



# 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"/> Select this box if Form G-28 is attached.	Volag Number (if any) <input type="text"/>	Attorney State Bar Number (if applicable) <input type="text"/>	Attorney or Accredited Representative USCIS Online Account Number (if any) <input type="text"/>
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▶ **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) <input type="text"/>	Given Name (First Name) <input type="text"/>	Middle Name <input type="text"/>
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2. U.S. Mailing Address

In Care Of Name (if any)

Street Number and Name <input type="text"/>	Apt. <input type="checkbox"/>	Ste. <input type="checkbox"/>	Flr. <input type="checkbox"/>	Number <input type="text"/>
City or Town <input type="text"/>	State <input type="text"/>	ZIP Code <input type="text"/>		

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

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 <input type="text"/>	Country of Birth <input type="text"/>
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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-**   
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-**   
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-**   
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-**   
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.)

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.)

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
<input type="text"/>	<input type="text"/>	<input type="text"/>

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:**

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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
<input type="text"/>	<input type="text"/>	<input type="text"/>

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
<input type="text"/>	<input type="text"/>	<input type="text"/>

Type of Additional Income	Annual Amount Received
<input type="text"/>	\$ <input type="text"/>

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) \$
<input type="text"/>	<input type="text"/>

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

Family Name (Last Name)	Given Name (First Name)	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Type of Additional Income	Annual Amount Received
<input type="text"/>	\$ <input type="text"/>

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) \$
<input type="text"/>	<input type="text"/>

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

Family Name (Last Name)	Given Name (First Name)	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Type of Additional Income	Annual Amount Received
<input type="text"/>	\$ <input type="text"/>

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) \$
<input type="text"/>	<input type="text"/>

**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.

Name of Asset Holder (you or your household member)	Type of Asset (cash value)	Amount (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.

Type of Liability or Debt	Amount (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

Date (mm/dd/yyyy)

Type of Bankruptcy

Chapter 7  Chapter 11  Chapter 13

**C. Place of Filing**

City

State or Country

Date (mm/dd/yyyy)

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.

<b>A.</b>	Type of Public Benefit <input type="text"/>	Agency that Granted the Public Benefit <input type="text"/>
	Date You Started Receiving the Benefit or if Certified, Date You Will Start Receiving the Benefit or Date Your Coverage Starts (mm/dd/yyyy) <input type="text"/>	Date Benefit or Coverage Ended or Expires or is Expected to Expire (mm/dd/yyyy) <input type="text"/>
	Amount Received \$ <input type="text"/>	

<b>B.</b>	Type of Public Benefit <input type="text"/>	Agency that Granted the Public Benefit <input type="text"/>
	Date You Started Receiving the Benefit or if Certified, Date You Will Start Receiving the Benefit or Date Your Coverage Starts (mm/dd/yyyy) <input type="text"/>	Date Benefit or Coverage Ended or Expires or is Expected to Expire (mm/dd/yyyy) <input type="text"/>
	Amount Received \$ <input type="text"/>	

<b>C.</b>	Type of Public Benefit <input type="text"/>	Agency that Granted the Public Benefit <input type="text"/>
	Date You Started Receiving the Benefit or if Certified, Date You Will Start Receiving the Benefit or Date Your Coverage Starts (mm/dd/yyyy) <input type="text"/>	Date Benefit or Coverage Ended or Expires or is Expected to Expire (mm/dd/yyyy) <input type="text"/>
	Amount Received \$ <input type="text"/>	

**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.** 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)

**C.** 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)

**D.** 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)

**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.

**A.** Certification/License Type/Occupational Skill  Date Obtained (mm/dd/yyyy)   
Who Issued Your License or Certification? (if any)  License Number (if any)   
Expiration/Renewal Date (mm/dd/yyyy) (if any)

**B.** Certification/License Type/Occupational Skill  Date Obtained (mm/dd/yyyy)   
Who Issued Your License or Certification? (if any)  License Number (if any)   
Expiration/Renewal Date (mm/dd/yyyy) (if any)

**C.** Certification/License Type/Occupational Skill  Date Obtained (mm/dd/yyyy)   
Who Issued Your License or Certification? (if any)  License Number (if any)   
Expiration/Renewal Date (mm/dd/yyyy) (if any)



**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. Fl. 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  
       

2. A-Number (if any) ▶ A-

3. A. Page Number    B. Part Number    C. Item Number  
                                           

D.

4. A. Page Number    B. Part Number    C. Item Number  
                                           

D.

5. A. Page Number    B. Part Number    C. Item Number  
                                           

D.

6. A. Page Number    B. Part Number    C. Item Number  
                                           

D.

