

Request for Fee Waiver (Form I-912)

Applicant Information

Full Name:

Mailing Address:

Date of Birth:

Alien Registration Number (A-Number):

Basis for Fee Waiver Request

- ☐ Receiving a Means-Tested Benefit
- ☐ Income at or Below 150% of Federal Poverty Guidelines
- ☐ Financial Hardship

Explanation

Explain why you are requesting a fee waiver:

Certification

☐ I certify, under penalty of perjury, that all information is true and correct.

Signature:

Date: