

Statement of Indigency

Applicant Name:

A#:

Date of Birth:

I, the undersigned, declare under penalty of perjury that I am unable to pay the government filing fee for Form I-601 due to my current financial situation. The following statement outlines my circumstances of indigency:

Monthly Income:

Monthly Expenses:

Number of Dependents:

Additional Notes:

I certify that the information provided above is true and correct to the best of my knowledge.

Signature:

Date:

