

USCIS Cost Waiver Application

Applicant Information

Full Name:

Street Address:

City:

State:

ZIP Code:

Reason for Cost Waiver

- ☐ I receive a means-tested benefit
- ☐ My household income is at or below 150% of the Federal Poverty Guidelines
- ☐ I am experiencing financial hardship

Signature

Signature:

Date:

Submit Application