

**PUBLIC CHARGE QUESTIONNAIRE****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. Date of Birth *(mm-dd-yyyy)*

3. Have you ever been to the United States before?

 Yes No**PART 2 - YOUR HEALTH**

4. Do you currently have health insurance coverage in the United States?

 Yes No

If you answered "Yes" to Item number 4, attach evidence of health insurance and skip to Part 3.

If you answered "No" to Item number 4, proceed to Item A.

4A. Will you be covered by health insurance in the United States within 30 days of your entry into the United States?

 Yes No

If you answered "yes" to Item A, identify the specific health insurance plan and date coverage will begin.

PART 3 - YOUR HOUSEHOLD SIZE

List the expected members of your household in the United States.

| Name | Age | Relationship to you | Current Job | United States Citizen (yes / no) | Was he or she on active duty, other than training, in the U.S. Armed Forces or Ready Reserve while receiving a public benefit? (yes / no) |
|------|-----|---------------------|-------------|-------------------------------------|--|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

PART 4 - YOUR ASSETS, RESOURCES, AND FINANCIAL STATUS

6. List below all U.S. federal tax returns you have filed within the last three years and attach your IRS transcript (or copy of the complete, filed tax return) for your most recent U.S. federal tax return.

| Federal Tax Year | Did you file a Federal tax return? | Gross Income (U.S. dollars) |
|------------------|--|-----------------------------|
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

7. Did you work in the United States in the last three years but not file a U.S. federal tax return?

 Yes No

If you answered "yes", explain.

| | |
|---|--|
| 8. Income | |
| 8A. What is your current yearly compensation in U.S. dollars? | 8B. If you currently have a job awaiting your arrival in the United States, who is the employer and what is the yearly compensation in U.S. dollars? |

8C. List below any income not listed above that you will continue to receive after your arrival in the United States (for example, rent, stock dividends, foreign pension, child support). Consular Officers may request additional information or evidence for confirmation.

| Type of Income | How often do you receive this income? (annually, monthly, etc.) | Amount (U.S. Dollars) |
|----------------|---|-----------------------|
| | | |
| | | |
| | | |
| Total | | |

9. List the assets available to you in the table below. For example, cash assets may include checking and savings accounts, etc. Non-cash assets may include equity in real estate, annuities, securities, etc.

| Type of Asset | Location of Asset | Amount (U.S. Dollars) |
|---------------|-------------------|-----------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total | | |

10. List your liabilities and/or debts in the table below.

| Type of Liability or Debt | Amount (U.S. Dollars) |
|---------------------------|-----------------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| Total | |

11. For purposes of this form, a public benefit means any of the following forms of assistance received on or after February 24, 2020: 1) Any Federal, state, local, or tribal cash assistance for income maintenance, including supplemental security income (SSI) and Temporary Assistance for Needy Families (TANF); 2) Supplemental Nutrition Assistance Program (SNAP); 3) Housing Choice Voucher Program; 4) Project-Based Rental Assistance (including Moderate Rehabilitation); 5) Subsidized Housing; or 6) Medicaid, except for benefits received for an emergency medical condition, services or benefits funded by Medicaid but provided under the Individuals with Disabilities Education Act (IDEA), school-based services or benefits provided to individuals of secondary school age, benefits received by an alien under 21 years of age, or benefits received by a woman during pregnancy or during the 60-day period beginning on the last day of the pregnancy.

Have you or any of the individuals applying with you covered by this form requested or received public benefits in the United States from a Federal, state, local, or tribal government entity on or after February 24, 2020?

Yes No If you answered "Yes," provide the information below.

| | | | |
|---------------------------------------|--|--|--|
| 11A. | Type of Benefit | Agency That Grants The Benefit | |
| Date Benefit Was Granted (mm-dd-yyyy) | Date Benefit Ended or Expires (mm-dd-yyyy) | Reason For Requesting or Receiving The Benefit | |
| 11B. | Type of Benefit | Agency That Grants The Benefit | |
| Date Benefit Was Granted (mm-dd-yyyy) | Date Benefit Ended or Expires (mm-dd-yyyy) | Reason For Requesting or Receiving The Benefit | |
| 11C. | Type of Benefit | Agency That Grants The Benefit | |
| Date Benefit Was Granted (mm-dd-yyyy) | Date Benefit Ended or Expires (mm-dd-yyyy) | Reason For Requesting or Receiving The Benefit | |

12. If you or your family requested or received a public benefit, were you or your family members exempt from public charge during that period?

Yes No

If you answered "Yes," provide an explanation.

13. Are you likely to request or receive any of the public benefits described in Question 11 in the future in the United States from any Federal, state, local, or tribal government entity?

Yes No

If you answered "Yes," provide an explanation.

14. Have you ever received a fee waiver when applying for an immigration benefit from USCIS?

Yes No

If you answered "Yes," provide the information in the table below. In Part 8 - Additional Information, explain the circumstances that caused you to apply for a fee waiver and if those circumstances have changed.

| Date Fee Waiver Received (mm/dd/yyyy) | Type of Immigrant Benefit (Form Number) | Receipt Number |
|---------------------------------------|---|----------------|
| | | |
| | | |

PART 5 - YOUR EDUCATION AND SKILLS

15. Have you graduated high school or earned a high school equivalent diploma?

Yes No If you answered "No," then list the highest grade completed. _____
 If you answered "Yes," list any other educational degrees you have earned.. _____

16. Do you have any occupational skills?

Yes No If you answered "Yes," provide the information below.

| | | |
|-----------------------------------|---|----------------------------------|
| 16A. | Certification/License Type/Occupational Skill | Date Obtained (mm/dd/yyyy) |
| Who issued your license? (if any) | License Number (if any) | Expiration/Renewal Date (if any) |
| 16B. | Certification/License Type/Occupational Skill | Date Obtained (mm/dd/yyyy) |
| Who issued your license? (if any) | License Number (if any) | Expiration/Renewal Date (if any) |

