

CLIENT I-944 QUESTIONNAIRE

USCIS will consider your income and any resources you have in determining whether you qualify for permanent resident status. USCIS will also consider your household size, health, education, job history and skills. Your answers to the questions below will help us prepare you for this part of the application process.

1. Who is part of your household? Provide the requested information for all household members that fall within the listed categories.

A. Spouse, if resides with you

Name: _____

A# if applicable: _____

B. Children, unmarried and under 21 who reside with you

Name: _____

A# if applicable: _____

C. Children, unmarried and under 21, who you support but don't reside with you

Name: _____

A# if applicable: _____

Name: _____

A# if applicable: _____

Name: _____

A# if applicable: _____

D. Parents or legal guardians, if you are unmarried and under age 21

Name: _____

A# if applicable: _____

Name: _____

A# if applicable: _____

E. Your parents' or legal guardian's other children under age 21 and unmarried:

Name: _____

A# if applicable: _____

Name: _____

A# if applicable: _____

Name: _____

A# if applicable: _____

F. Any other individual for whom you provide at least 50% of his/her financial support

Name: _____

A# if applicable: _____

Name: _____

A# if applicable: _____

G. Any other individual who provides more than 50% of your financial support

Name: _____

A# if applicable: _____

2. Who earns income in your household, including income from employment, child support, spousal support, retirement benefits, or unemployment compensation?

Name: _____

Current income: _____

Source of income: _____

Year of most recent tax return, if any: _____

Income reported on most recent tax return: _____

Name: _____

Current income: _____

Source of income: _____

Year of most recent tax return, if any: _____

Income reported on most recent tax return: _____

Name: _____

Current income: _____

Source of income: _____

Year of most recent tax return, if any: _____

Income reported on most recent tax return: _____

3. Do you or any of the household members listed in response to question #1 above have assets or financial resources, including a home, other property, savings and checking accounts, stocks and bonds, and retirement accounts? If so, provide the requested information in the chart below.

Name of household member who owns asset	Type of asset	Value of asset

4. Do you have any debts? If so, complete the chart below.

Type of debt	Amount owed
Mortgage	
Car Loans	
Credit Card Debt	
Education Related Loans	
Tax Debts	
Liens	
Personal Loans	
Other	

5. Please apply for a credit report regarding your U.S. credit history and then answer the following questions. You can find out more about obtaining a credit report at www.usa.gov/credit-reports.

A. If you have a credit report, what is your credit score? _____

B. If you do not have a report, did the credit agency confirm that you do not have one? Yes No

6. Have you ever filed for bankruptcy? Yes No

7. Do you have health insurance? Yes No

A. If yes and you received a tax credit under the Affordable Care Act for your insurance coverage, please list:

Your annual deductible or annual premium: _____

Termination or renewal date of your coverage: _____

B. If yes and you did not receive a tax credit, please indicate what type of insurance you have:

C. If no, are you enrolled in health insurance or do you plan to enroll but your coverage has not yet started? Yes No

8. Have you ever received or applied for any of the following public benefits for yourself? If so, please complete the chart below. Do not include information about public benefits applied for or received by household members.

Public benefit	Applied for only	Received
Any federal, state or tribal cash assistance for support		
SSI: Supplemental Security Income		
TANF: Temporary Assistance to Needy Families		
SNAP: Supplemental Nutrition Assistance Program		
Section 8 Housing Assistance Voucher		
Section 8 Rental Assistance		
Public housing under the Housing Act		
Federally funded Medicaid		

9. Have you ever applied for a fee waiver when submitting an application for an immigration benefit? Yes No

If yes, please note the application form and date of application: _____

10. Please answer the following questions about your education and skills:

A. Do you have a high school diploma or high school equivalent diploma (GED)? Yes No

B. If no, what is the highest grade you have attended? _____

D. Do you have a college or university degree? Yes No

If so, list school and type of degree: _____

D. Have you attended any school or courses that provide employment-related training? Yes No

E. If yes, please complete the chart below, indicating what type of employment skill training you received, whether the training was provided by the employer, school or other program, and whether a license was provided as a result of the training.

Type of Employment Training	Source of Training	Type of License Received if applicable

11. Can you read, write and speak basic English? Yes No

If yes, have you taken any formal English language courses? Yes No

If yes, list the date, location, and whether you received any formal certification:

Date	Location	Certification?

Use the space below If you need extra room to provide additional information about the questions in this form. Please note the number of the question you are answering when you provide additional information.