

Severe Economic Hardship Employment Authorization Application Guide

Severe Economic Hardship work authorization is based on a sudden, significant, unforeseen financial problem that occurs to your sponsor outside of their control. Proof of the financial distress is required. *Source: [8 C.F.R. 214.2(f)(9)(ii)(C)-(D) and (F)]*

Employment Authorization Eligibility

1. You must have completed one year of full-time enrollment at OCC under F-1 status
2. You must be in good academic standing and enrolled in a full course of study (exceptions may apply).
3. Employment will not interfere with your studies
4. You can demonstrate that employment is necessary to avoid severe economic hardship due to unforeseen economic circumstances beyond your (or your sponsor's) control

Definition of 'Unforeseen Circumstances'

- Loss of financial aid or on-campus employment resulting from circumstances beyond the student's control
- Substantial fluctuations in the exchange rate or value of home country's currency
- Unexpected changes in the financial condition of the student's financial sponsor
- Unexpected medical bills
- Other substantial and unexpected expenses

Application Procedure

1. *Severe Economic Hardship Employment Authorization checklist* – collect all items on the document checklist below
2. *Submit Application documents online* – <https://OCCSSSP.formstack.com/forms/finhardship>. Upload all documents in .pdf or .jpeg only. Allow 5-10 business days for processing.
3. *See an International Student Adviser* (OPTIONAL) – Schedule an appointment to review your application with an adviser
4. *Sign new I-20* – Check your emails regularly for notification from an adviser with new I-20 and instructions to finalize your application. Print new I-20 and all application documents, sign I-20 and I-765 carefully with a black pen
5. *Mail your Employment Authorization packet to USCIS* -- USCIS must receive your application within 30 days from the time your new I-20 is created. **If you delay, your application will be DENIED!**

Severe Economic Hardship Employment Authorization Application Checklist

A complete application should include the following documents. Submit documents to the Global Engagement Center for review to receive your Employment Authorization I-20: <https://OCCSSSP.formstack.com/forms/finhardship>

- Form I-765, typed or hand-written in black ink (www.uscis.gov) (see sample on pg. 3)
- G-1145 – Request for e-notifications (www.uscis.gov)
- Personal letter explaining financial need and the circumstances beyond your (your sponsor's) control
- Copy of valid passport (bio page only), F-1 visa page (except Canadians), and most recent I-94 (<https://i94.cbp.dhs.gov>)
- 2 color photos, 2" x 2", visit <https://travel.state.gov/content/passports/en/passports.html> for requirements
- Proof of the change in your financial situation. Documentation may include newspaper clippings, bank records, letters from sponsor's employers, etc...
- Sample budget of monthly expenses showing the need for supplemental income
- \$410.00 check or money order, payable to "U.S. Department of Homeland Security" or Form I-912 Fee Waiver Request (www.uscis.gov)
- Signed Statement of Understanding
- Copy of the Employment Authorization I-20 issued by the F-1 Advisor (do not forget to sign it).

Mail your Application to USCIS

After submitting your application to the Global Engagement Center, you will receive your new I-20 by e-mail. Print your new I-20 and all application documents. Make sure your I-20 and I-765 are signed before mailing your application packet to USCIS IMMEDIATELY. If you delay, your application MAY BE DENIED.

USPS First Class or Priority Mail Express:

USCIS
Attn: I-765 C03
P.O. Box 805373
Chicago, IL 60680-5374

Overnight/Courier Deliveries (FedEx or UPS)

USCIS
Attn: I-765 C03 (Box 805373)
131 South Dearborn – 3rd Floor
Chicago, IL 60603-5517

After Applying

Once you have mailed your application to USCIS you should receive a receipt notice within 2-3 weeks. This is just verification that your packet was received. It is not permission to bein working! Processing will take approximately 90 days.

If approved, you will receive an Employment Authorization Document (EAD) card. Once received, verify that all information on the card is correct, submit a copy of the front and back to the Global Engagement Center. Read all requirements and responsibilities carefully to ensure you maintain your status.

Requirements and Responsibilities

Filing Application: I-20 must be signed with a BLUE pen and I-765 must be signed with a BLACK pen *BEFORE* mailing to USCIS. Unsigned or electronically signed documents will be automatically denied. Additionally, your application must be received by USCIS BEFORE 30 days from the date the request was made in SEVIS by the F-1 adviser. Application received by USCIS more than 30 days from the date the I-20 was issued will be automatically denied.

Work only during the authorized period: Approval of Severe Economic Hardship Employment Authorization is at the discretion of USCIS. You may not begin working until you have received your Employment Authorization Card (EAD) and you may only work during the dates authorized on the card. You may not begin working before the start date or continue working beyond the end date printed on your EAD card. You may only work up to 20 hours per week unless otherwise indicated by USCIS. The EAD card is valid for a maximum of one year and you may apply to extend if your I-20 is still valid.

Enrollment Requirement: Employment must not interfere with your studies and you must maintain a full course of study each fall/spring semester while on approved severe economic hardship employment authorization. You may work in any field, up to 20 hour per week. There are some exceptions granted by the Department of Homeland Security under Special Student Relief: https://studyinthestates.dhs.gov/assets/sevp_specialstudentrelief_final.pdf

Medical Insurance: Maintain medical insurance coverage with OCC. You must pay for the new insurance plan within 30 days from the last day of coverage of the previous plan. If your employer provides full medical insurance coverage, insurance purchase through OCC may be waived. You will still be required to purchase the supplemental Evacuation/Repatriation coverage through JCB Insurance solutions. Complete the insurance waiver request form and email it to the GEC along with required documents.

Reporting Requirements: Provide a copy of your EAD card to the Global Engagement Center. Update your MyCoast account within 10 days if your US address, phone number, or email changes. File income tax return in a timely manner.

Severe Economic Hardship Off-Campus Employment Authorization
Statement of Understanding

Dear Student:

Students who have applied for and have been approved for Severe Economic Hardship Off-Campus Employment Authorization must continue to comply with and maintain valid F-1 status. Applying for employment authorization does not change your visa classification; you will still be an F-1 student. Read your responsibilities carefully. By signing this statement of understanding, you verify that you understand and agree to follow these regulations:

1. **Filing Application:** Your I-20 and I-765 must be signed with a black pen BEFORE mailing to USCIS. Unsigned or electronically signed applications will be automatically denied. Additionally, your application must be received by USCIS BEFORE 30 days from the date the request was made in SEVIS by the F-1 adviser. Application received by USCIS more than 30 days from the date the I-20 was issued will be automatically denied.
2. **Work only during the authorized period:** Approval of Severe Economic Hardship Employment Authorization is at the discretion of USCIS. You may not begin working until you have received your Employment Authorization Card (EAD) and you may only work during the dates authorized on the card. You may not begin working before the start date or continue working beyond the end date printed on your EAD card. You may only work up to 20 hours per week unless otherwise indicated by USCIS. The EAD card is valid for a maximum of one year and you may apply to extend if your I-20 is still valid.
3. **Enrollment Requirement:** Employment must not interfere with your studies and you must maintain a full course of study each fall/spring semester while on approved severe economic hardship employment authorization. You may work in any field, up to 20 hour per week. There are some exceptions granted by the Department of Homeland Security under Special Student Relief: https://studyinthestates.dhs.gov/assets/sevp_specialstudentrelief_final.pdf
4. **Medical Insurance:** Maintain medical insurance coverage with OCC. You must pay for the new insurance plan within 30 days from the last day of coverage of the previous plan. If your employer provides full medical insurance coverage, insurance purchase through OCC may be waived. You will still be required to purchase the supplemental Evacuation/Repatriation coverage through JCB Insurance solutions. Complete the insurance waiver request form and email it to the GEC along with required documents.
5. **Reporting Requirements:** Provide a copy of your EAD card to the Global Engagement Center. Update your MyCoast account within 10 days if your US address, phone number, or email changes. File income tax return in a timely manner.

Student name

OCC Student ID (ex: C01234567)

Date

Student Signature

For GEC Office Use:

Expected Travel Dates: _____ Preferred Start Date: _____ Adviser: _____

Application Document Samples

Refer to the samples below for preparing documents for your application. These are only samples, and the details in your documents should be specific to your situation.

Formatting Your Personal Letter of Explanation/Cover Letter:

October 12, 2022

USCIS

Attn: I-765 C03

P.O. Box 805373

Chicago, IL 60680-5374

RE: SURNAME, Given Name

SEVIS ID: N0012345678

Dear Adjudicator:

I am writing to request off-campus employment authorization based on severe economic hardship. My family has experienced unforeseen financial difficulties due to [explain your situation – i.e. *the military coup in Burma; the flooding and landslides in the east of India...*]. This has affected my family's income in the following ways: [explain how your family's employment or business has been affected.]

Included in this application, please find a detailed budget showing my expenses and financial need, several news articles explaining the current situation in my home country, [the death certificate of my sponsor, financial statements for my family's business, proof of currency devaluation, any other documentation] that can support your request.

Sincerely,

Your Full Name

Sample Budget (Monthly Income/Expenses):


Please indicate if your budget shows your *monthly* expenses or *semester* expenses.

Description	Monthly Expenditure	Description	Monthly Income
Tuition & Fees	\$ 1,250	On-campus Employment (Net)	\$ 800
Medical Insurance	\$ 115	Sponsorship	\$ 800
Books/Supplies	\$ 30	Scholarship	\$ 0
Housing	\$ 800	Other	\$ 0
Utilities (electricity, water, etc.)	\$ 100		
Food	\$ 100		
Phone	\$ 50		
Transportation	\$ 50		
Misc.	\$ 100		
Total Expenses	\$ 2,595	Total Income	\$ 1,600
		Additional Needed Income to cover Expenses	\$ 995

Sample I-765 Severe Economic Hardship:

The following provides guidance for filling the I-765. Please read each question carefully and answer accurately and honestly.

I-765 Sample – Page 1:

	Application For Employment Authorization Department of Homeland Security U.S. Citizenship and Immigration Services	USCIS Form I-765 OMB No. 1615-0040 Expires 01/31/2023	
For USCIS Use Only	<input type="checkbox"/> Authorization/Extension Valid From _____ <input type="checkbox"/> Authorization/Extension Valid Through _____	Fee Stamp	Action Block
	Alien Registration Number A- <input style="width: 100px;" type="text"/>		
	Remarks		
To be completed by an attorney or Board of Immigration Appeals (BIA)-accredited representative (if any).		<input type="checkbox"/> Select this box if Form G-28 is attached.	Attorney or Accredited Representative USCIS Online Account Number (if any) <input style="width: 150px;" type="text"/>
▶ START HERE - Type or print in black ink.			
Part 1. Reason for Applying		Other Names Used	
I am applying for (select only one box):			
I.a. <input checked="" type="checkbox"/> Initial permission to accept employment.		Provide all other names you have ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in Part 6. Additional Information.	
I.b. <input type="checkbox"/> Replacement of lost, stolen, or damaged employment authorization document, or correction of my employment authorization document NOT DUE to U.S. Citizenship and Immigration Services (USCIS) error. NOTE: Replacement (correction) of an employment authorization document due to USCIS error does not require a new Form I-765 and filing fee. Refer to Replacement for Card Error in the What is the Filing Fee section of the Form I-765 Instructions for further details.			
I.c. <input type="checkbox"/> Renewal of my permission to accept employment. (Attach a copy of your previous employment authorization document.)			
Part 2. Information About You		2.a. Family Name (Last Name) <input style="width: 150px;" type="text"/> 2.b. Given Name (First Name) <input style="width: 150px;" type="text"/> 2.c. Middle Name <input style="width: 150px;" type="text"/> <hr/> 3.a. Family Name (Last Name) <input style="width: 150px;" type="text"/> 3.b. Given Name (First Name) <input style="width: 150px;" type="text"/> 3.c. Middle Name <input style="width: 150px;" type="text"/> <hr/> 4.a. Family Name (Last Name) <input style="width: 150px;" type="text"/> 4.b. Given Name (First Name) <input style="width: 150px;" type="text"/> 4.c. Middle Name <input style="width: 150px;" type="text"/>	
Your Full Legal Name			
I.a. Family Name (Last Name) <input style="width: 150px;" type="text"/> ORANGE			
I.b. Given Name (First Name) <input style="width: 150px;" type="text"/> Pirate			
I.c. Middle Name <input style="width: 150px;" type="text"/> Pete			

Check the box to indicate type of request

Enter your name as it appears on your passport



Part 2. Information About You (continued)

Your U.S. Mailing Address

5.a. In Care Of Name (if any)

5.b. Street Number and Name

5.c. Apt. Ste. Flr.

5.d. City or Town

5.e. State 5.f. ZIP Code
(USPS ZIP Code Lookup)

6. Is your current mailing address the same as your physical address? Yes No

NOTE: If you answered "No" to Item Number 6., provide your physical address below.

U.S. Physical Address

7.a. Street Number and Name

7.b. Apt. Ste. Flr.

7.c. City or Town

7.d. State 7.e. ZIP Code

Other Information

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

9. USCIS Online Account Number (if any)

10. Gender Male Female

11. Marital Status Single Married Divorced Widowed

12. Have you previously filed Form I-765? Yes No

13.a. Has the Social Security Administration (SSA) ever officially issued a Social Security card to you? Yes No

NOTE: If you answered "No" to Item Number 13.a., skip to Item Number 14. If you answered "Yes" to Item Number 13.a., provide the information requested in Item Number 13.b.

13.b. Provide your Social Security number (SSN) (if known).

14. Do you want the SSA to issue you a Social Security card? (You must also answer "Yes" to Item Number 15., Consent for Disclosure, to receive a card.) Yes No

NOTE: If you answered "No" to Item Number 14., skip to Part 2., Item Number 18.a. If you answered "Yes" to Item Number 14., you must also answer "Yes" to Item Number 15.

15. **Consent for Disclosure:** I authorize disclosure of information from this application to the SSA as required for the purpose of assigning me an SSN and issuing me a Social Security card. Yes No

NOTE: If you answered "Yes" to Item Number 14. - 15., provide the information requested in Item Numbers 16.a. - 17.b.

Father's Name
Provide your father's birth name.

16.a. Family Name (Last Name)

16.b. Given Name (First Name)

Mother's Name
Provide your mother's birth name.


17.a. Family Name (Last Name)

17.b. Given Name (First Name)

Your Country or Countries of Citizenship or Nationality
List all countries where you are currently a citizen or national. If you need extra space to complete this item, use the space provided in Part 6. Additional Information.

18.a. Country

18.b. Country

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If you want the EAD card to be sent to YOU, enter 5.b. – 5.e. with YOUR mailing address.

If you want it to be sent to a friend, enter their information in 5.a. – 5.e. and mark "NO" on #6.

Enter your U.S. address that you actually reside in only if different from mailing address above

If you have EVER applied for work permit using the I-765, say yes

If you have SSN already, mark YES and provide your SSN number in 13b.

If you do not have SSN, you can say "yes" here if you want SSN to be issued at the same time. This may help you save time. You can also choose to apply for it on your own after you receive the EAD.

Answer #15 – 17 if you answered yes on #14.

(C)(3)(iii) is the code for Severe Economic Hardship Employment Authorization. You can leave 28 – 31 blank.

<p>Part 2. Information About You (continued)</p> <p>Place of Birth List the city/town/village, state/province, and country where you were born.</p> <p>19.a. City/Town/Village of Birth Porto Pirata</p> <p>19.b. State/Province of Birth Beverland</p> <p>19.c. Country of Birth Belize</p> <p>20. Date of Birth (mm/dd/yyyy) 01/01/2001</p> <p>Information About Your Last Arrival in the United States</p> <p>21.a. Form I-94 Arrival-Departure Record Number (if any) ▶ 9 8 7 6 5 4 3 2 1 1 1</p> <p>21.b. Passport Number of Your Most Recently Issued Passport R0123456</p> <p>21.c. Travel Document Number (if any) ▶</p> <p>21.d. Country That Issued Your Passport or Travel Document Belize</p> <p>21.e. Expiration Date for Passport or Travel Document (mm/dd/yyyy) 10/01/2034</p> <p>22. Date of Your Last Arrival into the United States, On or About (mm/dd/yyyy) 10/01/2022</p> <p>23. Place of Your Last Arrival into the United States Los Angeles CA</p> <p>24. Immigration Status at Your Last Arrival (for example, B-2 visitor, F-1 student, or no status) F-1 student</p> <p>25. Your Current Immigration Status or Category (for example, B-2 visitor, F-1 student, parolee, deferred action, or no status or category) F-1 student</p> <p>26. Student and Exchange Visitor Information System (SEVIS) Number (if any) ▶ N- 01234567891</p>	<p>Information About Your Eligibility Category</p> <p>27. Eligibility Category. Refer to the Who May File Form I-765 section of the Form I-765 Instructions to determine the appropriate eligibility category for this application. Enter the appropriate letter and number for your eligibility category below (for example, (a)(8), (c)(17)(iii)). (C) (3) (111)</p> <p>28. (c)(3)(C) STEM OPT Eligibility Category. If you entered the eligibility category (c)(3)(C) in Item Number 27., provide the information requested in Item Numbers 28.a - 28.c.</p> <p>28.a. Degree</p> <p>28.b. Employer's Name as Listed in E-Verify</p> <p>28.c. Employer's E-Verify Company Identification Number or a Valid E-Verify Client Company Identification Number</p> <p>29. (c)(26) Eligibility Category. If you entered the eligibility category (c)(26) in Item Number 27., provide the receipt number of your H-1B spouse's most recent Form I-797 Notice for Form I-129, Petition for a Nonimmigrant Worker. ▶</p> <p>30. (c)(8) Eligibility Category. If you entered the eligibility category (c)(8) in Item Number 27., have you EVER been arrested for and/or convicted of any crime? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>NOTE: If you answered "Yes" to Item Number 30., refer to Special Filing Instructions for Those With Pending Asylum Applications (c)(8) in the Required Documentation section of the Form I-765 Instructions for information about providing court dispositions.</p> <p>31.a. (c)(35) and (c)(36) Eligibility Category. If you entered the eligibility category (c)(35) in Item Number 27., please provide the receipt number of your Form I-797 Notice for Form I-140, Immigrant Petition for Alien Worker. If you entered the eligibility category (c)(36) in Item Number 27., please provide the receipt number of your spouse's or parent's Form I-797 Notice for Form I-140. ▶</p> <p>31.b. If you entered the eligibility category (c)(35) or (c)(36) in Item Number 27., have you EVER been arrested for and/or convicted of any crime? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>NOTE: If you answered "Yes" to Item Number 31.b., refer to Employment-Based Nonimmigrant Categories, Items 8. - 9., in the Who May File Form I-765 section of the Form I-765 Instructions for information about providing court dispositions.</p>
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Enter this section based on your I-94

If you entered the US under a visa status other than F-1 and then applied for a change of status to F-1 student status while in the US, please answer #24 & #25 accurately.

Part 3. Applicant's Statement, Contact Information, Declaration, Certification, and Signature

NOTE: Read the Penalties section of the Form I-765 Instructions before completing this section. You must file Form I-765 while in the United States.

Applicant's Statement

NOTE: Select the box for either Item Number 1.a. or 1.b. If applicable, select the box for Item Number 2.

- 1.a. I can read and understand English, and I have read and understand every question and instruction on this application and my answer to every question.
- 1.b. The interpreter named in Part 4. read to me every question and instruction on this application and my answer to every question in _____, a language in which I am fluent, and I understood everything.
- 2. At my request, the preparer named in Part 5., _____ prepared this application for me based only upon information I provided or authorized.

Applicant's Contact Information

- 3. Applicant's Daytime Telephone Number
7144325940
- 4. Applicant's Mobile Telephone Number (if any)
7144325950
- 5. Applicant's Email Address (if any)
occinternational@cccd.edu
- 6. Select this box if you are a Salvadoran or Guatemalan national eligible for benefits under the ABC settlement agreement.

Updates will be sent to this email address. Use YOUR unique OCC student email address.

Applicant's Declaration and 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 application, in supporting documents, and in my USCIS records, to other entities and persons 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 application; and
- 2) All of this information was complete, true, and correct at the time of filing.

I certify, under penalty of perjury, that all of the information in my application 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 application and that all of this information is complete, true, and correct.

Applicant's Signature

- 7.a. Applicant's Signature
Pirate pete
- 7.b. Date of Signature (mm/dd/yyyy) 08/01/2018

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

Sign with black ink. The signature must fit INSIDE the box. It should NOT touch or cross the outlines of the box.

Part 4. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.

Interpreter's Full Name

- 1.a. Interpreter's Family Name (Last Name)

- 1.b. Interpreter's Given Name (First Name)

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

(Pages 5-6 should remain blank):

Part 6. Additional Information

If you need extra space to provide any additional information within this application, 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 application 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.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2. A-Number (if any) ▶ A-

3.a. Page Number 3.b. Part Number 3.c. Item Number

3.d. CPT Authorizations:

N0123456789	01/29/2015	-	05/31/2015;
N0098765432	08/28/2017	-	12/14/2017

4.a. Page Number 4.b. Part Number 4.c. Item Number

4.d.

5.a. Page Number 5.b. Part Number 5.c. Item Number

5.d.

6.a. Page Number 6.b. Part Number 6.c. Item Number

6.d.

7.a. Page Number 7.b. Part Number 7.c. Item Number


7.d.

USCIS requires you to report any past CPT, OPT, or any other off-campus employment authorizations here. Enter ALL periods of authorization. If you have done CPT, OPT, or any other type of off-campus employment under other SEVIS ID, be sure to include them as well.

Sample I-912 Request for Fee Waiver:

The following provides guidance for filling the I-912. Use this form to request a fee waiver of the \$410 application fee for the I-765, based on a demonstrated inability to pay. Read each question carefully and answer accurately and honestly.

I-912 Sample – Page 1:

	Request for Fee Waiver Department of Homeland Security U.S. Citizenship and Immigration Services	USCIS Form I-912 <small>OMB No. 1615-0116 Expires: 09/30/2024</small>			
For USCIS Use Only	Application Received At (Select only one box)				
	<input type="checkbox"/> USCIS Field Office <input type="checkbox"/> Fee Waiver Approved <input type="checkbox"/> Fee Waiver Denied Date: _____ Date: _____	<input type="checkbox"/> USCIS Service Center <input type="checkbox"/> Fee Waiver Approved <input type="checkbox"/> Fee Waiver Denied Date: _____ Date: _____			
▶ START HERE - Type or print in black ink.					
If you need extra space to complete any section of this request or if you would like to provide additional information about your circumstances, use the space provided in Part 11. Additional Information. Complete and submit as many copies of Part 11., as necessary, with your request.					
Part 1. Basis for Your Request (Each basis is further explained in the Specific Instructions section of the Form I-912 Instructions)					
Select at least one basis or more for which you may qualify and provide supporting documentation for any basis you select. You only need to qualify and provide documentation for one basis for U.S. Citizenship and Immigration Services (USCIS) to grant your fee waiver. If you choose, you may select more than one basis; you must provide supporting documentation for each basis you want considered.					
1. <input type="checkbox"/> I am, my spouse is, or the head of household living in my household is currently receiving a means-tested benefit. (Complete Parts 2. - 4. and Parts 7. - 10.) 2. <input type="checkbox"/> My household income is at or below 150 percent of the Federal Poverty Guidelines. (Complete Parts 2. - 3., Part 5., and 7. - 10.) 3. <input checked="" type="checkbox"/> I have a financial hardship. (Complete Parts 2. -3. and Parts 6. - 10.)					
Part 2. Information About You (Requestor)					
Provide information about yourself if you are the person requesting a fee waiver for a petition or application you are filing. If you are the parent or legal guardian filing on behalf of a child or person with a physical disability or developmental or mental impairment, provide information about the child or person for whom you are filing this form.					
1. Full Name <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">Family Name (Last Name) ORANGE</td> <td style="width: 25%; border-bottom: 1px solid black;">Given Name (First Name) Pete</td> <td style="width: 25%; border-bottom: 1px solid black;">Middle Name Pirate</td> </tr> </table>			Family Name (Last Name) ORANGE	Given Name (First Name) Pete	Middle Name Pirate
Family Name (Last Name) ORANGE	Given Name (First Name) Pete	Middle Name Pirate			
2. Other Names Used (if any) List all other names you have used, including nicknames, aliases, and maiden name.					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">Family Name (Last Name) N/A</td> <td style="width: 25%; border-bottom: 1px solid black;">Given Name (First Name)</td> <td style="width: 25%; border-bottom: 1px solid black;">Middle Name</td> </tr> </table>			Family Name (Last Name) N/A	Given Name (First Name)	Middle Name
Family Name (Last Name) N/A	Given Name (First Name)	Middle Name			
3. Alien Registration Number (A-Number) (if any) 4. USCIS Online Account Number (if any) ▶ A- N / A ▶ N / A					
5. Date of Birth (mm/dd/yyyy) 6. U.S. Social Security Number (if any) 01/01/2001 ▶ N / A					
Form I-912 Edition 09/03/21 Page 1 of 11					

Do not fill, this is for USCIS office use.

If you already have a Social Security Number, enter it here.

Part 2. Information About You (Requestor) (continued)

7. Marital Status
 Single, Never Married Married Divorced Widowed Marriage Annulled Separated
 Other (Explain) _____

Part 3. Applications and Petitions for Which You Are Requesting a Fee Waiver

1. In the table below, add the form numbers of the applications and petitions for which you are requesting a fee waiver.

Applications or Petitions for You and Your Family Members					
Full Name	A-Number (if any)	Date of Birth	Relationship to You	Forms Being Filed	
	A- B / A	01/01/2001	Self	I-765	
	A-				
	A-				
	A-				
Total Number of Forms (including self)					1

If you are only submitting the I-765, the only applicant should be yourself

Part 4. Means-Tested Benefits

If you selected **Item Number 1** in **Part 1**, complete this section.

1. If you, your spouse, or the head of household (including parent if the child is under 21 years of age) living with you is receiving any means-tested benefits, list the information in the table below and attach supporting documentation. If you are the parent or legal guardian filing on behalf of a child or person with a physical disability or developmental or mental impairment, provide information about the child or person for whom you are filing this form if he or she is receiving a means-tested benefit.

Means-Tested Benefit Recipients					
Full Name of Person Receiving the Benefit	Relationship to You	Name of Agency Awarding Benefit	Type of Benefit	Date Benefit was Awarded	Date Benefit Expires (or must be renewed)
B/A					

Since you selected item 3 in part 1, leave Part 4 & 5 blank.

Part 5. Income at or Below 150 Percent of the Federal Poverty Guidelines

If you selected **Item Number 2** in **Part 1**, complete this section.

Your Employment Status

1. Employment Status
 Employed (full-time, part-time, seasonal, self-employed) Unemployed or Not Employed Retired Other (Explain) _____

Part 5. Income at or Below 150 Percent of the Federal Poverty Guidelines (continued)

2. If you are currently unemployed, are you currently receiving unemployment benefits? Yes No

A. Date you became unemployed
(mm/dd/yyyy)

Information About Your Spouse

3. If you are married or separated, does your spouse live in your household? Yes No

A. If you answered "No" to **Item Number 3.**, does your spouse provide any financial support to your household? Yes No

Your Household Size

4. Are you the person providing the primary financial support for your household? Yes No

If you answered "Yes" to **Item Number 4.**, type or print your name on the line marked "self" in the table below. If you answered "No" to **Item Number 4.**, type or print your name on the line marked "self" in the table below and add the head of household's name on the line below yours.

Household Size					
Full Name	Date of Birth	Relationship to You	Married	Full-Time Student	Is any income earned by this person counted towards the household income?
N/A		Self	<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	<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	<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
Total Household Size (including self)					

Your Annual Household Income

Provide information about your income and the income of all family members counted as part of your household. You must list all amounts in U.S. dollars.

5. Your Annual Income \$ N/A

6. Annual Income of All Family Members
Provide the annual income of all family members counted as part of your household as listed in **Item Number 4.** (Do not include the amount provided in **Item Number 5.**) \$ N/A

7. Total Additional Income or Financial Support \$ N/A

Provide the total annual amount you receive in additional income or financial support from a source outside of your household. (Do not include the amount provided in **Item Numbers 5.** or **6.**) You must add all of the additional income and financial support amounts and put the total amount in the space provided. Type or print "0" in the total box if there are none. Select the type of additional income or financial support that you receive and provide documentation.

- Parental Support
- Educational Stipends
- Unemployment Benefits
- Financial Support From Adult Children, Dependents, Other People Living in the Household
- Spousal Support (Alimony)
- Royalties
- Social Security Benefits
- Child Support
- Pensions
- Veteran's Benefits
- Other (Explain)

This page should remain blank since it is part of Section 5.

Part 5. Income at or Below 150 Percent of the Federal Poverty Guidelines (continued)

8. Total Household Income (add the amounts from **Item Numbers 5., 6., and 7.**) \$

9. Has anything changed since the date you filed your Federal tax returns? (For example, your marital status, Yes No income, or number of dependents.)

If you answered "Yes" to **Item Number 9.**, provide an explanation below. Provide documentation if available. You may also use this space to provide any additional information about your circumstances that you would like USCIS to consider.

Provide a brief explanation of your circumstances/ changed financial situation which warrants work authorization and a fee waiver

Part 6. Financial Hardship

If you selected **Item Number 3.** in **Part I.**, complete this section.

1. If you or any family members have a situation that has caused you to incur expenses, debts, or loss of income, describe the situation in the box below. Specify the amounts of the expenses, debts, and income losses in as much detail as possible. Examples may include medical expenses, job loss, eviction, and homelessness.

I am an international F-1 student. My father has been my sponsor, financially supporting me during my stay in the U.S. Attached, please find my I-20 which confirms that i have been using the family funds here in the U.S. Also attached, see my monthly budget. I am not authorized to work in the US and my only source of income has been my family. Recent events in my home country [briefly explain circumstances] my family's restuarant has seen income drop around 45% from \$6,000 to \$3,500 per month. Also, due to severe inflation, my country's currency has drop in value significantly.... For these reasons I need additional employment and a fee waiver....

2. If you have cash or assets that you can quickly convert to cash, list those in the table below. For example, bank accounts, stocks, or bonds. (Do not include retirement accounts.)

Assets	
Type of Asset	Value (U.S. Dollars)
N/A	
Total Value of Assets	

Enter your monthly expenses based on the budget you created earlier. Then mark off all boxes that apply

Part 6. Financial Hardship (continued)

3. Total Monthly Expenses and Liabilities \$ 2593

Provide the total monthly amount of your expenses and liabilities. You must add all of the expense and liability amounts and type or print the total amount in the space provided. Type or print "0" in the total box if there are none. Select the types of expenses or liabilities you have each month and provide evidence of monthly payments, where possible.

- Rent and/or Mortgage Loans and/or Credit Cards Other
- Food Car Payment
- Utilities Commuting Costs
- Child and/or Elder Care Medical Expenses
- Insurance School Expenses

Part 7. Requestor's Statement, Contact Information, Certification, and Signature

NOTE: Read the **Penalties** section of the Form I-912 Instructions before completing this part.

Each person applying for a fee waiver request must complete, sign, and date Form I-912 and provide the required documentation. This includes family members identified in **Part 3**. Signature fields for family members are at the end of this part. If an individual is under 14 years of age, a parent or legal guardian may sign the request on their behalf. USCIS rejects any Form I-912 that is not signed by all individuals requesting a fee waiver and may deny a request that does not provide required documentation.

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

1. Requestor's Statement Regarding the Interpreter
 - A. I can read and understand English, and I have read and understand every question and instruction on this request and my answer to every question.
 - B. The interpreter named in **Part 9**, read to me every question and instruction on this request and my answer to every question in _____, a language in which I am fluent, and I understood everything.
2. Requestor's Statement Regarding the Preparer (if applicable)
 - At my request, the preparer named in **Part 10**, _____ prepared this request for me based only upon information I provided or authorized.

Requestor's Contact Information

3. Requestor's Daytime Telephone Number 4. Requestor's Mobile Telephone Number (if any)
5. Requestor's Email Address (if any)

Requestor'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 of my records that USCIS may need to determine my eligibility for the immigration benefit I seek.

I further authorize release of information contained in this request, in supporting documents, and in my USCIS records to other entities and persons where necessary for the administration and enforcement of U.S. immigration laws.

I certify, under penalty of perjury, that I provided or authorized all of the information in my request, I understand all of the information contained in, and submitted with, my request, and that all of this information is complete, true, and correct.

Assuming you fill this form out yourself, Pages 7-11 should remain blank.

Part 7. Requestor's Statement, Contact Information, Certification, and Signature (continued)

WARNING: If you knowingly and willfully falsify or conceal a material fact or submit a false document with your Form I-912, USCIS will deny your fee waiver request and may deny any other immigration benefit. In addition, you may face severe penalties provided by law and may be subject to criminal prosecution.

Requestor's Signature

6. Requestor's Signature Date of Signature (mm/dd/yyyy)
[Signature] 10/13/2022

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

Family Members' Signatures

NOTE: Each family member **must** type or print their full name and sign in the spaces below. You can find additional family members' signature spaces in **Item Numbers 7. - 10.** below. All family members identified in **Part 3.** must sign and date Form I-912.

I certify that the information provided by the requestor in **Part 7.** applies to me.

7. Family Member 1

Family Member's Name

N/A

Family Member's Signature

Date of Signature (mm/dd/yyyy)

8. Family Member 2

Family Member's Name

Family Member's Signature

Date of Signature (mm/dd/yyyy)

9. Family Member 3

Family Member's Name

Family Member's Signature

Date of Signature (mm/dd/yyyy)

10. Family Member 4

Family Member's Name

Family Member's Signature

Date of Signature (mm/dd/yyyy)

11. Family Member 5

Family Member's Name

Family Member's Signature

Date of Signature (mm/dd/yyyy)

Sign with a black pen after your print the forms. Do not sign electronically.