

UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION

COOK COUNTY, ILLINOIS,

et al.,

Plaintiffs,

v.

CHAD F. WOLF, in his official capacity as  
Acting Secretary of U.S. Department of  
Homeland Security; U.S. DEPARTMENT  
OF HOMELAND SECURITY,

et al.,

Defendants.

Case No. 19-cv-6334

Judge Gary Feinerman

**MEMORANDUM IN SUPPORT OF PLAINTIFFS' MOTION FOR  
SUMMARY JUDGMENT ON COUNTS I-III**

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## INTRODUCTION

The Seventh Circuit has determined as a matter of law that the public charge rule violates the Administrative Procedure Act (“APA”). Plaintiffs are therefore entitled to summary judgment on their APA claims.

In affirming this Court’s preliminary injunction, the Seventh Circuit held that, even if the term “public charge” is susceptible to multiple interpretations, there is “no warrant in the Act” for the “sweeping view” taken by DHS in the Final Rule. *Cook County v. Wolf*, 962 F.3d 208, 229 (7th Cir. 2020). Rather, “it does violence to the English language and the statutory context to say that [‘public charge’] covers a person who receives only *de minimis* benefits for a *de minimis* period of time.” *Id.* Thus, the Final Rule’s interpretation “falls outside the boundaries set by the [INA].” *Id.* Further, the Final Rule is arbitrary and capricious because it has “numerous unexplained serious flaws,” including that DHS “failed adequately to grapple with” the Rule’s chilling effects or to “offer any justification for its extreme view” of self-sufficiency. *Id.* at 229–233.

The Seventh Circuit’s ruling is determinative. Although discovery continues on Plaintiffs’ claim that the stated reasons for the Final Rule are pretextual and on the equal protection claim, no discovery is needed to resolve this Motion. The Final Rule therefore should be vacated and judgment entered in favor of Plaintiffs with respect to Counts I–III.

## BACKGROUND

### A. The Final Rule.

The Immigration and Nationality Act (“INA”) allows the federal government to deny admission or adjustment of status to any non-citizen “likely at any time to become a public charge.” 8 U.S.C. § 1182(a)(4)(A). The term “public charge” traces back to the Immigration Act of 1882, ch. 376 §§ 1-2, Stat. 214, 214 (August 3, 1882). In nearly identical forms, the public-charge provision has been a ground for inadmissibility in successive immigration statutes ever since—up to and including the most recent reauthorization of the INA in 2013.<sup>1</sup> The INA’s inadmissibility provisions represent the balance Congress struck between allowing admission for family unity, workplace competitiveness, and other goals while denying admission to certain categories of people.<sup>2</sup> Throughout the term’s long history, “public charge” has been understood by courts<sup>3</sup> and administrative agencies<sup>4</sup> to refer only to a small

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<sup>1</sup> See, e.g., Immigration Act of 1891, ch. 551, 26 Stat. 1084, 1084; Immigration Act of 1907, ch. 1134, 34 Stat. 898, 899; Immigration Act of 1917, ch. 29 § 3, 39 Stat. 874, 876; INA of 1952, ch. 477, § 212(a)(15), 66 Stat. 163, 183; Illegal Immigration Reform and Immigrant Responsibility Act (“IIRIRA”), Pub. L. No. 104-208, § 531(a), 110 Stat. 3009-546, 3009-674-75 (1996); Violence Against Women Reauthorization Act of 2013, Pub. L. No. 113-4, 127 Stat. 54.

<sup>2</sup> *New York v. U.S. Dep’t of Homeland Sec.*, Nos. 19-3591, 19-3595, 2020 WL 4457951, at \*11 (2d Cir. Aug. 4, 2020) (*New York II*).

<sup>3</sup> See, e.g., *Gegiow v. Uhl*, 239 U.S. 3, 10 (1915) (“public charge” applies to those “excluded on the ground of permanent personal objections accompanying them”).

<sup>4</sup> See, e.g., *Matter of Martinez-Lopez*, 10 I. & N. Dec. 409, 421–22 (BIA 1962; A.G. 1964) (“The general tenor of the holdings is that the statute requires more than a

class of individuals primarily dependent on the government for long-term support.

In 1999, the former Immigration and Nationality Service (“INS”) proposed a rule and issued field guidance in response to “confusion about the relationship between [public benefits receipt] and the meaning of ‘public charge’” that arose after the INA was amended in 1996. *Field Guidance on Deportability and Inadmissibility on Public Charge Grounds*, 64 Fed. Reg. 28,689, 28,689 (May 26, 1999)<sup>5</sup> (“Field Guidance”); *Inadmissibility and Deportability on Public Charge Grounds*, 64 Fed. Reg. 28,676 (May 26, 1999) (“1999 NPRM”). In the Field Guidance and 1999 NPRM, the INS summarized “longstanding law with respect to public charge and provide[d] new guidance on public charge determinations.” Field Guidance, 64 Fed. Reg. at 28,689. Specifically, the Field Guidance and 1999 NPRM stated that, while not alone determinative, current receipt of *cash assistance for income maintenance* and current institutionalization at government expense are the best evidence of primary dependence on the Government, and are thus relevant to the public charge test. *See id.* at 28,690; 1999 NPRM, 64 Fed. Reg. at 28,677–78. In line with these

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showing of a possibility that the alien will require public support. Some specific circumstance, such as mental or physical disability, advanced age, or other fact reasonably tending to show that the burden of supporting the alien is likely to be cast on the public, must be present.”).

<sup>5</sup> The Field Guidance is erroneously dated March 26, 1999 in the Federal Register; it was published concurrently with the proposed rule on May 26, 1999. *See Inadmissibility on Public Charge Grounds*, 83 Fed. Reg. 51,114, 51,123 n.18 (Oct. 10, 2018).

determinations, INS recognized that “officers should not place any weight on the [current] receipt of *non-cash* public benefits.” Field Guidance, 64 Fed. Reg. at 28,689 (emphasis added). Nor should “[p]ast receipt of *non-cash* benefits” be taken into account in the public charge determination, let alone establish that a recipient is “likely” to become a public charge. *Id.* at 28,690 (emphasis added). This clarification looked to concrete factors in the recent past or present to assess one’s likelihood of becoming a public charge, and ensured that no negative factor, even receipt of cash benefits, was singularly determinative. *Id.*

On October 10, 2018, DHS published a Notice of Proposed Rulemaking (“Proposed Rule”) regarding the public charge ground for inadmissibility. *Inadmissibility on Public Charge Grounds*, 83 Fed. Reg. 51,114, 51,114–296 (Oct. 10, 2018). The Proposed Rule radically redefined the statutory term public charge to encompass the likely future use of many public benefits. *Id.* DHS received more than 250,000 comments in response to the Proposed Rule, “the vast majority of which opposed the rule.” *Inadmissibility on Public Charge Grounds*, 84 Fed. Reg. 41,292, 41,297 (Aug. 14, 2019) (the “Final Rule” or the “Rule”). On August 14, 2019, DHS issued its final rulemaking. *Id.* In the Rule, DHS redefined “public charge” to mean “an alien who receives one or more designated public benefits for more than 12 months in the aggregate within any 36-month period (such that, for instance, receipt of two benefits in one month counts as two months).” *Id.* at 41,295. The Rule also considers receipt of *de minimis* non-cash benefits, including Supplemental Nutrition Assistance Program (“SNAP”), Medicaid, and public housing. *Id.*

## **B. This Litigation**

Plaintiffs Cook County, Illinois and the Illinois Coalition for Immigrant and Refugee Rights (“ICIRR”) brought suit challenging the Final Rule. Plaintiffs allege, among other claims, that the Final Rule’s sweeping redefinition of the statutory term exceeds DHS’s statutory authority under the INA, that the Final Rule is contrary to law, and that the Rule is arbitrary and capricious in violation of the APA. Dkt. 1 at 44–48 (Counts I–III). ICIRR also has a separate claim under the Equal Protection Clause (Count IV), which survived a motion to dismiss and as to which discovery is ongoing. Dkt. 150.

On October 14, 2019, this Court issued a preliminary injunction enjoining the Final Rule’s application within Illinois. This Court held that the Final Rule was contrary to the plain meaning of the term “public charge” as used in the INA. Dkt. 106 (“PI Order”) at 16. The Seventh Circuit affirmed, agreeing with this Court’s conclusion that the Final Rule’s definition of “public charge” is not a permissible construction of the statutory text. *Cook County*, 962 F.3d at 226–29. The Seventh Circuit explained that, although the term “public charge” may be ambiguous, the Final Rule’s definition nevertheless falls outside the bounds of a reasonable understanding of the statutory text. *See id.* The Seventh Circuit also held that Plaintiffs were likely to succeed on claims that the Final Rule was contrary to law and arbitrary and capricious in violation of the APA. *See id.* at 229–34. On August 12, 2020, the Seventh Circuit denied Defendants’ petition for rehearing *en banc*. The Seventh Circuit’s mandate issued on August 20, 2020. Dkt. 199.

## LEGAL STANDARD

Summary judgment is appropriate “if the movant shows that there is no genuine dispute as to any material fact and the movant is entitled to judgment as a matter of law.” Fed. R. Civ. P. 56(a); *see also Anderson v. Liberty Lobby, Inc.*, 477 U.S. 242, 251–52 (1986). Review of agency action under the APA is “ordinarily limited to evaluating the agency’s contemporaneous explanation in light of the existing administrative record,” *Dep’t of Commerce v. New York*, 139 S. Ct. 2551, 2573 (2019) (citation omitted), which presents “a question of law, and only a question of law,” *Marshall Cty. Health Care Auth. v. Shalala*, 988 F.2d 1221, 1226 (D.C. Cir. 1993). Summary judgment is therefore typically the appropriate vehicle for adjudicating APA cases “because the questions on review are purely legal and are ‘amenable to summary disposition.’” *Flores Zabaleta v. Nielsen*, 367 F. Supp. 3d 208, 210 (S.D.N.Y. 2019) (citation omitted); *see also Great Am. Ins. Co. v. United States*, 55 F. Supp. 3d 1053, 1057–58 (N.D. Ill. 2014) (deciding legal questions in APA case at summary judgment). Put differently, “the Court need only ‘address legal questions’ to decide ‘whether the agency acted arbitrarily, capriciously or in some other way that violates 5 U.S.C. § 706.’” *Flores Zabaleta*, 367 F. Supp. 3d at 210 (citation omitted). The parties agree that Plaintiffs’ APA claims “can certainly be resolved in this Court without the need for discovery beyond the administrative record,” Dkt. 163 at 5, and are accordingly ripe for summary judgment.<sup>6</sup>

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<sup>6</sup> This Court determined that Plaintiffs had made a strong showing sufficient to

## ARGUMENT

As Defendants agree, Counts I through III “have largely been resolved by the Seventh Circuit’s recent ruling.” Dkt. 163 at 5. In its decision affirming the preliminary injunction in favor of Plaintiffs, the Seventh Circuit held that the Final Rule is invalid as a matter of law because it is inconsistent with the statute and because, as is clear from the agency’s stated justification for the Rule, it is arbitrary and capricious. The Seventh Circuit fully evaluated the relevant statutes and the agency’s stated justification, and its ruling is determinative as to the APA claims.

Indeed, the Seventh Circuit’s ruling does not permit any outcome other than judgment for Plaintiffs because it is law of the case that is binding on this Court.

*Key v. Sullivan*, 925 F.2d 1056, 1060 (7th Cir. 1991) (“[O]nce an appellate court either expressly or by necessary implication decides an issue, the decision will be binding upon all subsequent proceedings in the same case.”). An appellate ruling on a preliminary injunction is law of the case if it “was established in a definitive, fully considered legal decision based on a fully developed factual record and a decisionmaking process that included full briefing and argument without unusual

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justify extra-record discovery on their claim in Count III that the Rule is arbitrary and capricious because it is a pretext for discrimination. Dkt. 184 at 3–4 (citing Dkt. 1 ¶ 166). Discovery is ongoing with respect to Plaintiffs’ pretext claim under Count III, and Plaintiffs do not presently seek summary judgment as to pretext. Nor does Plaintiff ICIRR currently seek summary judgment on the separate equal protection claim in Count IV, which this Court has held is not limited to the administrative record, Dkt. 150 at 24–29, and for which discovery also remains ongoing. Plaintiffs reserve the right to so move as circumstances warrant.

time constraints.” *Sherley v. Sebelius*, 689 F.3d 776, 782–83 (D.C. Cir. 2012) (citing cases). Each of these factors is present here. The Seventh Circuit entered a definitive, fully considered legal decision with all material record information, after full briefing and argument, and without unusual time constraints.<sup>7</sup> And the Seventh Circuit now has declined to review that opinion *en banc*. In any event, that court’s cogent analysis is, at the very least, highly persuasive. Its decision to abrogate the Final Rule is also correct. The Seventh Circuit has decided all material questions as to Counts I through III, and summary judgment should now be entered in favor of Plaintiffs.

### **I. Cook County and ICIRR Are Proper Plaintiffs.**

As the Seventh Circuit held, both Cook County and ICIRR have Article III standing to sue, and Cook County falls within the INA’s zone of interests. *Cook County*, 962 F.3d at 218–20. The Seventh Circuit found it unnecessary to decide whether ICIRR also falls within the statute’s zone of interests, because it was not necessary for both Plaintiffs to meet that requirement. *Id.* at 221; *see also Massachusetts v. E.P.A.*, 549 U.S. 497, 518 (2007). This Court need not reach the issue either. In any event, as this Court already held, “ICIRR [is] precisely the type of organization that would reasonably be expected to ‘police the interests that the

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<sup>7</sup> Although the Seventh Circuit expedited briefing on appeal, 7th Cir. Dkt. 42, the parties had the full amount of time allowed in Fed. R. App. P. 31(a) to file their principal briefs, and Defendants were permitted 18 days—just three days fewer than allowed in Rule 31(a)—in which to file their reply brief.

statute protects.” PI Order at 14 (quoting *Amgen, Inc. v. Smith*, 357 F.3d 103, 109 (D.C. Cir. 2004)). ICIRR’s mission to ensure that immigrants are self-sufficient and can access permitted public benefits is at least marginally consistent with the INA’s purpose to create balance among various immigration goals, and unless ICIRR protects against “[a]n overbroad interpretation of the public charge ground,” the balance could “tip[] … too far in the direction of exclusion at the expense of admission.” *New York v. U.S. Dep’t of Homeland Sec.*, Nos. 19-3591, 19-3595, 2020 WL 4457951, at \*11–12 (2d Cir. Aug. 4, 2020) (*New York II*). Further, the INA “gives organizations like ICIRR a role in helping immigrants navigate immigration procedures,” including advising many immigrants about the public charge test. PI Order at 14.

**II. Both the Seventh Circuit and This Court Have Already Held That DHS Exceeded its Authority in Promulgating the Final Rule.**

The Seventh Circuit’s holding that the Final Rule is inconsistent with the text of the INA, as well as other governing statutes, compels judgment on Counts I and II. The statute exceeds DHS’s authority under the INA and the agency’s redefinition of “public charge” is contrary to law.

**A. The Final Rule is Contrary to the Unambiguous Meaning of “Public Charge” in the INA.**

Initially, Plaintiffs recognize that the Seventh Circuit held that the term “public charge” is ambiguous, and thus disagreed with this Court’s conclusion that the Final Rule should be invalidated under *Chevron* step one. *Cook County*, 962 F.3d at 226 (citing *Chevron U.S.A. Inc. v. Nat. Res. Def. Council, Inc.*, 467 U.S. 837

(1984)). Because the Seventh Circuit’s ruling is binding on this Court, Plaintiffs will not rehash their step one arguments here.<sup>8</sup> Nevertheless, Plaintiffs respectfully submit that this Court was correct to hold that the meaning of “public charge” has remained consistent and unambiguous since the term first entered the statutory lexicon in 1882: it has always referred to primary dependence on the government over the long term, and has never before been applied to individuals who receive temporary, *de minimis* support. PI Order at 15–28. Plaintiffs further note that the Second Circuit has since agreed with this Court’s analysis. *See New York II*, 2020 WL 4457951, at \*22. For this reason alone, the Final Rule violates the APA.

**B. The Final Rule’s Definition Is Unreasonable and Falls Outside the Boundaries Set By the INA.**

Regardless, the Final Rule cannot stand because, as the Seventh Circuit held, it is an unreasonable interpretation of the INA and thus fails *Chevron*’s second step. *Cook County*, 962 F.3d at 226–29. At *Chevron*’s second step, the court must determine whether the agency’s regulation, on its face, “is based on a permissible construction of the statute.” 467 U.S. at 843; *see also Our Country Home Enters., Inc. v. Comm’r of Internal Revenue*, 855 F.3d 773, 787 (7th Cir. 2017) (the court “asks whether [the agency’s] interpretation of th[e] statute is reasonable”). The court must invalidate an agency’s interpretation if, for example, “the agency’s

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<sup>8</sup> In order to preserve the issue, Plaintiffs incorporate by reference the step one arguments raised in their preliminary injunction briefing. Dkt. 27 at 31–35.

reading disregards the statutory context, ... its rule is based on an unreasonable interpretation of legislative history, ... or its new position would bring about an enormous and transformative expansion in the agency's regulatory authority without clear congressional authorization." *Cook County*, 962 F.3d at 226–27 (citations and internal quotation marks omitted). Thus, the Seventh Circuit's holding that DHS's novel interpretation of the statutory term "falls outside the boundaries" set by the INA and fails at step two rests upon many of the same findings this Court made in holding that the Rule failed at step one. *Id.* at 229. Whether the inquiry is framed as step one or step two, the Rule cannot stand.

1. The Final Rule's "12/36 Standard" is an Unreasonable Interpretation of "Public Charge."

The Seventh Circuit held that the Final Rule's definition of "public charge" exceeds the statute's outer limits because it includes those who are likely in the future to receive, or even be eligible for, *de minimis* benefits for a short period of time. By its own terms, the Final Rule "redefines the term 'public charge' to mean an alien who receives one or more designated public benefits for more than 12 months in the aggregate within any 36-month period (such that, for instance, receipt of two benefits in one month counts as two months)." 84 Fed. Reg. at 41,295. The Rule's stacking mechanism exacerbates this 12/36 standard, as "the receipt of multiple benefits in one month, no matter how slight, counts as multiple months of benefits." *Cook County*, 962 F.3d at 229 ("DHS [] runs into trouble as a result of its decision to stack benefits and disregard monetary value.").

In effect, then, the Rule instructs that an immigrant who receives multiple benefits for a mere *three months* is considered a public charge. *Id.* at 215 (“The stacking rule means that a person can use up her ‘12 months’ of benefits in a far shorter time than a quick reading of the Rule would indicate.”). In addition, by focusing exclusively on the duration of benefits, the Rule “disregard[s] monetary value,” and thus ignores whether the amount received actually indicates dependence. *Id.* at 229. As even DHS admits, a person receiving “only hundreds of dollars, or less, in public benefits annually” could be deemed a public charge. 84 Fed. Reg. at 41,360–61.

The Seventh Circuit held that this “extreme view” has “no basis in the text or history of the INA.” *Cook County*, 962 F.3d at 232. To the contrary, “since the first federal immigration law in 1882, Congress has assumed that immigrants (like others) might face economic insecurity at some point.” *Id.* As the Seventh Circuit explained, “[t]here is a floor inherent in the words ‘public charge,’ backed up by the weight of history.” *Id.* at 229. Specifically, “[t]he term requires a degree of dependence that goes beyond temporary receipt of supplemental in-kind benefits from any type of public agency.” *Id.* Therefore, even assuming the term “public charge” is ambiguous, “it does violence to the English language and the statutory context to say that it covers a person who receives only *de minimis* benefits for a *de minimis* period of time.” *Id.* Because DHS’s interpretation of “public charge” in the Final Rule exceeds the outer limits of that term and “is not one that Congress would have sanctioned,” it fails at step two. *See Chevron*, 467 U.S. at 845 (citation

omitted).

That the 12/36 standard is not a permissible construction of the INA is even more obvious when analyzing how it impacts the INA’s totality of the circumstances test. The INA mandates that DHS “shall” consider “at a minimum” five characteristics to determine whether an individual is likely to become a public charge. 8 U.S.C. § 1182(a)(4)(A), (B). Despite its insistence otherwise, the Rule redefines the public charge test in terms of only benefits use, disregarding the statutory factors: “if a DHS officer believes that an individual is likely to have benefits for 12 months out of a 36-month period, the inquiry ends there, and the individual is *automatically* considered a public charge.” *New York v. U.S. Dep’t of Homeland Sec.*, 408 F. Supp. 3d 334, 349 (S.D.N.Y. 2019) (*New York I*); *see also Casa de Md. v. Trump*, 2020 WL 4664820, at \*40 (4th Cir. Aug. 5, 2020) (King, J., dissenting) (“To be sure, the Rule purportedly retains the totality-of-the-circumstances evaluation that has long applied to public charge determinations, but that evaluation is now singularly focused on [the 12/36 Standard].”).

Moreover, legislative history—an appropriate consideration at *Chevron* step two, *see Coyomani-Cielo v. Holder*, 758 F.3d 908, 914 (7th Cir. 2014)—makes clear that Congress repeatedly has rejected this framework. *See, e.g.*, Immigration Control and Financial Responsibility Act (“ICFRA”), H.R. Rep. 104-469, at 266–67 (1996) (rejecting definition of “public charge” that would have encompassed those who received almost any public benefits for more than one year, including non-cash benefits); 142 Cong. Rec. S11872 (daily ed. Sept. 30, 1996) (statement of Sen. Kyl)

(considering and rejecting a definition of “public charge” that covered those who received “Federal public benefits for an aggregate of 12 months over a period of 7 years”); S. Rep. No. 113-40, at 42 (2013) (rejecting attempt to broaden the definition of “public charge” to cover immigrants who were likely to qualify “even for non-cash employment supports”). This legislative consensus “strongly favors finding that Defendants acted in excess of statutory authority.” *New York v. U.S. Dep’t of Homeland Sec.*, 2020 WL 4347264, at \*4 (S.D.N.Y. July 29, 2020) (*New York III*); *cf. Hamdan v. Rumsfeld*, 548 U.S. 557, 579–80 (2006) (“Congress’ rejection of the very language that would have achieved the result the Government urges here weighs heavily against the Government’s interpretation.”).

Moreover, the absence of any “natural limitation” on DHS’s interpretation reveals the extent to which the agency exceeded its statutory authority. *Cook County*, 962 F.3d at 228–29. DHS chose to define public charge based on the 12/36 standard, which, as discussed, is itself an unreasonable construction. But “nothing in [DHS’s] interpretation requires even that limit.” *Id.* at 229. “There is nothing in the text of the statute, as DHS sees it, that would prevent the agency from imposing a zero-tolerance rule under which the receipt of even a single benefit on one occasion would result in denial of entry or adjustment of status.” *Id.* Indeed, “DHS trumpets its view that the Rule stops short of its lawful authority and that it could promulgate a more restrictive rule if it so chooses.” *Id.* at 230–31.<sup>9</sup> As the Seventh

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<sup>9</sup> At oral argument, counsel for DHS even argued that it was “possible” that the

Circuit held, there is “no warrant in the Act for this sweeping view” and, to the extent there is any ambiguity in the public charge provision, it “does not provide DHS unfettered discretion to redefine ‘public charge.’” *Cook County*, 962 F.3d at 229.

2. The Final Rule Is Inconsistent with the PRWORA Amendments to the INA.

The Final Rule is also an impermissible construction of the INA because, as the Seventh Circuit held, it “creates serious tensions, if not outright inconsistencies, within the statutory scheme.” *Id.* at 228. Most notably, the Rule reinvents immigrant self-sufficiency to mean near total abstention from public benefits. This bears no reasonable relation to the “self-sufficiency” defined in the INA, and instead stakes out “an absolutist sense of self-sufficiency that no person in a modern society could satisfy.” *Id.* at 232. To be sure, in amending the INA and enacting the Personal Responsibility and Work Opportunity Reconciliation Act (“PRWORA”) in 1996, Congress recognized “self-sufficiency” as one of the INA’s goals. *See* 8 U.S.C. §§ 1601(1), 1601(2)(A), 1601(2)(B). But these introductory provisions “express only general policy goals without specifying what it means for non-citizens to be ‘[s]elf-sufficient’ or to ‘not depend on public resources to meet their needs.’” PI Order at 16–17. And Congress “did not create a regime that permitted self-sufficiency to

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government could define a “public charge” as someone receiving just *one benefit* for even *one month*. Oral Argument Audio at 1:01:18–1:01:55.

trump all other goals.” *Cook County*, 962 F.3d at 228; *see also Rodriguez v. United States*, 480 U.S. 522, 525–26 (“[N]o legislation pursues its purposes at all costs.”).

Rather, “Congress drew the balance between acceptance of benefits and preference for self-sufficiency in the statutes, and it is DHS’s duty to respect that outer boundary.” *Cook County*, 962 F.3d at 228. In PRWORA’s substantive sections, Congress accomplished the goal of immigrant self-sufficiency by limiting—but not eliminating—immigrant eligibility for public benefits programs. For example, Congress amended the INA to deny legal immigrants (except refugees and other categorical exemptions) many of the federal public benefits previously available to them until the immigrant has spent five years in the United States as a Lawful Permanent Resident (“LPR”). PRWORA, Pub. L. 104-193, § 400, 110 Stat. 2105 (1996) (codified at 8 U.S.C. § 1613(a)). In addition, Congress amended the INA’s affidavit of support provision—which allows, and in many cases requires, immigrants to obtain legally enforceable affidavits of support from a sponsor in the United States—to make those affidavits of support legally enforceable. *Id.* § 213A(a)(1)(A) (codified at 8 U.S.C. § 1183a(a)(1)(B)); Illegal Immigration Reform and Immigrant Responsibility Act (“IIRIRA”), Pub. L. No. 104-208, § 531(a)(4)(C)(ii) & (D), 110 Stat. 3009-546 (codified at 8 U.S.C. § 1182(a)(4)(C)(ii) & (D)). As a result, any “entity that provides any means-tested public benefit” to the immigrant may demand reimbursement from the sponsor for the value of any benefits received. 8

U.S.C. § 1183a(b)(1)(A)).<sup>10</sup> Congress restricted benefit eligibility and expanded sponsor obligations to remove all doubt—“to assure”—that immigrants are self-sufficient. PRWORA § 400(5) (codified at 8 U.S.C. § 1601(5)). Because of PRWORA’s changes, immigrants *cannot* depend on the federal government to meet their needs but rather must rely on their own income and resources and that of their family and sponsors; PRWORA’s provisions “achieve[]” self-sufficiency under the INA. 8 U.S.C. § 1601(7). Importantly, PRWORA’s changes also address public charge: Congress expressly enacted these provisions to allow immigrants “who otherwise would be excluded as a public charge (i.e., because of insufficient means or prospective income) to overcome exclusion through an affidavit of support.” H.R. Rep. No. 104-725, at 387 (1996), as reprinted in 1996 U.S.C.C.A.N. 2649, 2775 (Committee Report to PRWORA).

Using benefits as permitted by PRWORA and relying upon family and sponsors’ affidavits of support are not anathema to immigrant self-sufficiency; they

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<sup>10</sup> Moreover, Congress amended the public charge provision to explicitly list affidavits of support as a factor in the public charge test for applicants, and set the standards for an affidavit of support that an immigration official may rely upon. *See* IIRIRA §§ 531(a)(4)(B)(i)-(ii) (codified at 8 U.S.C. § 1182(a)(4)(B)(i)-(ii)); *id.* § 551 (codified at 8 U.S.C. § 1183a); PRWORA § 423 (codified at 8 U.S.C. § 1183a). It makes little sense for Congress to have gone through the trouble of setting up an elaborate sponsorship requirement to force sponsors potentially to repay benefits if an immigrant’s receipt of those benefits—however minimal—meant that she was inadmissible in the first place as a public charge. DHS’s reading of the statute is therefore unreasonable and renders the affidavit of support provision a nullity.

are facets of it outlined by the statute. *See* 8 U.S.C. § 1601(5). PRWORA itself sets forth terms under which an immigrant *may use public benefits* and rely upon sponsors for support and still be considered self-sufficient. In other words, Congress excluded up front only those who were so dependent on the Government as to be “public charges,” and envisioned a category of admissible immigrants who by definition were *not* “public charges” but nevertheless might use public benefits in the future. Accordingly, DHS cannot maintain that “receipt of any public benefit ... shows that a person is not self-sufficient.” *Cook County*, 962 F.3d at 232. Rather, “Congress has assumed that immigrants (like others) might face economic insecurity at some point,” and “[i]nstead of penalizing immigrants by denying them entry or the right to adjust status, Congress built into the law accommodations for that reality.” *Id.* “Had Congress thought that any benefits use was incompatible with self-sufficiency, it could have said so, either by making non-citizens ineligible for all such benefits or by making those who did receive them inadmissible.” *New York II*, 2020 WL 4457951, at \*27. Congress did not.

The Rule makes Congress’s decision to extend these benefits to immigrants now count as a factor against applicants. *See* 84 Fed. Reg. at 41,367. The Rule “penaliz[es] people for accepting benefits Congress made available to them,” and in doing so “conflicts with Congress’s affirmative authorization for designated immigrants to receive the benefits the Rule targets.” *Cook County*, 962 F.3d at 228. The Final Rule nevertheless weighs receipt and future anticipated receipt of benefits as a “heavily negative consideration” in one’s path to lawful citizenship. *Id.*

at 228; *see, e.g.*, 84 Fed. Reg. at 41,298-99, 41,312, 41,353, 41,380. In this way, the Rule sets a “trap for the unwary.”<sup>11</sup> *Cook County*, 962 F.3d at 228; *see also Casa de Md.*, 2020 WL 4664820, at \*44 (King, J., dissenting) (scheme by which “an alien can be deemed likely to become a public charge because that alien might accept public benefits that Congress explicitly authorized him to receive ... verges on the absurd”). Such an outcome further demonstrates that the Rule is an impermissible interpretation of the INA. *See Int'l Alliance of Theatrical & Stage Emps. v. NLRB*, 334 F.3d 27, 34–35 (D.C. Cir. 2003) (interpretation leading to “absurd” and “irrational” results is unreasonable under step two).

### 3. The Final Rule Conflicts With The Rehabilitation Act.

The Final Rule also unreasonably interprets the INA because it equates “health” with “lack of disability” *per se* and thus conflicts with Section 504 of the Rehabilitation Act of 1973. *Cook County*, 962 F.3d at 228. The Rehabilitation Act prohibits the government from denying the benefits of a federally funded program or activity because of one’s disability. 29 U.S.C. § 794(a). As the Seventh Circuit

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<sup>11</sup> Even a “wary” immigrant who rejects the benefits is excludable as a public charge. The Rule looks at likelihood of future use, which translates simply to one’s future *eligibility*, not the decision to avail oneself of the benefit. *See* 84 Fed. Reg. at 41,312 (“DHS acknowledges that individuals subject to this rule may decline to enroll in, or may choose to disenroll from, public benefits for which they may be eligible under PRWORA, in order to avoid negative consequences as a result of this final rule. However, DHS has authority to take past, current, and likely future receipt of public benefits into account, even where it may ultimately result in discouraging aliens from receiving public benefits.”).

explained, DHS “acknowledges that it takes disability into account in its public-charge analysis, and it does so in an unfavorable way.” *Cook County*, 962 F.3d at 227 (citing 84 Fed. Reg. at 41,383). More specifically, the Rule “saddle[s]” disabled individuals “with at least two heavily weighed negative factors directly as a result of their disability.” *Id.* at 228. First, “the Rule brands as a *heavily* weighted negative factor a medical condition that is likely to require extensive medical treatment or interfere with the person’s ability to provide for herself, attend school, or work.” *Id.* at 227 (emphasis added) (citing 84 Fed. Reg. at 41,504). Because “[Section 504] aim[s] to root out disability-based discrimination” in federal programs, *Fry v. Napoleon Cnty. Sch.*, 137 S. Ct. 743, 756 (2017), a test that denies adjustment of status on the basis of disability cannot stand. *See Wis. Cnty. Servs., Inc. v. City of Milwaukee*, 465 F.3d 737, 748 (7th Cir. 2006) (federal government must administer its programs “to ensure that the disabled have equal access to the benefits of that program.”).

Additionally, the Rule negatively weighs the lack of private health insurance. But this ignores the fact that private insurers do not cover critical and life-saving home- and community-based services, forcing many individuals with disabilities to rely upon the Medicaid Buy-in program to “obtain essential services, including personal-care services, specialized therapies and treatment, habilitative and rehabilitative services, and medical equipment.” *Cook County*, 962 F.3d at 227 (citing 84 Fed. Reg. at 41,382). So although DHS “purports to follow the statutorily-required totality of the circumstances test, the Rule disproportionately burdens

disabled people and in many instances makes it all but inevitable that a person's disability will be the but-for cause of her being deemed likely to become a public charge." *Id.* at 228. For these reasons, "[t]he conclusion is inescapable that the Rule penalizes disabled persons in contravention of the Rehabilitation Act." *Id.*

### **III. The Final Rule is Arbitrary and Capricious.**

Plaintiffs are entitled to summary judgment for yet another reason: the Seventh Circuit already held that the Final Rule is arbitrary and capricious in violation of 5 U.S.C. § 706(2)(A). *Cook County*, 962 F.3d at 233–39; *see also New York II*, 2020 WL 4457951, at \*26–29 (affirming the Southern District of New York's preliminary injunction on this ground). Under the APA, courts must "set aside an agency rule" as arbitrary and capricious if, for example, the agency "entirely failed to consider an important aspect of the problem, [or] offered an explanation for its decision that runs counter to the evidence before the agency." *Motor Vehicles Mfrs. Ass'n of U.S., Inc. v. State Farm Mut. Auto Ins. Co.*, 463 U.S. 29, 42–43, 53 (1983). Moreover, "[o]ne of the basic procedural requirements of administrative rulemaking is that an agency must give adequate reasons for its decisions." *Encino Motorcars, LLC v. Navarro*, 136 S. Ct. 2117, 2125 (2016). This requirement is particularly important where, as here, an agency changes a longstanding policy—it must "at least ... 'show that there are good reasons for the new policy.'" *Id.* at 2126 (quoting *FCC v. Fox Television Stations, Inc.*, 556 U.S. 502, 515 (2009)). Here, Defendants' decisionmaking process suffered from several procedural flaws.

### **A. Defendants Failed to Address and Evaluate the Rule’s Chilling Effect.**

As the Seventh Circuit held, the Final Rule is arbitrary and capricious because DHS failed to consider the Rule’s chilling effect and the predictable harms that flow from it. *Cook County*, 962 F.3d at 230–31. DHS concedes that the Rule will cause members of mixed-status households, including U.S. citizens whose benefits use will not count against family members subject to the public charge test, to disenroll from or otherwise decline to enroll in public benefits.<sup>12</sup> But instead of grappling with this predictable harm, the agency baldly declined to “alter this rule

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<sup>12</sup> The disenrollment impacts spurred by this complex and confusing Rule will be amplified by Defendants’ implementation of it. Defendants’ I-944 Form (“the Form”), attached as Exhibit A, and the Instructions for the I-944 Form (“Instructions”), attached as Exhibit B, are confusing, misleading, and seek information beyond the scope of the public charge test outlined in the Rule. Among other problems, the Form and Instructions ask applicants to provide information that is not to be considered under the Final Rule, including the use of exempted benefits and public benefits received from household members. *Compare* Ex. A, Form at Item Nos. 16 & 20 (asking about receipt of “any public benefits”), *id.* at Part 3, Question 4 (asking whether “any of the income from you or your household members’ federal tax return(s) come from public benefits”), *and* Ex. B, Form Instructions at 9 (requesting applicant to submit evidence of listed benefits, including exempted benefits such as Emergency Medicaid), *with* 84 Fed. Reg. at 41,292 (stating that receipt of benefits by anyone other than the applicant will not be considered). The Court may take judicial notice of the Form and Instructions because they are publicly available on Defendant USCIS’s official government website by navigating to <https://www.uscis.gov/i-944>. *See* Fed. R. Evid. 201(b)(2); *Denius v. Dunlap*, 330 F.3d 919, 926 (7th Cir. 2003) (concluding that a district court may take judicial notice of information on an official government website); *see also* Fed. R. Evid. 902(5) (listing “publication[s] purporting to be issued by a public authority” as self-authenticating evidence).

to account for such unwarranted choices.” 84 Fed. Reg. at 41,300–01, 41,313, 41,485.

As an initial matter, Defendants’ belief that the decision to dis- or unenroll from benefits is “unwarranted” remains unfounded given the “real” risk that “the Rule may become more stringent at any time and operate retroactively against the use of benefits already used.” *Cook County*, 962 F.3d at 230 (citing 84 Fed. Reg. 41,381, 41,390, 41,387). In any event, DHS’s conclusory dismissal is an unacceptable dereliction of its obligation under the APA. *Id.* at 231 (“It was not enough for DHS simply to nod at this argument; it called for a serious explanation.”); *see also*, e.g., *Fred Meyer Stores, Inc. v. Nat'l Labor Relations Bd.*, 865 F.3d 630, 638 (D.C. Cir. 2017) (holding agency finding deficient due to a “complete failure to reasonably reflect upon the information contained in the record and grapple with contrary evidence—disregarding entirely the need for reasoned decisionmaking”). In defending its decision to forgo an analysis, DHS insists that it is “difficult to predict the rule’s disenrollment impacts.” 84 Fed. Reg. at 41,312. But the agency cannot simply point to “substantial uncertainty” as a justification for its actions.” *Dep’t of Commerce*, 139 S. Ct. at 2590 (Breyer, J., concurring in part and dissenting in part) (quoting *Motor Vehicle Mfrs. Ass’n of U.S.*, 463 U.S. at 52)). Moreover, the Rule’s disenrollment impacts are far from uncertain. The Rule’s effect on infectious disease, for example, reveals the extent to which Defendants failed to adequately consider the harms flowing from the Rule’s chilling effect. As the Seventh Circuit noted, “commenters predicted that disenrollment and under-enrollment in Medicaid, including by immigrants not covered by the Rule, would

reduce access to vaccines and other medical care, resulting in an increased risk of an outbreak of infectious disease among the general public.” *Cook County*, 962 F.3d at 231; *see also* 84 Fed. Reg. at 41,384. Defendants declined to address these concerns.

Commenters’ worst fears were realized just months after the Final Rule’s promulgation; since the beginning of the COVID-19 outbreak, the disease has infected approximately 25 million people worldwide and claimed more than 800,000 lives.<sup>13</sup> In fact, the Southern District of New York found the Rule so antithetical to stemming the spread of the disease that it issued a second preliminary injunction enjoining the Rule’s effect nationwide.<sup>14</sup> *New York III*, 2020 WL 4347264, at \*13 (“The Rule has demonstrably failed the first real world test of its application.”). This decision accords with the Seventh Circuit’s rationale. *Cook County*, 962 F.3d at 231 (“To recognize the truth in [predictions that the Rule will increase the risk of infectious diseases], one need only consider the current outbreak of COVID-19—a pandemic that does not respect the differences between citizens and noncitizens.”).

Similarly, Defendants failed to consider the Rule’s impact on state and local government reliance interests. In fact, DHS denied that the Rule would have a

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<sup>13</sup> See John Hopkins University & Medicine: COVID-19 Dashboard by the Center for Systems Science and Engineering, <https://coronavirus.jhu.edu/map.html> (last visited August 30, 2020).

<sup>14</sup> A Second Circuit judge has since administratively stayed the preliminary injunction outside of the Second Circuit. *New York v. U.S. Dep’t of Homeland Sec.*, No. 20-2537 (2d Cir. Aug. 20, 2020).

“substantial direct effect[] on the States, on the relationship between the Federal Government and the States, or on the distribution of power and responsibilities among the various levels of government.” 84 Fed. Reg. at 41,481. The Seventh Circuit, however, recognized that while DHS justifies the Rule based upon the savings it will create for the federal government, it does so by forcing states and localities “to fill the gaps and continue to provide critical services such as preventive healthcare.” *Cook County*, 962 F.3d at 231; *see also, e.g.*, 84 Fed. Reg. at 41,469–70; *id.* at 41,300–01, 41,313, 41,385. The Rule thus disrupts state and local governments’ reliance interests in the established medical coverage framework engendered under DHS’s prior interpretation of “public charge,” yet provides no justification for this shift. *See Fox*, 556 U.S. at 515; *see also Dep’t of Homeland Sec. v. Regents of the Univ. of California*, 140 S. Ct. 1891, 1913–14 (2020).

**B. Defendants Failed to Provide a Reasoned Explanation for the Rule.**

DHS also failed to provide a reasoned explanation for several aspects of the Rule. *First*, DHS did not adequately explain the Rule’s “absolutist” duration-based standard. *Cook County*, 962 F.3d at 232. DHS justified its 12/36 threshold solely on the basis that it better promoted Congress’s purported goal of self-sufficiency. *Cook County*, 962 F.3d at 231–32; *see also* 84 Fed. Reg. at 41,319. But, as discussed above, this “absolutist” sense of self-sufficiency is inconsistent with the INA and PRWORA. *See supra* at II.B.2. Absent “any justification for its extreme view, which has no basis in the text or history of the INA,” the Rule is arbitrary and capricious.

*Cook County*, 962 F.3d at 232; *see also New York II*, 2020 WL 4457951, at \*26–27 (same).

*Second*, DHS fails to provide a reasoned explanation for expanding the public charge determination to include supplemental, non-cash benefits. According to DHS, it included these benefits in the Rule because they “bear directly” upon its new definition of “self-sufficiency.” 84 Fed. Reg. at 41,366. But while DHS maintains that immigrants who use these benefits rely upon government support for their basic necessities, *see, e.g., id.* at 41,354, the record includes no factual explanation for this belief. *See* 83 Fed. Reg. at 51,159; 84 Fed. Reg. at 41,354, 41,366, 41,375, 41,381, 41,389. In fact, as the Seventh Circuit explained, expanding the Rule to cover supplemental benefits *undermines* the Rule’s purported goal of self-sufficiency: although many recipients “could get by without” supplemental benefits, “as a result they would face greater health, nutrition, and housing insecurity, which in turn would likely harm their work or educational attainment (and hence their ability to be self-sufficient).” *Cook County*, 962 F.3d at 232.

*Third*, the Rule adds factors to the alleged totality-of-the-circumstances test—including family size (favoring small families), mere application for benefits, English-language proficiency, lack of disability, and good credit history—that are irrational and based upon speculative assumptions about immigrants’ future experiences in the United States.

For instance, the language factor creates an “obvious” dilemma: “someone whose English is limited on the date of entry may be entirely competent five years

later” when they become eligible for benefits. *Id.* Similarly, measuring a new immigrant’s credit score—particularly if that new immigrant has no prior credit history—provides no indication as to whether he or she will meet the 12/36 benefits threshold in the future. *See Make the Rd. N.Y. v. Cuccinelli*, 419 F. Supp. 3d 647, 663 n.2 (S.D.N.Y. 2019). The record, however, provides no support for DHS’s conclusion that immigrants’ language skills and credit scores remain static upon entry into the United States. *See Sorenson Commc’ns. Inc. v. FCC*, 755 F.3d 702, 708 (D.C. Cir. 2014) (agency action based on speculation rather than evidence is arbitrary and capricious). The Rule embodies a cynical view of immigrants that is supported by neither the Record nor reality.

Relatedly, DHS added other factors without addressing compelling evidence to the contrary and obvious alternative approaches. For example, in deciding to negatively weigh large families, the agency failed to address well-established precedent acknowledging the inherent “economies of scale” in large families. *See, e.g., Dandridge v. Williams*, 397 U.S. 471, 479–80. Moreover, for decades, DHS found that an affidavit of support generally overcomes a public charge finding, even in the context of cash benefits use. *See* Field Guidance, 64 Fed. Reg. at 28,690 (“For instance, a work-authorized alien who has current full-time employment or an [affidavit of support] should be found admissible despite past receipt of cash public benefits, unless there are other adverse factors in the case.”). Now, without explanation, the Rule determines that sponsor fiscal responsibility and liability for reimbursement of public benefits is “unrelated” to the public charge inadmissibility

analysis. 84 Fed. Reg. at 41,441. And in doing so, DHS ignores that an immigrant or their sponsor might repay the value of public benefits they received. *See Cook County*, 962 F.3d at 233 (“Someone who seeks to adjust status will be penalized for having previously received public benefits without being given the opportunity to refund the government the cost of those benefits.”). Put simply, this is a textbook example of arbitrary and capricious rulemaking.

In adding these new factors, DHS compiled a wide range of speculative assumptions into an impossible test. And as the Seventh Circuit explained, this test thus creates “a great risk that officials will make their determination based on stereotype or unsupported assumptions, rather than on the type of objective facts called for by the Act (age, present health, family status, financial situation, and education or skills).” *Id.* at 232.

#### **IV. The Court Should Vacate the Final Rule.**

The APA provides that “[t]he reviewing court shall … hold unlawful *and set aside* agency action, findings, and conclusions found to be … arbitrary, capricious, an abuse of discretion, or otherwise not in accordance with law.” 5 U.S.C. § 706(2) (emphasis added). This “set aside” language “is ordinarily read as an instruction to vacate, wherever applicable, unlawful agency rules.” *District of Columbia v. U.S. Dep’t of Agric.*, No. CV 20-119 (BAH), 2020 WL 1236657, at \*33–34 (D.D.C. Mar. 13, 2020). Accordingly, “[w]hen a reviewing court determines that agency regulations are unlawful, the ordinary result is that the rules are vacated—not that their application to the individual petitioners is proscribed.” *Id.* (internal quotation

marks omitted) (quoting *Nat'l Mining Ass'n v. U.S. Army Corps of Eng'r's*, 145 F.3d 1399, 1409 (D.C. Cir. 1998)); *see also Regents of the Univ. of California*, 140 S. Ct. at 1901 (concluding that DACA rescission “must be vacated” because it violated APA); *Camp v. Pitts*, 411 U.S. 138, 143 (1973); *Empire Health Found. v. Azar*, 958 F.3d 873, 886 (9th Cir. 2020) (rather than proscribing “their application to the individual petitioners,” substantively invalid rules “are vacated”).

None of the rarely found exceptions to the general rule in favor of vacatur apply here. *See Allied-Signal, Inc. v. U.S. Nuclear Regulatory Comm'n*, 988 F.2d 146, 150–51 (D.C. Cir. 1993). The Seventh Circuit already has concluded that the Final Rule suffers from “numerous unexplained serious flaws,” *Cook County*, 962 F.3d at 233, and vacating the Rule would not be disruptive. As it stands, the Rule has been enjoined within the states of the Second Circuit for the duration of the COVID-19 pandemic. *See New York III*, 2020 WL 4347264; *New York v. U.S. Dep't of Homeland Sec.*, No. 20-2537 (2d Cir. Aug. 12, 2020). As a result of that injunction, DHS quickly reverted to applying the 1999 public charge guidance that was in place before the Final Rule. *See USCIS, Injunction of the Inadmissibility on Public Charge Grounds Final Rule*, <https://www.uscis.gov/green-card/green-card-processes-and-procedures/public-charge/injunction-of-the-inadmissibility-on-public-charge-grounds-final-rule> (last accessed Aug. 30, 2020). Accordingly, this is not a case in which “[t]he egg has been scrambled [with] no apparent way to restore the status quo ante.” *Sugar Cane Growers Co-op. of Fla. v. Veneman*, 289 F.3d 89, 97 (D.C. Cir. 2002). To the contrary, the 1999 Field Guidance, which has governed public charge

determinations for twenty years, may remain in place and continue to provide a basis for DHS to make public charge determinations pending any future rule that the agency may promulgate.

## **CONCLUSION**

For these reasons, Plaintiffs request that the Court grant summary judgment on Plaintiffs' APA claims (Counts I–III).

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*Counsel for Cook County, Illinois*

**CERTIFICATE OF SERVICE**

The undersigned, an attorney, certifies that on August 31, 2020, she caused the attached Plaintiffs' Motion for Summary Judgment on Counts I-III to be served via the Court's ECF system and by email upon:

Keri L. Berman (Keri.L.Berman@usdoj.gov)  
Kuntal Cholera (Kuntal.Cholera@usdoj.gov)  
Joshua Kolsky (Joshua.kolsky@usdoj.gov)  
Eric J. Soskin (Eric.Soskin@usdoj.gov)  
Tom Walsh (thomas.walsh2@usdoj.gov)  
Jason Cyrus Lynch (Jason.Lynch@usdoj.gov)

/s/ Marlow Svatek

# **EXHIBIT A**



## Declaration of Self-Sufficiency

**Department of Homeland Security**  
U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-944**  
OMB No. 1615-0142  
Expires 10/31/2021

**To be completed by an attorney or accredited representative (if any).**

<input type="checkbox"/> <b>Select this box if Form G-28 is attached.</b>	<b>Volag Number (if any)</b> <input type="text"/>	<b>Attorney State Bar Number (if applicable)</b> <input type="text"/>	<b>Attorney or Accredited Representative USCIS Online Account Number (if any)</b> <input type="text"/>
---	--	--	---

► **START HERE - Type or print in black ink.**

### **Part 1. Information About You**

1. Your Current Legal Name (do not provide a nickname)

Family Name (Last Name)

Given Name (First Name)

Middle Name

2. U.S. Mailing Address

In Care Of Name (if any)

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

[\(USPS ZIP Code Lookup\)](#)

3. Alien Registration Number (A-Number) (if any)

► A-

4. USCIS Online Account Number (if any)

►

5. Date of Birth (mm/dd/yyyy)

6. Place of Birth

City or Town of Birth

Country of Birth

7. Country of Citizenship or Nationality



## Part 2. Family Status (Your Household)

In this Part, you will be providing information about the individuals in your household. If you need additional space to complete any Item Number in this Part, use the space provided in **Part 9. Additional Information**. Please see the Instructions for who is included in your household. If not already provided with your Form I-485, provide evidence of your relationship to each individual (such as a birth certificate or marriage certificate). If you do not have evidence of a relationship to one or more members of the household, please submit a signed statement from such household member(s) or his or her legal guardian, if applicable.

1. Below, list yourself and all the individuals who are part of your household.

A. Family Name (Last Name)      Given Name (First Name)      Middle Name

--	--	--

Date of Birth (mm/dd/yyyy)      Relationship to you      Alien Registration Number (A-Number) (if any)

	▼	► A- <input style="width: 100px; border: 1px solid black;" type="text"/>
--	---	--

Does this individual live with you?       Yes       No

Is this individual filing an application for an immigration benefit with you or has this individual already filed an application?       Yes       No

B. Family Name (Last Name)      Given Name (First Name)      Middle Name

--	--	--

Date of Birth (mm/dd/yyyy)      Relationship to you      Alien Registration Number (A-Number) (if any)

	▼	► A- <input style="width: 100px; border: 1px solid black;" type="text"/>
--	---	--

Does this individual live with you?       Yes       No

Is this individual filing an application for an immigration benefit with you or has this individual already filed an application?       Yes       No

C. Family Name (Last Name)      Given Name (First Name)      Middle Name

--	--	--

Date of Birth (mm/dd/yyyy)      Relationship to you      Alien Registration Number (A-Number) (if any)

	▼	► A- <input style="width: 100px; border: 1px solid black;" type="text"/>
--	---	--

Does this individual live with you?       Yes       No

Is this individual filing an application for an immigration benefit with you or has this individual already filed an application?       Yes       No

D. Family Name (Last Name)      Given Name (First Name)      Middle Name

--	--	--

Date of Birth (mm/dd/yyyy)      Relationship to you      Alien Registration Number (A-Number) (if any)

	▼	► A- <input style="width: 100px; border: 1px solid black;" type="text"/>
--	---	--

Does this individual live with you?       Yes       No

Is this individual filing an application for an immigration benefit with you or has this individual already filed an application?       Yes       No

E. Total number of household members (including yourself):



### Part 3. Your and Your Household Members' Assets, Resources, and Financial Status

In this Part, you will be providing information about your assets, resources, and financial status, as well as the assets, resources, and financial status of all other household members. If you need additional space to complete any Item Number in this Part, use the space provided in **Part 9. Additional Information**.

#### ***Household Income***

1. List your and your household members', listed in **Part 2.**, total income from the most recent federal income tax returns, if any. See the Instructions for additional information.

**A. Name (self or household member)**

Family Name (Last Name)	Given Name (First Name)	Middle Name

Did you or your household member(s), whose income is being included, file a federal tax return?  Yes  No

If you and your household members did not file, select the reason for not filing, and provide an explanation.

- Plan to file the tax return before the due date for this year.
- Not required to file a tax return. (Provide an explanation.)
- Filed for an extension.
- Not going to file. (Provide an explanation.)

<input type="checkbox"/> Other	
--------------------------------	--

Federal Tax Year  Total income from tax return or Item 1 on W-2 "Wages, tips, other compensation" (U.S. dollars) (if applicable) \$

**Explanation for Not Filing:**


**B. Name (self or household member)**

Family Name (Last Name)	Given Name (First Name)	Middle Name

Did you or your household member, whose income is being included, file a Federal Tax Return?  Yes  No

If you and your household members did not file, select the reason for not filing, and provide an explanation.

- Plan to file the tax return before the due date for this year.
- Not required to file a tax return. (Provide an explanation.)
- Filed for an extension.
- Not going to file. (Provide an explanation.)

<input type="checkbox"/> Other	
--------------------------------	--

Federal Tax Year  Total income from tax return or Item 1 on W-2 "Wages, tips, other compensation" (U.S. dollars) (if applicable) \$

**Explanation for Not Filing:**




**Part 3. Your and Your Household Member(s)'s Assets, Resources, and Financial Status (continued)****C. Name (self or household member)**

Family Name (Last Name)

Given Name (First Name)

Middle Name

Did you or your household member, whose income is being included, file a Federal Tax Return?  Yes  No

If you and your household members did not file, select the reason for not filing, and provide an explanation.

Plan to file the tax return before the due date for this year.

Not required to file a tax return. (Provide an explanation.)

Filed for an extension.

Not going to file. (Provide an explanation.)

 Other

Federal Tax Year

Total income from tax return or Item 1 on W-2 "Wages, tips, other compensation" (U.S. dollars) (if applicable)

\$

**Explanation for Not Filing:**

2. Does any of the income from your or your household members' federal tax return(s) come from an illegal activity or source (such as proceeds from illegal gambling or illegal drug sales)?  Yes  No

3. If you answered "Yes" to **Item Number 2.**, what amount of income from your or your household members' federal tax returns is from an illegal activity? \$

4. Does any of the income from your or your household members' federal tax return(s) come from public benefits as listed in the Instructions?  Yes  No

5. If you answered "Yes" to **Item Number 4.**, what amount of income from your or your household members' federal tax returns is from public benefits as listed in the Instructions? \$

6. If you or your household members received additional income on a continuing weekly, monthly, or annual basis during the most recent tax year, and the income is **NOT** listed on the tax return, provide the amount of additional income (for example, child support). Attach evidence of the additional income. In addition, if you are a child, list any additional income or support available from your parent(s), legal guardian, or other individual providing at least 50 percent of your financial support that is not listed in their tax return.

**A. Name of recipient (You or your household member's name):**

Family Name (Last Name)

Given Name (First Name)

Middle Name

Type of Additional Income

Annual Amount Received

Will you or your household member continue to receive this income in the future?  Yes  No

When do you anticipate you or your household member will stop receiving this additional income?

(mm/dd/yyyy)

Total annual amount of additional income received (at the time of filing)



**Part 3. Your and Your Household Member(s)'s Assets, Resources, and Financial Status (continued)****B. Name of recipient (You or your household member's name)**

Family Name (Last Name)

Given Name (First Name)

Middle Name

Type of Additional Income

Annual Amount Received

\$

Will you or your household member continue to receive this income in the future?

 Yes  No

If you answered "No," when will you or your household member stop receiving this additional income?

(mm/dd/yyyy)

Total annual amount of additional income received (at the time of filing)

\$

**C. Name of recipient (You or your household member's name):**

Family Name (Last Name)

Given Name (First Name)

Middle Name

Type of Additional Income

Annual Amount Received

\$

Will you or your household member continue to receive this income in the future?

 Yes  No

If you answered "No," when will you or your household member stop receiving this additional income?

(mm/dd/yyyy)

Total annual amount of additional income received (at the time of filing)

\$

**D. Name of recipient (You or your household member's name):**

Family Name (Last Name)

Given Name (First Name)

Middle Name

Type of Additional Income

Annual Amount Received

\$

Will you or your household member continue to receive this income in the future?

 Yes  No

If you answered "No," when will you or your household member stop receiving this additional income?

(mm/dd/yyyy)

Total annual amount of additional income received (at the time of filing)

\$

7. Is any of the additional income listed above from an illegal activity or source? (such as proceeds from illegal gambling or illegal drug sales)

 Yes  No

8. If you answered "Yes" to Item Number 7., what amount of additional annual income listed above is from an illegal activity?

\$



**Part 3. Your and Your Household Member(s)'s Assets, Resources, and Financial Status (continued)*****Your Household's Assets and Resources***

For more information on what are considered assets and how you can demonstrate their value, please see the Form I-944 Instructions.

**9.** Provide the amount of assets and resources available to you and your household members in the table below. Attach evidence as provided in the Instructions.

If you are a child, provide any assets available from your parent(s), legal guardian, or other individual providing at least 50 percent of your financial support.

<b>Name of Asset Holder</b> (you or your household member)	<b>Type of Asset</b> (cash value)	<b>Amount</b> (U.S. dollars)
		▼
		▼
		▼
		▼
		▼
		▼
		▼
<b>Current Cash Value (U.S. dollars) \$</b>		
<b>TOTAL (U.S. dollars) \$</b>		

***Liabilities/Debts***

**10.** Provide a list of your liabilities and/or debts in the table below. Attach evidence showing these liabilities or debts.

<b>Type of Liability or Debt</b>	<b>Amount</b> (U.S. dollars)
Mortgages	\$
Car Loans	\$
Credit Card Debt	\$
Education Related Loans	\$
Tax Debts	\$
Liens	\$
Personal Loans	\$
Other	\$
<b>TOTAL (U.S. dollars) \$</b>	

***Credit Report and Score***

Provide the information about your credit history. Provide documentation as provided in the Instructions.

**11.** Do you have a U.S. credit report?

Yes. Provide a U.S. credit report generated within the last 12 months prior to the date of filing.  
 No. Provide a credit agency report that demonstrates that you do not have a credit record or score.



**Part 3. Your and Your Household Member(s)'s Assets, Resources, and Financial Status (continued)**

12. Do you have a U.S. credit score?  Yes  No

If you answered "Yes," enter a credit score within the last 12 months and attach the credit score document.

13. If you have negative credit history or a low credit score in the United States reflected on your credit report, provide an explanation. For guidance on what constitutes negative credit history, please see the Instructions.

14. Have you **EVER** filed for bankruptcy, either in the United States or in a foreign country?  Yes  No

If you answered "Yes" to **Item Number 14.**, provide the information about each bankruptcy filing in **Item A. - C.** and provide evidence of the resolution of each bankruptcy.

**A. Place of Filing**

City

State or Country

Date (mm/dd/yyyy)

Type of Bankruptcy

 Chapter 7  Chapter 11  Chapter 13**B. Place of Filing**

City

State or Country

Type of Bankruptcy

 Chapter 7  Chapter 11  Chapter 13**C. Place of Filing**

City

State or Country

Type of Bankruptcy

 Chapter 7  Chapter 11  Chapter 13**Health Insurance**

15. Do you currently have health insurance?  Yes  No

If you answered "Yes" to **Item Number 15.**, attach evidence of health insurance.

If you answered "No" to **Item Number 15.**, proceed to **Item D.**

A. If you answered "Yes" to **Item Number 15.**, did you receive a Premium Tax Credit or Advanced Premium Tax Credit under the Affordable Care Act, for the health insurance?  Yes  No

B. If you answered "Yes" to **Item Number 15.**, what is your total annual deductible or annual premium?

\$

C. If you answered "Yes" to **Item Number 15.**, when does your health insurance terminate or date that it must be renewed?

(mm/dd/yyyy)



**Part 3. Your and Your Household Member(s)'s Assets, Resources, and Financial Status (continued)**

D. Have you enrolled or will soon enroll in health insurance but your health coverage has not started yet?

Yes, I am enrolled     I will soon enroll     No

If you answered "Yes," attach a letter or other evidence from the insurance company showing that you have enrolled in or have a future enrollment date for health insurance and when your coverage begins.

If you receive federally-funded Medicaid, please list those benefits in **Items Numbers 15. and 16.**

If you answered "No" to **Item Number 15.**, you may provide information on how you plan to pay for reasonably anticipated medical costs. If you need extra space to complete this section, use the space provided in **Part 9. Additional Information.**


**Public Benefits**

Provide the requested information and submit documentation, as outlined in the Instructions. If you need additional space to complete any **Item Number** in this Part, use the space provided in **Part 9. Additional Information.**

16. Have you **EVER** received, or are currently certified to receive in the future any of the following public benefits? (select **all** that apply).

Yes, I have received, or I am currently certified to receive in the future the following benefits:

- Any Federal, State, local or tribal cash assistance for income maintenance
- Supplemental Security Income (SSI)
- Temporary Assistance for Needy Families (TANF)
- General Assistance (GA)
- Supplemental Nutrition Assistance Program (SNAP, formerly called "Food Stamps")
- Section 8 Housing Assistance under the Housing Choice Voucher Program
- Section 8 Project-Based Rental Assistance (including Moderate Rehabilitation)
- Public Housing under the Housing Act of 1937, 42 U.S.C. 1437 et seq.
- Federal-funded Medicaid

No, I have not received any public benefits.

No, I am not certified to receive in the future any of the above public benefits.

17. Have you disenrolled, withdrawn from, or requested to be disenrolled from the public benefit(s)?

Yes     No

Expected date of disenrollment (mm/dd/yyyy)



**Part 3. Your and Your Household Member(s)'s Assets, Resources, and Financial Status (continued)**

18. If you selected one or more public benefits in **Item Number 16.**, provide information about the public benefits in the space below. If you need additional space to complete any Item Number in this Part, use the space provided in **Part 9. Additional Information**. If a question does not apply, please enter N/A.

**A. Type of Public Benefit****Agency that Granted the Public Benefit**

Date You Started Receiving the Benefit or if Certified, Date You Will Start Receiving the Benefit or Date Your Coverage Starts

(mm/dd/yyyy)

Date Benefit or Coverage Ended or Expires or is Expected to Expire

(mm/dd/yyyy)

Amount Received \$

**B. Type of Public Benefit****Agency that Granted the Public Benefit**

Date You Started Receiving the Benefit or if Certified, Date You Will Start Receiving the Benefit or Date Your Coverage Starts

(mm/dd/yyyy)

Date Benefit or Coverage Ended or Expires or is Expected to Expire

(mm/dd/yyyy)

Amount Received \$

**C. Type of Public Benefit****Agency that Granted the Public Benefit**

Date You Started Receiving the Benefit or if Certified, Date You Will Start Receiving the Benefit or Date Your Coverage Starts

(mm/dd/yyyy)

Date Benefit or Coverage Ended or Expires or is Expected to Expire

(mm/dd/yyyy)

Amount Received \$

19. If you answered "Yes" to **Item Number 16.**, do any of the following apply to you? (select all that apply) Provide the evidence listed in the Instructions if any of the following apply to you.

- I am enlisted in the U.S. Armed Forces, or am serving in active duty or in the Ready Reserve Component of the U.S. Armed Forces.
- I am the spouse or the child of an individual who is enlisted in the U.S. Armed Forces, or is serving in active duty or in the Ready Reserve Component of the U.S. Armed Forces.
- At the time I received the public benefits, I (or my spouse or parent) was enlisted in the U.S. Armed Forces, or was serving in active duty or in the Ready Reserve Component of the U.S. Armed Forces.
- At the time I received the public benefits, I was present in the United States in a status exempt from the public charge ground of inadmissibility and I received the public benefits during that time.
- At the time I received public benefits, I was present in the United States after being granted a waiver from the public charge ground of inadmissibility.
- I am the child of U.S. citizens whose lawful admission for permanent residence and subsequent residence in the legal and physical custody of my U.S. citizen parent will result in me automatically acquiring U.S. citizenship upon meeting the eligibility under INA 320.



**Part 3. Your and Your Household Member(s)'s Assets, Resources, and Financial Status (continued)**

I am the child of U.S. citizens whose lawful admission for permanent residence will result automatically in my acquisition of citizenship upon finalization of adoption (and I satisfied the requirements applicable to adopted children under INA 101(b)(1)), in the United States by the U.S. citizen parent(s), upon meeting the eligibility criteria under INA 320.

None of the above statements apply to me.

**20.** Have you received, applied for, or have been certified to receive federally-funded Medicaid in connection with any of following? (select all that apply)

Submit evidence as outlined in the Instructions.

An emergency medical condition

For a service under the Individuals with Disabilities Education Act (IDEA)

Other school-based benefits or services available up to the oldest age eligible for secondary education under State law

While you were under the age of 21

While you were pregnant or during the 60-day period following the last day of pregnancy

None of the above apply to me

**21.** Provide the applicable dates (mm/dd/yyyy)  to (mm/dd/yyyy)

**22.** Have you ever applied for any of the following public benefits and the application is currently pending or was denied?

Yes  No

**23.** If you answered "Yes" to **Item Number 22.**, provide the following information (select all that apply).

I have a pending application for the following public benefits (select all that apply):

Any Federal, State, local or tribal cash assistance for income maintenance

Supplemental Security Income (SSI)

Temporary Assistance for Needy Families (TANF)

General Assistance (GA)

Supplemental Nutrition Assistance Program (SNAP, formerly called "Food Stamps")

Section 8 Housing Assistance under the Housing Choice Voucher Program

Section 8 Project-Based Rental Assistance (including Moderate Rehabilitation)

Public Housing under the Housing Act of 1937, 42 U.S.C. 1437 et seq.

Federally-funded Medicaid

I applied for and the application was denied (select all that apply):

Any Federal, State, local or tribal cash assistance for income maintenance

Supplemental Security Income (SSI)

Temporary Assistance for Needy Families (TANF)

General Assistance (GA)

Supplemental Nutrition Assistance Program (SNAP, formerly called "Food Stamps")

Section 8 Housing Assistance under the Housing Choice Voucher Program

Section 8 Project-Based Rental Assistance (including Moderate Rehabilitation)

Public Housing under the Housing Act of 1937, 42 U.S.C. 1437 et seq.

Federally-funded Medicaid



**Part 3. Your and Your Household Member(s)'s Assets, Resources, and Financial Status (continued)**

24. Date you applied for any of the above listed public benefits (mm/dd/yyyy)

25. Did you withdraw your application(s) before being certified to receive the public benefit(s)?  Yes  No

26. Have you applied for or received a fee waiver when applying for an immigration benefit from USCIS?  Yes  No

If you answered "Yes" to **Item Number 26.**, provide the information below. Explain the circumstances that caused you to apply for a fee waiver and if those circumstances have changed in **Part 9. Additional Information**.

A. Date Fee Waiver Received (If you did not receive the fee waiver, write N/A) (mm/dd/yyyy)

Type of Immigrant Benefit (Form Number)

Receipt Number ►

B. Date Fee Waiver Received (If you did not receive the fee waiver, write N/A) (mm/dd/yyyy)

Type of Immigrant Benefit (Form Number)

Receipt Number ►

C. Date Fee Waiver Received (If you did not receive the fee waiver, write N/A) (mm/dd/yyyy)

Type of Immigrant Benefit (Form Number)

Receipt Number ►

**Part 4. Your Education and Skills**

1. Do you have an approved Form I-140 as an alien worker?  Yes  No

If you answered "Yes" to **Item Number 1.**, provide the receipt number and skip to **Part 5**.

Receipt Number ►

If you answered "No," proceed to **Item Number 2**.

Provide information about your education, occupational skills, and other related information. If you need additional space to complete any Item Number in this Part, use the space provided in **Part 9. Additional Information**.

2. Have you graduated high school or earned a high school equivalent diploma?  Yes  No

3. List your educational history below. Include all degrees attained (high school diploma, college degrees or equivalent, etc.). If you answered "No" to **Item Number 2.**, then list the highest grade completed. Provide documentation as provided in the Instructions.

A. Program/School Name

Degree/Certificate

Field of Study (if applicable)

Date Started (mm/dd/yyyy)  Date Ended (mm/dd/yyyy)

Credit Hours/Hours of Study Completed (if no degree or certificate completed)



**Part 4. Your Education and Skills (continued)**

<b>B.</b>	Program/School Name	Degree/Certificate
	<input type="text"/>	
Field of Study (if applicable)	Date Started (mm/dd/yyyy)	Date Ended (mm/dd/yyyy)
	<input type="text"/>	
Credit Hours/Hours of Study Completed (if no degree or certificate completed)		<input type="text"/>
<b>C.</b>	Program/School Name	Degree/Certificate
	<input type="text"/>	
Field of Study (if applicable)	Date Started (mm/dd/yyyy)	Date Ended (mm/dd/yyyy)
	<input type="text"/>	
Credit Hours/Hours of Study Completed (if no degree or certificate completed)		<input type="text"/>
<b>D.</b>	Program/School Name	Degree/Certificate
	<input type="text"/>	
Field of Study (if applicable)	Date Started (mm/dd/yyyy)	Date Ended (mm/dd/yyyy)
	<input type="text"/>	
Credit Hours/Hours of Study Completed (if no degree or certificate completed)		<input type="text"/>

**4.** Do you have any occupational skills?  Yes  No

If you answered "Yes" to **Item Number 4.**, provide the information below. If you answered "No," skip to **Item Number 5.** Provide documentation as provided in the Instructions.

<b>A.</b>	Certification/License Type/Occupational Skill	Date Obtained (mm/dd/yyyy)
	<input type="text"/>	
Who Issued Your License or Certification? (if any)	License Number (if any)	
	<input type="text"/>	
Expiration/Renewal Date (mm/dd/yyyy) (if any)		<input type="text"/>
<b>B.</b>	Certification/License Type/Occupational Skill	Date Obtained (mm/dd/yyyy)
	<input type="text"/>	
Who Issued Your License or Certification? (if any)	License Number (if any)	
	<input type="text"/>	
Expiration/Renewal Date (mm/dd/yyyy) (if any)		<input type="text"/>
<b>C.</b>	Certification/License Type/Occupational Skill	Date Obtained (mm/dd/yyyy)
	<input type="text"/>	
Who Issued Your License or Certification? (if any)	License Number (if any)	
	<input type="text"/>	
Expiration/Renewal Date (mm/dd/yyyy) (if any)		<input type="text"/>



**Part 4. Your Education and Skills (continued)**

5. Provide the following information about your skill with English and any other language in **Item A. - C.** below.

Provide documentation as provided in the Instructions.

**A. Language**


## Certification/Courses Attended or Currently Attending (if any)

Date Certificate Obtained or Date Course Completed  
(mm/dd/yyyy)

Who Issued the Certification? (if any)

**B. Language**


## Certification/Courses Attended or Currently Attending (if any)

Date Certificate Obtained or Date Course Completed  
(mm/dd/yyyy)

Who Issued the Certification? (if any)

**C. Language**


## Certification/Courses Attended or Currently Attending (if any)

Date Certificate Obtained or Date Course Completed  
(mm/dd/yyyy)

Who Issued the Certification? (if any)

6. Retirement

A. Are you currently retired?

Yes  No

B. If you are retired, since when have you been retired? (mm/dd/yyyy)

7. Are you the primary caregiver, who is over the age of 18, for a child, or an elderly, ill or disabled individual in your household?

Yes  No

**Part 5. Declarant's Statement, Contact Information, Certification, and Signature**

**NOTE:** Read the **Penalties** section of the Form I-944 Instructions before completing this section. You must file Form I-944 while in the United States.

**Declarant's Statement**

**NOTE:** Select the box for either **Item A.** or **B.** in **Item Number 1.** If applicable, select the box for **Item Number 2.**

1. Declarant's Statement Regarding the Interpreter

A.  I can read and understand English, and I have read and understand every question and instruction on this declaration and my answer to every question.

B.  The interpreter named in **Part 6.** read to me every question and instruction on this declaration and my answer to every question in , a language in which I am fluent, and I understood everything.

2. Declarant's Statement Regarding the Preparer

At my request, the preparer named in **Part 7.**, , prepared this declaration for me based only upon information I provided or authorized.



**Part 5. Declarant's Statement, Contact Information, Certification, and Signature (continued)*****Declarant's Contact Information***3. Declarant's Daytime Telephone Number  
4. Declarant's Mobile Telephone Number (if any)  
5. Declarant's Email Address (if any)  
***Federal Agency Disclosure and Authorizations***

I authorize, as applicable, the Social Security Administration (SSA) to verify my Social Security number (to match my name, Social Security number, and date of birth with information in SSA records and provide the results of the match) to USCIS. I authorize SSA to provide explanatory information to USCIS as necessary.

I authorize, as applicable, the SSA, U.S. Department of Agriculture (USDA), U.S. Department of Health and Human Services (HHS), U.S. Department of Housing and Urban Development (HUD), and any other government agency that has received and/or adjudicated a request for a public benefit, as defined in 8 C.F.R. 212.21(b), submitted by me or on my behalf, and/or granted one or more public benefits to me, to disclose to USCIS that I have applied for, received, or have been certified to receive, a public benefit from such agency, including the type and amount of benefit(s), date(s) of receipt and any other relevant information provided to the agency for the purpose of obtaining such public benefit, to the extent permitted by law. I also authorize SSA, USDA, HHS, HUD, and any other U.S. Government agency to provide any additional data and information to USCIS, to the extent permitted by law.

I authorize, as applicable, custodians of records and other sources of information pertaining to my request for or receipt of public benefits to release information regarding my request for and/or receipt of public benefits, upon the request of the investigator, special agent, or other duly accredited representative of any federal agency authorized above, regardless of any previous agreement to the contrary.

I understand that the information released by records custodians and sources of information is for official use by the federal government, that the U.S. Government will use it only to review if I have received public benefits in regards to my eligibility for immigration benefits and to enforce immigration laws, and that the U.S. Government may disclose the information only as authorized by law.

***Credit Reports and Scores Disclosure and Authorization***

USCIS may require information from one or more consumer reporting agencies in order to obtain information, including credit reports and scores, in connection with a background investigation regarding your eligibility for immigration benefits.

I authorize USCIS to request, and any consumer reporting agency to provide, such reports.

**NOTE:** If you have a security freeze on your consumer or credit report file, we may not be able to access the information necessary to complete your investigation. To avoid any delays, you should expeditiously respond to any requests made to release the credit freeze.

***Declarant's Certification***

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for the immigration benefit that I seek.

I furthermore authorize release of information contained in this declaration, in supporting documents, and in my USCIS records, to other entities and individual where necessary for the administration and enforcement of U.S. immigration law.

I understand that USCIS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, if I am required to provide biometrics, I will be required to sign an oath reaffirming that:

- 1) I reviewed and understood all of the information contained in, and submitted with, my declaration; and
- 2) All of this information was complete, true, and correct at the time of filing.



## Part 5. Declarant's Statement, Contact Information, Certification, and Signature (continued)

I certify, under penalty of perjury, that all of the information in my declaration and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my declaration and that all of this information is complete, true, and correct.

### Declarant's Signature

6. Declarant's Signature

→  Date of Signature (mm/dd/yyyy)

**NOTE TO ALL DECLARANTS:** If you do not completely fill out this declaration or fail to submit required documents listed in the Instructions, USCIS may deny your declaration.

## Part 6. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.

### Interpreter's Full Name

1. Interpreter's Family Name (Last Name)

Interpreter's Given Name (First Name)

2. Interpreter's Business or Organization Name (if any)

### Interpreter's Mailing Address

3. Street Number and Name

Apt. Ste. Flr. Number

City or Town

State ZIP Code

Province

Postal Code

Country

### Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number

5. Interpreter's Mobile Telephone Number (if any)

6. Interpreter's Email Address (if any)

### Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and  which is the same language specified in **Part 5.**,

**Item B.** in **Item Number 1.**, and I have read to this declarant in the identified language every question and instruction on this declaration and his or her answer to every question. The declarant informed me that he or she understands every instruction, question, and answer on the declaration, including the **Declarant's Certification**, and has verified the accuracy of every answer.



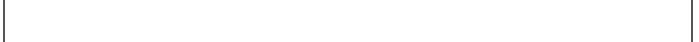
**Part 6. Interpreter's Contact Information, Certification, and Signature (continued)*****Interpreter's Signature***

7. Interpreter's Signature	Date of Signature (mm/dd/yyyy)
	

**Part 7. Contact Information, Declaration, and Signature of the Individual Preparing this Declaration, if Other Than the Declarant**

Provide the following information about the preparer.

***Preparer's Full Name***

1. Preparer's Family Name (Last Name)	Preparer's Given Name (First Name)
	
2. Preparer's Business or Organization Name (if any)	

***Preparer's Mailing Address***

3. Street Number and Name	Apt.  Ste.  Flr.  Number 	
	   	
City or Town	State  ZIP Code 	
	 	
Province 	Postal Code 	Country 
		

***Preparer's Contact Information***

4. Preparer's Daytime Telephone Number 	5. Preparer's Mobile Telephone Number (if any) 
	
6. Preparer's Email Address (if any) 	
	

***Preparer's Statement***

7. A.  I am not an attorney or accredited representative but have prepared this declaration on behalf of the declarant and with the declarant's consent.

B.  I am an attorney or accredited representative and my representation of the declarant in this case  extends  does not extend beyond the preparation of this declaration.

**NOTE:** If you are an attorney or accredited representative, you may need to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this declaration.



**Part 7. Contact Information, Declaration, and Signature of the Individual Preparing this Declaration, if Other Than the Declarant (continued)**

**Preparer's Certification**

By my signature, I certify, under penalty of perjury, that I prepared this declaration at the request of the declarant. The declarant then reviewed this completed declaration and informed me that he or she understands all of the information contained in, and submitted with, his or her declaration, including the **Declarant's Declaration and Certification**, and that all of this information is complete, true, and correct. I completed this declaration based only on information that the declarant provided to me or authorized me to obtain or use.

**Preparer's Signature**

8. Preparer's Signature Date of Signature (mm/dd/yyyy)

**Part 8. Signature at Interview**

**NOTE: Do not complete Part 8. until the USCIS Officer instructs you to do so at the interview.**

I swear (affirm) and certify under penalty of perjury under the laws of the United States of America that I know that the contents of this Form I-944, Declaration of Self-Sufficiency, subscribed by me, including the corrections made to this declaration, **numbered** through \_\_\_\_\_, are complete, true, and correct. All additional pages submitted by me with this Form I-944, **on numbered pages** \_\_\_\_\_ **through** \_\_\_\_\_ are complete, true, and correct. All documents submitted at this interview were provided by me and are complete, true, and correct.

Subscribed to and sworn to (affirmed) before me

\_\_\_\_\_ USCIS Officer's Printed Name or Stamp

\_\_\_\_\_ Date of Signature (mm/dd/yyyy)

Declarant's Signature (sign in ink)

USCIS Officer's Signature (sign in ink)



## Part 9. Additional Information

If you need extra space to provide any additional information within this declaration, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this declaration or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1.	Family Name (Last Name)	Given Name (First Name)	Middle Name
	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	A-Number (if any) ► A- <input type="text"/>		
3.	A. <input type="text"/> Page Number	B. <input type="text"/> Part Number	C. <input type="text"/> Item Number
	<b>D.</b> <input type="text"/>		
4.	A. <input type="text"/> Page Number	B. <input type="text"/> Part Number	C. <input type="text"/> Item Number
	<b>D.</b> <input type="text"/>		
5.	A. <input type="text"/> Page Number	B. <input type="text"/> Part Number	C. <input type="text"/> Item Number
	<b>D.</b> <input type="text"/>		
6.	A. <input type="text"/> Page Number	B. <input type="text"/> Part Number	C. <input type="text"/> Item Number
	<b>D.</b> <input type="text"/>		



# **EXHIBIT B**



## Instructions for Declaration of Self-Sufficiency

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS

Form I-944

OMB No. 1615-0142

Expires 10/31/2021

### What Is the Purpose of Form I-944?

Form I-944, Declaration of Self-Sufficiency, is used by an individual to demonstrate that he or she is not inadmissible based on the public charge ground (Immigration and Nationality Act (INA) section 212(a)(4)). An alien is inadmissible under INA section 212(a)(4) if he or she is more likely than not at any time in the future to receive one or more public benefits, as defined in 8 CFR 212.21(b), for more than 12 months in the aggregate within any 36-month period (such that, for instance, receipt of two benefits in one month counts as two months).

### Who Must File Form I-944?

You must file this form if you are filing Form I-485, Application to Register Permanent Residence or Adjust Status, and you are subject to the public charge ground of inadmissibility.

In general, each applicant who submits Form I-485 must submit his or her own Form I-944 if the applicant is subject to the public charge ground of inadmissibility.

### How Is Form I-944 Used?

Form I-944 is used to determine whether you are inadmissible to the United States under INA section 212(a)(4) because there is a likelihood that you will become a public charge at any time in the future. We evaluate whether you are inadmissible by weighing all the positive and negative factors related to your age, health, family status, assets, resources and financial status, education and skills, prospective immigration status and period of stay. We also consider a Form I-864, Affidavit of Support Under Section 213A of the Act, if you are required to submit Form I-864 as part of your adjustment of status application. For more information on Form I-864, see [www.uscis.gov/i-864](http://www.uscis.gov/i-864).

### Who Is Exempt from Filing Form I-944?

If you are exempt from the public charge ground of inadmissibility, you do not need to file Form I-944.

If you are applying for adjustment of status to that of a lawful permanent resident, you are exempt from the public charge ground of inadmissibility if you are adjusting:

1. As a VAWA self-petitioner;
2. As a Special Immigrant Juvenile;
3. As a Certain Afghan or Iraqi national;
4. As an Asylee;
5. As a Refugee;
6. As a victim of qualifying criminal activity (U Nonimmigrant) under INA section 245(m);
7. Under any category other than INA section 245(m) but you are in valid U nonimmigrant status at the time you file your application for adjustment of status. (This exemption only applies if, at the time of the adjudication of the Form I-485, you are still in valid U nonimmigrant status. If, at the time of adjudication of the Form I-485, you are no longer in valid U nonimmigrant status, you may be required to submit a Form I-944 and a Form I-864).

8. As a victim of human trafficking (T nonimmigrant) under section 245(l) of the INA;
9. Under any category other than INA section 245(l), but you either have a pending application for T nonimmigrant status (Form I-914) that sets forth a prima facie case for eligibility, or are in valid T nonimmigrant status at the time you file your application for adjustment of status. (This exemption only applies if your Form I-914 is still pending and deemed to be prima facie eligible, or you are in valid T nonimmigrant status when we adjudicate your adjustment of status application);
10. Under the Cuban Adjustment Act;
11. Under the Cuban Adjustment Act for battered spouses and children;
12. Based on dependent status under the Haitian Refugee Immigrant Fairness Act;
13. Based on dependent status under the Haitian Refugee Immigrant Fairness Act for battered spouses and children;
14. As a Lautenberg Parolee;
15. Under the Indochinese Parole Adjustment Act of 2000;
16. Based on continuous residence in the United States since before January 1, 1972 (“Registry”);
17. Under the Amerasian Homecoming Act;
18. As a Polish or Hungarian Parolee;
19. As Nicaraguans and other Central Americans under section 203 of the Nicaraguan Adjustment and Central American Relief Act (NACARA);
20. As an American Indian Born in Canada (INA section 289) or the Texas Band of Kickapoo Indians of the Kickapoo Tribe of Oklahoma, Pub. L. 97-429 (Jan. 8, 1983); or
21. As a spouse, child, or parent of a deceased soldier under the National Defense Authorization Act (NDAA).

### General Instructions

USCIS provides forms free of charge through the USCIS website. In order to view, print, or fill out our forms, you should use the latest version of Adobe Reader, which you can download for free at <http://get.adobe.com/reader/>.

**Signature.** Each declaration must be properly signed and filed. For all signatures on this declaration, USCIS will not accept a stamped or typewritten name in place of a signature. If you are under 14 years of age, your parent or legal guardian may sign the declaration on your behalf. A legal guardian may also sign for a mentally incompetent individual.

**Validity of Signatures.** USCIS will consider a photocopied, faxed, or scanned copy of the original, handwritten signature valid for filing purposes. The photocopy, fax, or scan must be of the original document containing the handwritten, ink signature.

**Evidence.** At the time of filing, you must submit all evidence and supporting documentation listed in the **What Evidence Must You Submit** and **Specific Instructions** sections of these Instructions. If you will be submitting the same documentation (such as tax return transcripts or birth certifications) for the I-485 or the I-864, you do not need to submit the documentation multiple times.

**Copies.** You should submit legible photocopies of documents requested, unless the Instructions specifically state that you must submit an original document. USCIS may request an original document at the time of filing or at any time during processing of an application, petition, or declaration. If USCIS requests an original document from you, it will be returned to you after USCIS determines it no longer needs your original.

**NOTE:** If you submit original documents when not required or requested by USCIS or the Immigration Court, **your original documents may be immediately destroyed after we receive them.**

**Translations.** If you submit a document with information in a foreign language, you must also submit a full English translation. The translator must sign a certification that the English language translation is complete and accurate, and that he or she is competent to translate from the foreign language into English. The certification must include the translator's signature. DHS recommends the certification contain the translator's printed name, the signature date, and the translator's contact information.

## How To Fill Out Form I-944

1. Type or print legibly in black ink.
2. If you need extra space to complete any item within this declaration, use the space provided in **Part 9. Additional Information** or attach a separate sheet of paper. Type or print your name and Alien Registration Number (A-Number) (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.
3. Answer all questions fully and accurately. If a question does not apply to you (for example, if you have never been married and the question asks, "Provide the name of your current spouse"), type or print "N/A" unless otherwise directed. If your answer to a question which requires a numeric response is zero or none (for example, "How many children do you have" or "How many times have you departed the United States"), type or print "None" unless otherwise directed.

## Specific Instructions

### Part 1. Information About You

**Item Number 1. Your Current Legal Name.** Provide your legal name, as shown on your birth certificate or legal name change document. If you have two last names, include both and use a hyphen (-) between the names, if appropriate. Type or print your last, first, and middle names in each appropriate field.

**Item Number 2. U.S. Mailing Address.** Provide a valid U.S. mailing address.

**Item Number 3. Alien Registration Number (A-Number) (if any).** An Alien Registration Number, otherwise known as an "A-Number," is typically issued to people who apply for, or are granted, certain immigration benefits. In addition to USCIS, Immigration and Customs Enforcement (ICE), U.S. Customs and Border Protection (CBP), Executive Office of Immigration Review (EOIR), and the Department of State (DOS) may also issue an A-Number to certain foreign nationals. If you were issued an A-Number, type or print it in the spaces provided. If you have more than one A-Number, use the space provided in **Part 9. Additional Information** to provide the information. If you do not have an A-Number or if you cannot remember it, leave this space blank.

**Item Number 4. USCIS Online Account Number (if any).** If you have previously filed an application or petition using the USCIS online filing system (previously called USCIS Electronic Immigration System (USCIS ELIS)), provide the USCIS Online Account Number you were issued by the system. You can find your USCIS Online Account Number by logging in to your account and going to the profile page. If you previously filed certain applications or petitions on a paper form through a USCIS Lockbox facility, you may have received a USCIS Online Account Access Notice issuing you a USCIS Online Account Number. You may find your USCIS Online Account Number at the top of the notice. If you were issued a USCIS Online Account Number, enter it in the space provided. The USCIS Online Account Number is not the same as an A-Number.

**Item Number 5. Date of Birth.** Enter your date of birth in mm/dd/yyyy format in the space provided. For example, type or print October 5, 1967 as 10/05/1967.

**Item Number 6. Place of Birth.** Enter the name of the city or town, and country where you were born. Type or print the name of the country as it was named when you were born, even if the country's name has changed or the country no longer exists.

**Item Number 7. Country of Citizenship or Nationality.** Enter the name of the country where you are a citizen. This is not necessarily the country where you were born. If you are stateless, type or print the name of the country where you were last a citizen or national. If you are a citizen or national of more than one country, type or print the name of the foreign country that issued your last passport.

## Part 2. Family Status (Your Household)

USCIS will review your family status as a factor in the public charge inadmissibility determination, which includes an assessment of your household, as defined in 8 CFR 212.21(d). The term child includes stepchildren and adopted children, as provided in INA section 101(b)(1).

**Item Number 1. Household.** The following individuals are part of your household:

1. If you are 21 years of age or older, or under the age of 21 and married, list the following household members in **Part 2.**, as applicable:
  - A. You;
  - B. Your spouse, if physically residing with you;
  - C. Your children (under the age of 21 and unmarried) physically residing with you;
  - D. Your other children (under the age of 21 and unmarried) not physically residing with you for whom you provide or are required to provide at least 50 percent of financial support, as evidenced by a child support order or agreement, a custody order or agreement, or any other order or agreement specifying the amount of financial support to be provided by you;
  - E. Any other individuals (including a spouse not physically residing with you) to whom you provide, or are required to provide, at least 50 percent of the individual's financial support, or who are listed as a dependent on your federal income tax return; and
  - F. Any individual who provides to you at least 50 percent of your financial support, or who lists you as a dependent on his or her federal income tax return.
2. If you are a child (under the age of 21 and unmarried) list the following household members on the table in **Part 2.**, as applicable:
  - A. You;
  - B. Your children (under the age of 21 and unmarried) physically residing with you;
  - C. Your other children (under the age of 21 and unmarried), not physically residing with you for whom you provide or are required to provide at least 50 percent of financial support, as evidenced by a child support order or agreement, a custody order or agreement, or any other order or agreement specifying the amount of financial support to be provided by you;
  - D. Your parents, legal guardians, or any other individual providing or required to provide at least 50 percent of financial support to you as evidenced by a child support order or agreement, a custody order or agreement, or any other order or agreement specifying the amount of financial support to be provided by you;
  - E. Your parents' or legal guardians' other children (under the age of 21 and unmarried) physically residing with you;
  - F. Your parents' or legal guardians' other children (under the age of 21 and unmarried) not physically residing with you for whom the parent or legal guardian provides or is required to provide at least 50 percent of financial support, as evidenced by a child support order or agreement, a custody order or agreement, or any other order or agreement specifying the amount of financial support to be provided by the parents or legal guardians; and

**G.** Any other individual to whom your parents or legal guardians provide or other individuals provide, or are required to provide, at least 50 percent of financial support or who are listed as a dependent on your parents' or legal guardians' federal income tax return.

In addition to listing each household member's name (including yourself), also provide each individual's date of birth, relationship to you (for yourself, you must list "self"), A-Number (if any), and whether the individual is filing an immigration benefit application with you. If the individual is not filing an immigration benefit application with you, select "No" when asked "Is this individual filing an application for an immigration benefit with you or has this individual already filed an application?"

You will have at least one individual listed because you must include yourself.

### **Part 3. Your and Your Household Members' Assets, Resources, and Financial Status**

Your assets, resources, and financial status are factors USCIS considers when deciding whether you are inadmissible based on the public charge ground.

#### ***Household Income***

**Item Number 1. Household Income.** List your and your household members' annual gross (total) income from the most recent federal income tax returns, if any.

We will consider your household annual gross income, which includes your annual gross income, and any additional annual gross income from your household members listed in **Part 2**.

Your household's annual gross income should be at least 125 percent (100 percent if you are on active duty, other than in training, in the U.S. Armed Forces) of the Federal Poverty Guidelines for the most recent year as set by the U.S. Department of Health and Human Services (HHS) for the household size you listed in **Part 2**. See

<https://aspe.hhs.gov/poverty-guidelines>.

If your household annual gross income is less than 125 percent of the Federal Poverty Guidelines based on your household size listed in **Part 2**, you may demonstrate that the total value of your household's assets and resources is five times the difference between your household's annual gross income and 125 percent (100 percent if you are on active duty, other than in training, in the U.S. Armed Forces) of the Federal Poverty Guideline for your household size. However, if you are:

1. The spouse or child (who has reached the age of 18) of a U.S. citizen: You have to show that the value of your assets is at least three times the difference between your household's annual gross income and 125 percent (100 percent if you are on active duty, other than in training, in the U.S. Armed Forces) of the Federal Poverty Guidelines for your household size.
2. An orphan who will be adopted in the United States after you acquire permanent residence (or your parents will seek a formal recognition of the adoption abroad) and you will acquire citizenship under INA 320: You have to show that the value of your assets exceeds the difference between your household's annual gross income and 125 percent (100 percent if you are on active duty, other than in training, in the U.S. Armed Forces) of the Federal Poverty Guideline for your household size.

Provide the information regarding assets and resources in **Item Number 9**.

You must provide an IRS transcript(s) of your Federal income tax returns for the most recent tax year and the IRS transcript(s) of the household members whose income you are including. For information on obtaining federal income tax transcripts without a fee, see <https://www.irs.gov/individuals/get-transcript>. You may also use IRS Form 4506-T to request tax transcripts from the IRS. You are not required to have the IRS certify the transcript or photocopy unless we specifically instruct you to do so; a plain transcript is acceptable.

If you are filing Form I-944 between January 1 and April 15 of any year, and you and/or your household members have not yet filed the current year's federal income tax return, submit IRS transcripts for the most recent tax year. At the time of interview on your application, an officer may request the tax return transcripts for the current tax year. Submit any tax transcripts for any income taxes that you or your household members filed with any foreign government if you or your household members were residing outside of the United States during any time within the most recent tax year and you were not required to file a federal individual income tax return with the United States government.

If you are a child (under the age of 21 and unmarried) and are listed as a dependent on your parents' income tax return, or if you are listed as a dependent on anyone else's income tax return, list the total income from that individual's tax returns and submit that individual's IRS tax transcripts for the most recent federal tax year in accordance with the instructions above.

If you were not required to file a federal income tax return in any of the prior three tax years, you may provide Form W-2 or a Social Security Statement providing a history of total annual income (gross income). If you provide a W-2 or Social Security Statement provide the listed wages, tips, or other compensation.

If you need extra space to complete this section, use the space provided in **Part 9. Additional Information**.

**Item Number 6. Additional Income.** If you or your household members received additional income on a continuing weekly, monthly or annual basis for the most recent tax year (for example, child support, unemployment benefits) and the income was **NOT** included in your or your household member's tax return transcript, provide the amount of additional income and all information requested. For information on non-taxable income see <https://www.irs.gov/pub/irs-pdf/p525.pdf>. Also, provide evidence of the additional income from any source in the United States or outside the United States in U.S. dollars.

Do not list income from any public benefits, as defined in 8 CFR 212.21(b) that you or your household members received as it is not counted towards income. Do not list any income listed in **Item Number 1., Household Income**.

**Item Numbers 7. and 8.** Identify whether any of the additional income comes from an illegal activity or source such as proceeds from illegal gambling or illegal drug sales or other activities and identify the amount.

#### *Your Household's Assets and Resources*

**Item Number 9. Assets.** List only the assets that can be converted into cash within 12 months. Provide the value of any asset held in the United States or outside the United States, in U.S. dollars.

If you or a household member owns a home, you may include the net value of your or the household member's home as an asset. The net value of the home is the appraised value of the home, minus the sum of all loans secured by a mortgage, trust deed, or other lien on the home. If you wish to include the net value of your or your household member's home, then you must include documentation demonstrating that you or the household member owns it, a recent appraisal by a licensed appraiser, and evidence of the amount of all loans secured by a mortgage, trust deed, or other lien on the home.

You may not include the net value of an automobile unless you or your household member shows that you or your household member have/has more than one automobile, and at least one automobile is not included as an asset.

If you list assets or resources, submit evidence of the value of your or your household member(s)'s assets. You must include the name of the asset holder, a description of the asset, proof of ownership, and the basis for the owner's claim of its net cash value. Evidence of assets and resources include:

1. Checking and savings account statements;
2. Annuities;
3. Stocks and bonds (cash value)/certificates of deposit;
4. Retirement accounts and educational accounts;
5. Net cash value of real estate holdings; and
6. Any other evidence of substantial assets that can be easily converted into cash.

If you need extra space to complete this section, use the space provided in **Part 9. Additional Information**.

For checking and savings accounts, you must provide account statements from the bank(s) covering at least 12 months prior to filing the application. You can also provide any documentation from the household members' assets. For additional information, see [www.uscis.gov/greencard/public-charge](http://www.uscis.gov/greencard/public-charge).

#### ***Liabilities/Debts***

**Item Number 10. Liabilities/Debts.** Provide a list of all your liabilities or debts. Examples of liabilities and debts include mortgages, car loans, unpaid child or spousal support, unpaid taxes, and credit card debt. Provide documentation for each liability or debt. If you need extra space to complete this section, use the space provided in **Part 9. Additional Information**.

#### ***Credit Report and Score***

**Item Numbers 11. - 12. Credit Card Score and Report.** USCIS will review your U.S. credit report and the credit score submitted with your declaration, if available, to review your financial status. If it is available, identify the latest credit score number.

You can obtain a free credit report once a year under the Fair Credit Reporting Act from each one of the three credit reporting agencies. You are only required to provide one credit report from any of the three nationwide credit reporting agencies, Equifax, Experian, and TransUnion. See <https://www.usa.gov/credit-reports> for more information. If there are any errors in the credit report, you should provide evidence from the credit reporting agency that demonstrates that you reported the error and that the error is under investigation or has been resolved.

If you have any negative history in your credit report, you may provide an explanation in the designated area of this form. Negative credit history may include delinquent accounts, debt collections, charge-offs (delinquent accounts deemed unlikely to be collected), repossession, foreclosure, judgments, tax liens, or bankruptcy on your credit report.

If you do not have a credit report or credit score, provide documentation that demonstrates that you do not have a credit report or score with a credit bureau. You may provide evidence of continued payment of bills if there is no credit report or credit score.

**Item Number 14. Bankruptcy.** Indicate whether or not you have ever filed for bankruptcy. If you answered "Yes," list all the times you filed for bankruptcy, including the type (if filed in the United States), place of filing and the date of the bankruptcy. Provide evidence of the resolution of each bankruptcy, if available.

#### ***Health Insurance***

**Item Number 15. Health Insurance.** If you currently have health insurance, provide the following:

1. For each policy, a copy of each policy page showing the terms and type of coverage and individuals covered; or
2. Letter on the company letter head or other evidence from your health insurance company stating you are currently enrolled in health insurance and providing the terms and type of coverage; or
3. The latest Form 1095-B, Health Coverage; Form 1095-C, Employer-Provided Health Insurance Offer and Coverage (if available) with evidence of renewal of coverage for the current year.

A health insurance card is insufficient without effective and expiration dates. If you answered "No," to **Item Number 15**, proceed to **Item D**.

**Item A.** Indicate whether or not you have received a Premium Tax Credit or Advanced Premium Tax Credit Tax Credit for your health insurance. Provide a transcript copy of the IRS Form 8963 Report of Health Insurance Provider Information, Form 8962 Premium Tax Credit (PTC), and a copy of Form 1095A, Health Insurance Marketplace Statement.

**Item B.** Provide the annual amount of deductible or annual premium of your health insurance. Provide documentation of the amount of deductible or premium.

**Item C.** Indicate the date when your insurance terminates or when it must be renewed and provide documentation.

**Item D.** Indicate whether you have enrolled or soon will enroll in health insurance but your insurance coverage has not started yet. If you answer “Yes,” provide a letter or other evidence from the insurance company showing that you have enrolled in or have a future enrollment date for a health insurance plan. The letter or other evidence must include the terms, the type of coverage, that you are the individual covered, and the date when the coverage begins.

If you answered “No,” you may provide information on how you plan to pay for reasonably anticipated medical costs.

If you have federally funded Medicaid for health insurance, please include the benefit in **Item Numbers 15. and 16.**

USCIS reviews Form I-693, Report of Medical Examination and Vaccination Record, or Form DS-2053, Medical Examination for Immigrant or Refugee Applicant, to determine whether you have a medical condition that will affect your ability to work, attend school, or care for yourself.

You may provide any documentation that may outweigh any negative factors related to a medical condition, including but not limited to, information provided by a civil surgeon or a panel physician on a medical examination. You may also provide an attestation from your treating physician regarding the prognosis of any medical condition and whether this medical condition impacts your ability to work or go to school. You may also provide evidence of sufficient assets and resources to pay the costs of any reasonably anticipated medical treatment.

#### ***Public Benefits***

#### **Item Number 16. Application, Receipt or Certification of Public Benefits.**

Please provide the information requested about your (the alien’s) application or certification for, or receipt of, public benefits. Please provide all requested information about each public benefit regardless of amount or duration, as USCIS will calculate the duration of the public benefit. If you received public benefits intermittently throughout the year, provide each instance separately. For example, if you received SNAP from January to February and June to December, provide the information as two separate instances. If you require additional space, please use the space provided in **Part 9.**

#### **Additional Information.**

Receipt means when a benefit-granting agency provides or has provided a public benefit to you whether in the form of cash, voucher, services, or insurance coverage. USCIS will only consider the amount received by or attributable to the alien.

In the space provided, indicate whether you have ever received, currently receive, or are currently certified to receive any of the following public benefits. (You must respond even if you fall within one of categories of individuals for whom receipt of public benefits will not be considered – see the table below for evidence that must be provided to document that you qualify for the exclusion). Please select all that apply.

1. Any Federal, State, local, or tribal cash assistance for income maintenance;
2. Supplemental Security Income (SSI);
3. Temporary Assistance for Needy Families (TANF);
4. Federal, State or local cash benefit programs for income maintenance (often called “General Assistance” in the State context, but which may exist under other names);
5. Supplemental Nutrition Assistance Program (SNAP, or formerly called “Food Stamps”);
6. Section 8 Housing Assistance under the Housing Choice Voucher Program;
7. Section 8 Project-Based Rental Assistance (including Moderate Rehabilitation);
8. Public Housing under the Housing Act of 1937, 42 U.S.C. 1437 et seq.; and
9. Federally funded Medicaid.

**NOTE:** For benefits received before October 15, 2019, you only need to report receipt of SSI, cash, TANF, General Assistance, and benefits received for long-term institutionalization. You do not need to report receipt of SNAP, Medicaid (other than Medicaid benefits used to fund long-term institutionalization), Section 8 Housing Assistance under the Housing Choice Voucher Program, Section 8 Project-Based Rental Assistance (including Moderate Rehabilitation), and Public Housing under the Housing Act of 1937, 42 U.S.C. 1437 et seq. if received before October 15, 2019. These benefits were excluded from consideration for public charge inadmissibility purposes under the guidance in place before October 15, 2019, and therefore will not be considered if received only before October 15, 2019.

If you have not received any public benefits, please select that option.

If you are not currently certified to receive any public benefits, please select that option.

In the space provided, indicate whether you have ever applied for a public benefit listed above but your application was denied or rejected; provide documentation of the denial or rejection.

As part of the public charge inadmissibility determination under INA section 212(a)(4), we will generally consider any past, current receipt, or certification of future receipt of public benefits.

**NOTE:** To the extent that States give the same name to their Federal Medicaid program and the state-only funded health insurance program, aliens will not be required to report the receipt of the state-only funded health insurance.

The following is a list of exclusions from the public benefit receipt consideration listed above. If you belong to one of the following categories, submit the evidence listed for the applicable categories.

Exclusion	Description	Evidence you must submit to qualify for exclusion (as applicable)
U.S. Armed Forces Service Members	<p>At the time the public benefit was received at the time you file your Form I-485, or at time of adjudication of your Form I-485, you are:</p> <ul style="list-style-type: none"> <li>• An alien enlisted in the U.S. Armed Forces, or serving in active duty or in the Ready Reserve component of the U.S. Armed Forces; or</li> <li>• The spouse or child of an individual enlisted in the U.S. Armed Forces, or serving in active duty or in the Ready Reserve component of the U.S. Armed Forces.</li> </ul>	<ul style="list-style-type: none"> <li>• Service Members: Certified evidence of alien's enlistment/service issued by the authorizing official of the executive department in which service member is serving.</li> <li>• Spouses and Children of Service Members: Form DD-1173, United States Uniformed Services Identification and Privilege Card (Dependent).</li> </ul>
Federally-funded Medicaid	<ul style="list-style-type: none"> <li>• Receipt by an alien under 21 years of age;</li> <li>• The recipient of Medicaid payment(s) for an "emergency medical condition";</li> <li>• The receipt of Medicaid for services provided under the Individuals with Disabilities Education Act (IDEA);</li> <li>• The receipt of Medicaid for school-based non-emergency benefits for children who are of an age eligible for secondary education as determined under state law; or</li> <li>• Receipt during pregnancy and during the 60-day period after the last day of the pregnancy.</li> </ul>	<ul style="list-style-type: none"> <li>• A statement with information regarding the "emergency medical condition" determination (if applicable);</li> <li>• Documentation of these payments under the IDEA or school-based service; or</li> <li>• Pregnancy verification letter from medical professional including estimated duration of pregnancy.</li> </ul>

Exclusion	Description	Evidence you must submit to qualify for exclusion (as applicable)
Children Acquiring U.S. Citizenship	<ul style="list-style-type: none"> <li>Child of U.S. citizens whose lawful admission for permanent residence and subsequent residence in the legal and physical custody of their U.S. citizen parent will result in the child's automatically acquiring U.S. citizenship upon meeting the eligibility under INA 320; or</li> <li>Child of U.S. citizens whose lawful admission for permanent residence will result automatically in the child's acquisition of citizenship upon finalization of adoption (if the child satisfies the requirements applicable to adopted children under INA 101(b)(1)), in the United States by the U.S. citizen parent(s), upon meeting the eligibility criteria under INA 320.</li> </ul>	<ul style="list-style-type: none"> <li>Evidence that you are the child of a United States citizen, who will be eligible for acquisition of citizenship under INA 320 and the evidentiary requirements to meet the qualifications to demonstrate citizenship. For more information, see Form N-600, Application for Certificate of Citizenship.</li> </ul>
Public Benefits While in an Immigration Category Exempt from Public Charge	<ul style="list-style-type: none"> <li>Received public benefits while in a category that is exempt from public charge inadmissibility; or</li> <li>Received public benefits while in a category for which you received a waiver for public charge inadmissibility.</li> </ul>	<ul style="list-style-type: none"> <li>Information that evidences your status or that you received a waiver for the public charge ground of inadmissibility, such as: <ul style="list-style-type: none"> <li>Approval notice (such as Form I-797, Notice of Action); or</li> <li>Form I-94, Arrival/Departure Record.</li> </ul> </li> </ul>

## Documentation

If you have applied for, are currently receiving, previously received, or are certified to receive in the future any of the public benefits listed above, provide evidence in the form of a letter, notice, certification, or other agency document that contains the following:

1. Your name;
2. Name and contact information for the public benefit-granting agency;
3. Type of public benefit;
4. Date you were authorized to start receiving the benefit or date your coverage starts; and
5. Date benefit or coverage ended or expires (mm/dd/yyyy) (if applicable).

If you have applied for, are currently receiving, previously received or are certified to receive public benefits but an exclusion applies, please indicate whether an exclusion applies to you in **Item Number 19.** and provide the evidence listed in the chart above to demonstrate why the benefit should not be considered.

**Item Number 17. Disenrollment from Public Benefits.** If you answer "Yes" to **Item Number 17.**, please provide evidence of your disenrollment or your request to disenroll if the public benefit granting agency has not processed your request.

**Item Number 25. Withdrawing a Public Benefit Application.** If you had applied for a public benefit but withdrew your application, provide evidence demonstrating that the public benefit granting agency received your request to withdraw the application.

You may also submit evidence from a federal, state, local, or tribal agency administering a public benefit that shows that you do not qualify or would not qualify for such public benefit by virtue of, for instance, your annual gross household income or your prospective immigration status.

**Item Number 26. Applications for or Receipt of Immigration Fee Waivers.** Indicate whether or not you have ever applied for or received a fee waiver when applying for an immigration benefit. If you answered “Yes,” list when you received the fee waiver, the type of immigration benefit for which you applied, and the receipt number for the application or petition for which the fee was waived.

If you need extra space to complete this section, use the space provided in **Part 9. Additional Information**. You may also use this section to explain the circumstances that caused you to apply for a fee waiver and if those circumstances have changed. If those circumstances have changed, please provide any documents you may have to support your explanations.

#### **Part 4. Your Education and Skills**

USCIS will review employment and unemployment information you provide on your Form I-485. Please see the Form I-485 and Instructions for additional information. If you are currently unemployed because you are the primary caretaker of a child or elderly or disabled individual, which has limited your ability to work, provide a statement in

**Part 9. Additional Information.** In addition, provide any documentation establishing you are the primary caretaker (for example legal guardianship court order), that an individual resides in your household, and the individual’s age and/or the individual’s medical condition (if applicable).

**Item Number 1. Form I-140 Approval.** Indicate whether you have an approved Form I-140. If you answered “Yes,” skip this Part and proceed to **Part 5**. If you answered “No,” proceed to **Item Number 2**.

**Item Numbers 2. and 3.** Indicate whether or not you have graduated high school or earned an equivalent of a high school diploma or whether you have a higher degree. If you did not graduate high school, list the highest grade completed. Also, list all educational programs you attended in the space provided, such as high school, college, or other higher education. Provide the name of the program or school, the degree or certificate received, if any, the field of study, and the start and end dates. Enter your degree program start date and end date in mm/dd/yyyy format. If your degree program does not start and end on a specific day (i.e. “dd”), provide your best estimate of the day. If it is available, you must provide evidence of any degrees or certifications received, such as transcripts, diplomas, degrees, and trade profession certificates or equivalent (if this evidence is unavailable, you should provide an explanation and, if possible, evidence of unavailability such as a letter from the issuing institution). Foreign education should include an evaluation of equivalency to education or degrees acquired at accredited colleges, universities, or educational institutions in the United States. For a list of organizations that provide equivalency evaluation, see the National Association of Credential Evaluation Services (NACES), at <http://www.naces.org/members.htm>.

**Item Number 4. Occupational Skills.** List any relevant occupational skills, including any certifications and licenses, when these were obtained, who issued the certification or license, license numbers, and expiration/renewal date. This includes but is not limited to workforce skills, training, licenses for specific occupations or professions, and certificates documenting mastery or apprenticeships in skilled trades or professions. If it is available, you must provide evidence of any training, licenses for specific occupations or professions, and certificates documenting mastery or apprenticeships in skilled trades or professions (if this evidence is unavailable, you should provide an explanation and, if possible, evidence of unavailability such as a letter from the issuing institution).

**Item Number 5. English and Other Language Skills.** Provide information on certifications or courses in English and other languages in addition to English. Provide any evidence of language certifications, including any language or literacy classes you took or are currently taking, or other evidence of proficiency. Native English speakers, or other language if applicable, must provide documentation of language proficiency including language certifications. Evidence of language certification may include high school diplomas and college degrees showing that the native language was studied for credit.

**Item Number 6. Retirement.** Indicate whether or not you are retired and provide the date of retirement, if applicable. If you have not already provided the information in **Part 3. Item Number 9.**, provide evidence of income from pensions, social security or other retirement benefits.

#### **Part 5. Declarant's Statement, Contact Information, Certification, and Signature**

**Item Numbers 1. - 6.** Select the appropriate box to indicate whether you read this declaration yourself or whether you had an interpreter assist you. If someone assisted you in completing the declaration, select the box indicating that you used a preparer. Further, you must sign and date your declaration and provide your daytime telephone number, mobile telephone number (if any), and email address (if any). Every declaration **MUST** contain the signature of the declarant (or parent or legal guardian, if applicable). A stamped or typewritten name in place of a signature is not acceptable.

#### **Part 6. Interpreter's Contact Information, Certification, and Signature**

**Item Numbers 1. - 7.** If you used anyone as an interpreter to read the Instructions and questions on this declaration to you in a language in which you are fluent, the interpreter must fill out this section; provide his or her name, the name and address of his or her business or organization (if any), his or her daytime telephone number, his or her mobile telephone number (if any), and his or her email address (if any). The interpreter must sign and date the declaration.

#### **Part 7. Contact Information, Declaration, and Signature of the Individual Preparing this Declaration, if Other Than the Declarant**

**Item Numbers 1. - 8.** This section must contain the signature of the individual who completed your declaration, if other than you, the declarant. If the same individual acted as your interpreter **and** your preparer, that person should complete both **Part 6.** and **Part 7.** If the individual who completed this declaration is associated with a business or organization, that person should complete the business or organization name and address information. Anyone who helped you complete this declaration **MUST** sign and date the declaration. A stamped or typewritten name in place of a signature is not acceptable. If the individual who helped you prepare your declaration is an attorney or accredited representative, he or she may also need to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, along with your declaration.

#### **Part 8. Signature at Interview**

**Do not** complete this part. The USCIS Officer will ask you to complete this part at your interview.

#### **Part 9. Additional Information**

**Item Numbers 1. - 6.** If you need extra space to provide any additional information within this declaration, use the space provided in **Part 9. Additional Information.** If you need more space than what is provided in **Part 9.**, you may make copies of **Part 9.** to complete and file with your declaration or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

**We recommend that you print or save a copy of your completed declaration to review in the future and for your records.**

#### **What Evidence Must You Submit?**

You must submit all initial evidence requested in these Instructions with your Form I-944. If you fail to submit required evidence, your application may be rejected or denied in accordance with 8 CFR 103.2(a) and (b)(1) and these Instructions.

## What Is the Filing Fee?

There is currently no filing fee for Form I-944.

## Filing Form I-944 With Form I-485

Submit Form I-944 at the same time you submit Form I-485.

## Where To File?

Please see our website at [www.uscis.gov/I-944](http://www.uscis.gov/I-944) or visit the USCIS Contact Center at [www.uscis.gov/contactcenter](http://www.uscis.gov/contactcenter) to connect with a USCIS representative for the most current information about where to file this declaration.

If you are in proceedings in Immigration Court (that is, if you have been served with Form I-221, Order to Show Cause and Notice of Hearing; Form I-122, Notice to Applicant for Admission Detained for Hearing Before an Immigration Judge; Form I-862, Notice to Appear; or Form I-863, Notice of Referral to Immigration Judge, that DHS filed with the Immigration Court), you should file this declaration with the appropriate Immigration Court.

The DHS attorney will provide you with Pre-Order Filing Instructions regarding background and security investigations. You must also submit a copy to USCIS. Please see our website at [www.uscis.gov/laws/immigration-benefits-eoir-removal-proceedings](http://www.uscis.gov/laws/immigration-benefits-eoir-removal-proceedings) or call our National Contact Center for the most current information about where to file the copy of the application that you file with the Immigration Court.

## Address Change

A declarant who is not a U.S. citizen must notify USCIS of his or her new address within 10 days of moving from his or her previous residence. For information on filing a change of address, go to the USCIS website at [www.uscis.gov/addresschange](http://www.uscis.gov/addresschange).

If you are already in proceedings in Immigration Court, you must also notify the Immigration Court on EOIR Form 33/IC, Alien's Change of Address Form/Immigration Court, of any changes of address within five days of the change in address. The EOIR Form 33/IC is available on the EOIR website at <http://www.justice.gov/eoir/formslist.htm>.

**NOTE:** Do not submit a change of address request to the USCIS Lockbox facilities because the Lockbox does not process change of address requests.

## Processing Information

You must be physically present in the United States and provide a United States address to file this declaration. Your declaration will be rejected if it is not signed. You may fix the problem and resubmit Form I-944. Form I-944 is not considered properly filed until it is accepted.

**Initial Processing.** Once your declaration is accepted, it will be checked for completeness. If you do not completely fill out this declaration, you will not establish a basis for your eligibility and your declaration may be rejected or denied.

**Requests for More Information.** USCIS may request that you provide more information or evidence to support your declaration. We may also request that you provide the originals of any copies you submit. If we request an original document from you, it will be returned to you after USCIS determines it no longer needs your original.

**Requests for Interview.** We may request that you appear at a USCIS office for an interview based on your declaration. At the time of any interview or other appearance at a USCIS office, we may require that you provide your biometrics to verify your identity and/or update background and security checks.

**For hearings before the Immigration Court:** Interpreters are provided, at the government's expense, to individuals whose comprehension of the English language is inadequate to fully understand and participate in removal proceedings. In general, the Immigration Court endeavors to accommodate the language needs of all respondents and witnesses. The Immigration Court will arrange for an interpreter both during the individual calendar hearing and, if necessary, the master calendar hearing. The Immigration Court is also committed to addressing the needs of individuals with disabilities and/or impairments. If your case is pending before the Immigration Court, you should notify the court of any such need before your first hearing with an immigration judge. The Immigration Court considers all requests to address such needs on a case-by-case basis.

## USCIS Forms and Information

To ensure you are using the latest version of this declaration, visit the USCIS website at [www.uscis.gov](http://www.uscis.gov) where you can obtain the latest USCIS forms and immigration-related information.

Instead of waiting in line for assistance at your local USCIS office, you can schedule an appointment online at [www.uscis.gov](http://www.uscis.gov). Select "Make an Appointment" and follow the screen prompts to set up your appointment. Once you finish scheduling an appointment, the system will generate an appointment notice for you.

## Penalties

If you knowingly and willfully falsify or conceal a material fact or submit a false document with your Form I-944, we will deny your Form I-944 and may deny any other immigration benefit. In addition, you will face severe penalties provided by law and may be subject to criminal prosecution.

## USCIS Compliance Review and Monitoring

By signing this declaration, you have stated under penalty of perjury (28 USC section 1746) that all information and documentation submitted with this declaration are complete, true, and correct. You also authorize the release of any information from your records that USCIS may need to determine your eligibility for the immigration benefit you are seeking and consent to USCIS verifying such information.

DHS has the authority to verify any information you submit to establish eligibility for the immigration benefit you are seeking at any time. USCIS' legal authority to verify this information is in 8 U.S.C. sections 1103, 1155, and 1184, and 8 CFR Parts 103, 204, 205, and 214. To ensure compliance with applicable laws and authorities, USCIS may verify information before or after your case is decided.

Agency verification methods may include, but are not limited to: review of public records and information; contact through written correspondence, the Internet, facsimile, other electronic transmission, or telephone; unannounced physical site inspections of residences and locations of employment; and interviews. USCIS will use information obtained through verification to assess your compliance with the laws and to determine your eligibility for an immigration benefit.

Subject to the restrictions under 8 CFR 103.2(b)(16), USCIS will provide you with an opportunity to address any adverse or derogatory information that may result from a USCIS compliance review, verification, or site visit after a formal decision is made on your case or after the agency has initiated an adverse action which may result in revocation or termination of an approval.

## DHS Privacy Notice

**AUTHORITIES:** The information requested on this declaration, and the associated evidence, is collected under the Immigration and Nationality Act (INA) section INA 212(a)(4).

**PURPOSE:** The primary purpose for providing the requested information on this form is to provide documentation to demonstrate that you are not likely to become a public charge. DHS uses the information you provide to grant or deny the immigration benefit you are seeking.

**DISCLOSURE:** The information you provide is voluntary. However, failure to provide the requested information, including your Social Security number (if applicable), and any requested evidence, may delay a final decision or result in denial of your form.

**ROUTINE USES:** DHS may share the information you provide on this declaration and any additional requested evidence with other Federal, state, local, and foreign government agencies and authorized organizations. DHS follows approved routine uses described in the associated published system of records notices [DHS/USCIS-001 - Alien File, Index, and National File Tracking System and DHS/USCIS-007 - Benefits Information System] and the published privacy impact assessments [DHS/USCIS/PIA-016a Computer Linked Application Information Management System and Associated Systems,] which you can find at [www.dhs.gov/privacy](http://www.dhs.gov/privacy). DHS may also share this information, as appropriate, for law enforcement purposes or in the interest of national security.

## Paperwork Reduction Act

An agency may not conduct or sponsor an information collection, and an individual is not required to respond to a collection of information, unless it displays a currently valid Office of Management and Budget (OMB) control number. The public reporting burden for this collection of information is estimated at 4.5 hours per response, including the time for reviewing instructions, gathering the required documentation and information, completing the declaration, preparing statements, attaching necessary documentation, and submitting the declaration. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Coordination Division, Office of Policy and Strategy, 20 Massachusetts Ave NW, Washington, DC 20529-2140; OMB No. 1615-0142. **Do not mail your completed Form I-944 to this address.**