

DECLARATION FORM: FEE WAIVER REQUEST

I. PERSONAL INFORMATION

A# _____

1. Name: _____

2. Address: _____

Street, Apt. #

City, State, Zip

3. Telephone: (____) _____

4. Soc. Sec. #: ____-____-_____

5. Date of Birth ____/____/____

6. Place of Birth _____

7. Date of Arrival in U.S. ____/____/____

CRITERIA FOR DETERMINING INABILITY TO PAY

I have received a federal means tested public benefit within the last 180 days and documentation is provided. The benefit received is:

___ Food stamps

___ SSI (Supplemental Security Income)

___ TANG (Temporary Assistance to Needy Families)

___ Medicaid

___ MFIP (Minnesota Family Investment Program)

___ Other (please explain) _____

I request a waiver of United States Citizenship and Immigration Services application fees. I declare under penalty of perjury that the foregoing is true and correct. I am asking for a fee waiver because I am unable to pay the fee.

Signed _____ Date _____

Fee Waiver Request Process

1. The fee waiver form, with signed affidavit (at bottom of form), is sent with the N-400, a photocopy of the green card, and 2 photos.
2. Attach documentation:
 - recent letter showing social security benefits, or
 - recent letter showing food stamp benefits, etc.
 - recent tax return which indicates that income is below poverty level (see chart on next page)

For more details, visit www.uscis.gov

3. Write a cover letter indicating what has been included and why that qualifies the applicant for a fee waiver.
4. To facilitate the processing of fee waiver requests, applicants should write in large print “Fee Waiver Request” on the outside of the mailing envelope containing their application or petition and fee waiver request, as well as at the top of their affidavit and each page of their supporting information.
5. Make copies of everything and send application by registered mail.
6. The application may be rejected the first time you send it in. Check the letter of rejection and send the application again with additional documentation.
7. If a fee waiver request continues to be denied, the applicant may have to pay the fee.

**The 2009 Poverty Guidelines for the 48
Contiguous States
and the District of Columbia**

Persons in family	Poverty guideline
1	\$10,830
2	14,570
3	18,310
4	22,050
5	25,790
6	29,530
7	33,270
8	37,010

For families with more than 8 persons, add \$3,740 for each additional person.