3/4/04 USCIS fee waiver policy guidance, available at:

<http://www.uscis.gov/files/pressrelease/FeeWaiverGd3404.pdf>.

Local agencies can use this form as given, or adapt it based on their experience with their local or regional USCIS office. Based on their experience, agencies may wish to eliminate information in this form that is not typically required by their USCIS office.

Regardless of whether agencies use this form as given or modify it, CLINIC hopes the form will facilitate the fee waiver process by helping service providers organize and present all the required information and evidence.

New Fee Waiver Policy

Under the new fee rule that took effect on July 30, 2007, fee waivers are *no longer allowed* for most USCIS applications. The *only* applications or services for which fee waivers are allowed are the following:

- I-90 (Application to Replace Permanent Residence Card)
- I-485 (Application to Register Permanent Residence or Adjust Status)
Fee waiver requests for I-485s are *only allowed* when the applicant's eligibility for adjustment of status is based on *asylum status*, *T status* (victims of human trafficking), *U status* (victims of violent crime who assist in the prosecution), a self petition under the *Violence Against Women Act*, or where by law the applicant is not required to demonstrate that he or she will not become a public charge, including but not limited to *Special Immigrant-Juveniles* and applications based on the *Cuban Adjustment Act*, *Haitian Refugee Immigration Fairness Act*, and the *Nicaraguan and Central American Relief Act*. Note that refugees are automatically exempt from paying the I-485 fee; therefore they do not have to request a fee waiver.
- I-751 (Petition to Remove Conditions on Residence)
- I-765 (Application for Employment Authorization Document)
- I-817 (Application for Family Unity Benefits)
- I-821 (Application for Temporary Protected Status)
Note that there are separate standards for fee waivers for TPS applicants, found in 8 C.F.R. § 244.20.
- N-300 (Application to File Declaration of Intention to Apply for U.S. Citizenship)

- N-336 (Request for a Hearing on a Decision in Naturalization Proceedings)
- N-400 (Application for Naturalization)
- N-470 (Application to Preserve Residence for Naturalization Purposes)
- N-565 (Application for Replacement of Naturalization/Citizenship Certificate)
- N-600 (Application for Certificate of Citizenship)
- N-600K (Application for Citizenship Under Section 322)
- I-290B (Notice of Appeal or Motion)
- Biometrics services

Further information about this new policy can be found in the USCIS memorandum issued on 7/20/07, available at: <http://www.uscis.gov/files/pressrelease/FeeWaiver072007.pdf>.

Feedback

Feedback on this form is welcomed. Please contact Laura Burdick at lburdick@cliniclegal.org with any comments or questions.

FEE WAIVER APPLICATION FORM BELOW

Fee Waiver Request & Declaration

Name: _____ Alien Number: _____

Application Form Number: _____

I am unable to pay the fee for the attached application. In accordance with 8 C.F.R. § 103.7(c), I am requesting a fee waiver. If my spouse or dependents applying for benefits concurrently with me are also requesting fee waivers, I am listing their names here and including a copy of this fee waiver request with their applications:

Situation & Criteria

I am applying for a fee waiver based on the following situation and criteria:

- Public Benefits.** Within the last 180 days, I qualified for or received a “federal means-tested public benefit.” *Please see attached evidence.*
- Low Income.** My annual household income of \$ _____, on which taxes were paid for the most recent tax year (if high enough to pay taxes on), is at or below the poverty level of \$ _____, as indicated in the most recent poverty guidelines set by the Secretary of Health and Human Services. *Please see attached income tax returns.*
- Age.** I am elderly (age 65 or over).
- Disability.** I have a disability that has been determined by the Social Security Administration, Health and Human Services, Veteran’s Administration, or other appropriate federal agency. *Please see attached documentation of my disability determination.*
- Dependents.** I have _____ (number of) dependents in my family household who are seeking derivative status or benefits concurrently with me (the principal applicant or beneficiary). *Please see attached evidence of my living arrangements.*
- Special Situation.** I am in a special situation that requires humanitarian or compassionate consideration, described below. *Please see attached evidence, if available.*

Fee Waiver Request & Declaration for: _____
A-number: _____

Overall Financial Picture

Information about my household and family members:

I live in the same household with _____ (number of) persons, listed below. *I am attaching evidence of my living arrangements.*

Name	Age	Relationship to me	Employed (yes/no)	Income

Information about my income

My total income each month (including that of my dependents, if applicable), from all sources, is \$_____. Below I have listed all the sources of my income and the amount from each source. *I am attaching evidence of my income from these sources.*

Source	\$ Amount per month
Wages/salary	
SSI	
TANF	
Food Stamps	
Other public benefits (as specified)	
Other income (as specified)	
TOTAL	

Information about my assets

My total assets (including those of my dependents, if applicable), from all sources, are in the amount of \$_____. Below I have listed all of my assets and the amount each is worth. *I am attaching evidence of my assets.*

Source	\$ Amount
Cash	
Checking/savings accounts	
Real estate	
Personal property (as specified)	
Other assets (as specified)	
TOTAL	

Information about my expenses

My living expenses each month (including those of my dependents, if applicable) total \$ _____. I am listing each expense below. *I am attaching evidence of my expenses.*

Source	\$ Amount per month
Housing (rent/mortgage)	
Food	
Utilities (electric/gas/phone)	
Transportation	
Medical	
Child care	
Clothing	
Spousal and/or child support	
Auto loan	
Auto insurance	
Credit cards	
Other debts	
Other expenses (specify)	
TOTAL	

I declare under penalty of perjury that the preceding is true and correct.

Signature of Declarant

Date

I, _____, affirm that I am fluent in _____ and English and that I have accurately translated this declaration from English into the _____ language to the declarant.

Signature of Translator