

DOCUMENT CHECKLIST FOR FORM I-944

DECLARATION OF SELF-SUFFICIENCY

Please provide only the information or documents requested as indicated by the checkmark in the "Requested Information or Documents" column.	Requested Information or Documents	Documents Received
Household Income		
Proof of current income for yourself and the following household members (W-2, employer letter, pay stubs). You do not have to be working legally. <hr/> <hr/> <hr/> <hr/>		
Income tax returns for the following years and household members: <hr/> <hr/> <hr/> <hr/>		
List and provide documentation of any additional income for you and any household member listed below that is NOT on the IRS transcript (for example, child support, social security, unemployment benefits) <hr/> <hr/> <hr/> <hr/>		
Household Assets and Resources		
Checking and/or savings accounts Balance for last 12 months:		
Value of annuities, stocks and bonds, certificates of deposit:		
Value of any retirement, pension, Social Security or educational accounts:		
Equity value of any real estate:		
Other assets convertible to cash within 12 months: <hr/> <hr/> <hr/>		

Liabilities/Debts, Credit Report and Score		
Mortgage: Car loans: Other loans: Unpaid child or spousal support: Unpaid taxes: Credit card debt:		
U.S. credit report within last 12 months U.S. credit score: _____ Proof of no credit agency report or score		
Outcome of any bankruptcy filing within last two years: _____		
Health Insurance		
Type of health insurance: _____ _____ _____		
Copy of policy page showing terms/type of covered and individuals covered Letter on health insurance company letterhead statement of coverage Form 1095-B Form 1095-C with evidence of renewal of coverage for current year <i>Note: Documentation must include annual amount of deductible or annual premium, and date of insurance termination or when it must be renewed.</i>		
Letter or other evidence showing future enrollment date for insurance plan that includes terms, type of coverage, individual covered and date when coverage begins		
Transcript copy of the IRS Form 8963 Report of Health Insurance Provider Information, Form 8962 Premium Tax Credit, and a copy of Form 1095A, Health Insurance Marketplace Statement		
If medical condition, explain how you plan to pay for reasonably anticipated medical costs: _____ _____ _____		
Doctor letter describing your medical condition and confirming it does not interfere with your ability to work, go to school or care for self		

Public Benefits		
Benefits applied for, certified for or received on or after 2/24/20: SSI: _____ Medicaid (other than for pregnancy or if under 21): _____ TANF: _____ State cash general assistance: _____ SNAP (food stamps): _____ Public housing: _____ Section 8 Housing Choice Voucher: _____ Project-Based Rental Assistance: _____ Benefits applied for, certified for or received before 2/24/20: SSI: _____ Medicaid: _____ TANF: _____ State cash general assistance: _____ <i>For any of the benefits indicated above, provide documentation showing:</i> <ol style="list-style-type: none"> when the application was submitted whether the application was approved, denied or is still pending the amount of benefits received, and the start date and end date of benefits receipt 		
Proof that you disenrolled from any public benefits listed above		
Proof that you have requested to disenroll from any benefits listed above		
Documentation showing you do not qualify or would not qualify for public benefit due to income or immigration status		
Copy of receipt for application for which fee waiver was submitted		
Education and Skills		
High school degree: _____ High school equivalency: _____ Vocational school: _____ Language school: _____ College or higher degree: _____ Documentation includes diplomas, letters, certificates from issuing institution		
Occupational certifications and licenses: _____ Workplace training: _____ Documents include date obtained, issuer and license number. For on the job training, employer letter confirming training program.		

Employment History		
Proof of current employment, including name of employer, dates of employment, job title and duties.		
List below all prior jobs and dates of employment. Provide documentation verifying past employment. (Documentation may include job letter from former employer, pay stubs, W-2 forms)		

Proof of job offer from a U.S. employer		
Documentation to prove that you are the primary care provider for your parent, child, or ill or disabled person in your household		
English Language Skills		
Documentation relating to English and other language certifications or courses, including date of certification obtained or course completed		
Documentation that you speak another language in addition to English and your native language		
Other Documents		
Marriage Certificate		
Birth Certificates of Children		
Birth Certificates of Children of Spouse		