

Humanitarian Parole for Afghan Nationals

Catholic Charities Maine

September 23, 2021

Programs for Afghan Nationals – What’s the Difference?

Afghan Placement and Assistance Program (APA)

- Support for Afghans after they arrive in USA
- Contact hdeangelis@ccmaine.org

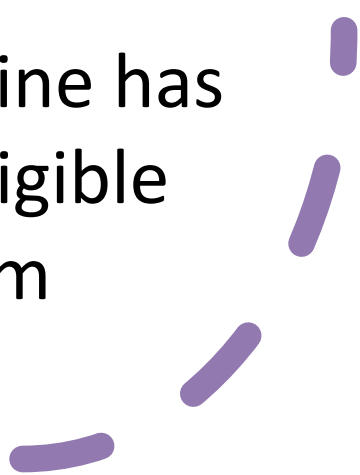
SIV & P2

- Special immigration programs for Afghans who assisted US military, government, media or NGOs
- Contact info@ilapmaine.org

Humanitarian Parole

- Permission to enter USA for Afghans facing dangerous situations
- Contact info@ilapmaine.org or cgraney@ccmaine.org

Afghan Placement and Assistance Program

- Funded by the bureau of Population, Refugees, and Migration (PRM)
 - Provides temporary support for Afghans granted parole status at US Military Bases
 - Cash Assistance provided to eligible clients (\$975/per person one time)
 - Catholic Charities Maine has no role in selecting eligible clients for the program
- 

CCM will provide case management for 90 days including:

- airport reception, as applicable

- safe and appropriate housing

- adequate food supplies

- seasonal clothing, as needed

- pocket money for each adult

- material needs support

- assistance in accessing health services, as possible

- assistance with enrollment in school for school-aged minors

- cultural orientation

- assistance with accessing legal services to apply for adjustment of status

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Humanitarian Parole – What Is It?

Temporary permission to enter USA for people with urgent humanitarian needs

US citizen or green card holder (“petitioner”) may apply for Afghan national (“beneficiary”)

- Can apply for any family members or friends

Beneficiary may travel to USA for limited period (3 months to 1 year)

After entering, can apply for work permit and permanent status (asylum or family petition)

How It Works

- Fill out your applications
 - Separate application for each beneficiary, even children
- Gather your supporting documents
- Review with our legal team
- Send your packet to USCIS
- Ask USCIS to expedite your application
- Approval notice can be sent to you and/or beneficiary
- Then fill out visa application online
- Beneficiary receives travel documents at embassy

What's in a Complete Application?

- Cover Letter
- G-1145 E-Notification
- I-131 Application for Travel Document
- I-134 Affidavit of Support
- \$575 by check, money order or credit card

or

I-912 Application for Fee Waiver

- Supporting documents

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G-1145 E-Notification

- Very simple form — just your name and email address (or phone number)
- Put it on top of your packet
- USCIS will notify you immediately
- Notification will include a case number
 - Example: MSC1234567890
- Use this number to request expedited processing
 - Contact Congressional office for help



e-Notification of Application/Petition Acceptance

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form G-1145

What Is the Purpose of This Form?

Use this form to request an electronic notification (e-Notification) when U.S. Citizenship and Immigration Services accepts your immigration application. This service is available for applications filed at a USCIS Lockbox facility.

General Information

Complete the information below and clip this form to the first page of your application package. You will receive one e-mail and/or text message for each form you are filing.

We will send the e-Notification within 24 hours after we accept your application. Domestic customers will receive an e-mail and/or text message; overseas customers will only receive an e-mail. Undeliverable e-Notifications cannot be resent.

The e-mail or text message will display your receipt number and tell you how to get updated case status information. It will not include any personal information. The e-Notification does not grant any type of status or benefit; rather it is provided as a convenience to customers.

USCIS will also mail you a receipt notice (I-797C), which you will receive within 10 days after your application has been accepted; use this notice as proof of your pending application or petition.

USCIS Privacy Act Statement

AUTHORITIES: The information requested on this form is collected pursuant to section 103(a) of the Immigration and Nationality Act, as amended INA section 101, et seq.

PURPOSE: The primary purpose for providing the information on this form is to request an electronic notification when USCIS accepts immigration form. The information you provide will be used to send you a text and/or email message.

DISCLOSURE: The information you provide is voluntary. However, failure to provide the requested information may prevent USCIS from providing you a text and/or email message receipting your immigration form.

ROUTINE USES: The information provided on this form will be used by and disclosed to DHS personnel and contractors in accordance with approved routine uses, as described in the associated published system of records notices [[DHS/USCIS-007 - Benefits Information System](#) and [DHS/USCIS-001 - Alien File \(A-File\) and Central Index System \(CIS\)](#)], which can be found at www.dhs.gov/privacy. The information may also be made available, as appropriate for law enforcement purposes or in the interest of national security.

Your name (petitioner) goes here

Complete this form and clip it on top of the first page of your immigration form(s).

Applicant/Petitioner Full Last Name	Applicant/Petitioner Full First Name	Applicant/Petitioner Full Middle Name
Email Address		Mobile Phone Number (Text Message)

List either your email address and/or your cell phone number

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Application for Travel Document

Department of Homeland Security
U.S. Citizenship and Immigration Services

EXPEDITE - AFGHAN NATIONAL

Expires 04/30/2022

For USCIS Use Only	Receipt	Action Block	To Be Completed by an Attorney/ Representative, if any. <input type="checkbox"/> Fill in box if G-28 is attached to represent the applicant.
	<input type="checkbox"/> Document Hand Delivered By: _____ Date: ____/____/____		
		Mail To (Re-entry & Refugee Only)	Attorney State License Number: _____
		<input type="checkbox"/> Address in Part 1	
		<input type="checkbox"/> US Consulate at: _____	
		<input type="checkbox"/> Intl DHS Ofc at: _____	

▶ **Start Here.** Type or Print in Black Ink

Part 1. Information About You

1.a. **Family Name** (Last Name)

1.b. **Given Name** (First Name)

1.c. **Middle Name**

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

2.a. In Care of Name

2.b. **Street Number and Name**

2.c. **Apt.** **Ste.** **Flr.**

2.d. **City or Town**

2.e. **State** 2.f. **ZIP Code**

2.g. **Postal Code**

2.h. **Province**

2.i. **Country**

Other Information

3. **Alien Registration Number (A-Number)**
▶ A-

4. **Country of Birth**

5. **Country of Citizenship**

6. **Class of Admission**

7. **Gender** Male Female

8. **Date of Birth** (mm/dd/yyyy) ▶

9. **U.S. Social Security Number (if any)**
▶

This section is about you, the petitioner

Part 2. Application Type

- 1.a. I am a permanent resident or conditional resident of the United States, and I am applying for a reentry permit.
- 1.b. I now hold U.S. refugee or asylee status, and I am applying for a Refugee Travel Document.
- 1.c. I am a permanent resident as a direct result of refugee or asylee status, and I am applying for a Refugee Travel Document.
- 1.d. I am applying for an Advance Parole Document to allow me to return to the United States after temporary foreign travel.
- 1.e. I am outside the United States, and I am applying for an Advance Parole Document.
- 1.f. I am applying for an Advance Parole Document for a person who is outside the United States.

If you checked box "1.f." provide the following information about that person in 2.a. through 2.p.

This section is about your beneficiary

- 2.a. Family Name (Last Name)
- 2.b. Given Name (First Name)
- 2.c. Middle Name
- 2.d. Date of Birth (mm/dd/yyyy) ▶

2.e. Country of Birth

2.f. Country of Citizenship

2.g. Daytime Phone Number () -

You can write your beneficiary's phone number or leave this blank.

Physical Address (If you checked box 1.f.)

2.h. In Care of Name

2.i. Street Number and Name

2.j. Apt. Ste. Flr.

2.k. City or Town

2.l. State 2.m. ZIP Code

2.n. Postal Code

2.o. Province

2.p. Country

Part 3. Processing Information

1. Date of Intended Departure (mm/dd/yyyy) ▶

2. Expected Length of Trip (in days)

3.a. Are you, or any person included in this application, now in exclusion, deportation, removal, or rescission proceedings? Yes No

3.b. If "Yes", Name of DHS office:

4.a. Have you ever before been issued a reentry permit or Refugee Travel Document? (If "Yes" give the following information for the last document issued to you):

Yes No

4.b. Date Issued (mm/dd/yyyy) ▶

4.c. Disposition (attached, lost, etc.):

If you are applying for a non-DACA related Advance Parole Document, skip to Part 7; DACA recipients must complete Part 4 before skipping to Part 7.

Part 3. Processing Information (continued)

Where do you want this travel document sent? (Check one)

5. To the U.S. address shown in **Part 1 (2.a through 2.i.)** of this form.

6. To a U.S. Embassy or consulate at:

6.a. City or Town

6.b. Country

7. To a DHS office overseas at: **Or another embassy if outside Afghanistan**

7.a. City or Town

7.b. Country

If you checked "6" or "7", where should the notice to pick up the travel document be sent?

8. To the address shown in **Part 2 (2.h. through 2.p.)** of this form.

9. To the address shown in **Part 3 (10.a. through 10.i.)** of this form.:

10.a. In Care of Name

10.b. Street Number and Name

10.c. Apt. Ste. Flr.

10.d. City or Town

10.e. State

10.f. ZIP Code

10.g. Postal Code

10.h. Province

10.i. Country

10.j. Daytime Phone Number () -

Part 4. Information About Your Proposed Travel

1.a. Purpose of trip. (If you need more space, continue on a separate sheet of paper.)

1.b. List the countries you intend to visit. (If you need more space, continue on a separate sheet of paper.)

Part 5. Complete Only If Applying for a Re-entry Permit

Since becoming a permanent resident of the United States (or during the past 5 years, whichever is less) how much total time have you spent outside the United States?

- 1.a. less than 6 months 1.d. 2 to 3 years
1.b. 6 months to 1 year 1.e. 3 to 4 years
1.c. 1 to 2 years 1.f. more than 4 years

2. Since you became a permanent resident of the United States, have you ever filed a Federal income tax return as a nonresident or failed to file a Federal income tax return because you considered yourself to be a nonresident? (If "Yes" give details on a separate sheet of paper.)

Yes No

Part 6. Complete Only If Applying for a Refugee Travel Document

1. Country from which you are a refugee or asylee:

If you answer "Yes" to any of the following questions, you must explain on a separate sheet of paper. Include your Name and A-Number on the top of each sheet.

2. Do you plan to travel to the country named above? Yes No

Since you were accorded refugee/asylee status, have you ever:

3.a. Returned to the country named above? Yes No

3.b. Applied for and/or obtained a national passport, passport renewal, or entry permit of that country? Yes No

3.c. Applied for and/or received any benefit from such country (for example, health insurance benefits)? Yes No

Since you were accorded refugee/asylee status, have you, by any legal procedure or voluntary act:

4.a. Reacquired the nationality of the country named above? Yes No

4.b. Acquired a new nationality? Yes No

4.c. Been granted refugee or asylee status in any other country? Yes No

Part 7. Complete Only If Applying for Advance Parole

On a separate sheet of paper, explain how you qualify for an Advance Parole Document, and what circumstances warrant issuance of advance parole. Include copies of any documents you wish considered. (See instructions.)

1. How many trips do you intend to use this document?
 One Trip More than one trip

If the person intended to receive an Advance Parole Document is outside the United States, provide the location (City or Town and Country) of the U.S. Embassy or consulate or the DHS overseas office that you want us to notify.

2.a. City or Town

2.b. Country

If the travel document will be delivered to an overseas office, where should the notice to pick up the document be sent?:

3. To the address shown in Part 2 (2.h. through 2.p.) of this form.

4. To the address shown in Part 7 (4.a. through 4.i.) of this form.

4.a. In Care of Name

4.b. Street Number and Name

4.c. Apt. Ste. Flr.

4.d. City or Town

4.e. State 4.f. ZIP Code

4.g. Postal Code

4.h. Province

4.i. Country

4.j. Daytime Phone Number () -

Part 8. Signature of Applicant (Read the information on penalties in the Form instructions before completing this Part.) If you are filing for a Re-entry Permit or Refugee Travel Document, you must be in the United States to file this application.

1.a. I certify, under penalty of perjury under the laws of the United States of America, that this application and the evidence submitted with it is all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit I am seeking.

Signature of Applicant

➔

1.b. Date of Signature (mm/dd/yyyy) ▶

2. Daytime Phone Number () -

NOTE: If you do not completely fill out this form or fail to submit required documents listed in the instructions, your application may be denied.

IMPORTANT: Put a phone number where you can be reached

Part 9. Information About Person Who Prepared This Application, If Other Than the Applicant

NOTE: If you are an attorney or representative, you must submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, along with this application.

Preparer's Full Name

Provide the following information concerning the preparer:

1.a. Preparer's Family Name (Last Name)

1.b. Preparer's Given Name (First Name)

2. Preparer's Business or Organization Name

Preparer's Mailing Address

3.a. Street Number and Name

3.b. Apt. Ste. Flr.

3.c. City or Town

3.d. State 3.e. ZIP Code

3.f. Postal Code

3.g. Province

3.h. Country

Preparer's Contact Information

4. Preparer's Daytime Phone Number Extension
() -

5. Preparer's E-mail Address (if any)

Declaration

To be completed by all preparers, including attorneys and authorized representatives: I declare that I prepared this benefit request at the request of the applicant, that it is based on all the information of which I have knowledge, and that the information is true to the best of my knowledge.

6.a. Signature of Preparer

6.b. Date of Signature (mm/dd/yyyy) ▶

NOTE: If you require more space to provide any additional information, use a separate sheet of paper. You must include your Name and A-Number on the top of each sheet.

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Financial Sponsors

Every beneficiary needs a sponsor

Can be petitioner or any US citizen/LPR

Annual income must be above 125% of poverty level

- Example: \$27,450 for household of 3 people
- See guidelines at www.uscis.gov/i-864p

Separate application for each beneficiary

- Household size is sponsor's family + 1 beneficiary
- Example: Sponsor + sponsor's spouse + beneficiary = household of 3

Form I-134 is contract to support beneficiary

- Include proof of income and assets including tax returns, bank statements, employment letter



Affidavit of Support

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-134
OMB No. 1615-0014
Expires 02/28/2021

▶ **START HERE - Type or print in black ink.**

Part 1. Information About You (the Sponsor)

Your Full Name

- 1.a. **Family Name** (Last Name)
- 1.b. **Given Name** (First Name)
- 1.c. **Middle Name**

Other Names Used

List 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 7**.

Additional Information

- 2.a. **Family Name** (Last Name)
- 2.b. **Given Name** (First Name)
- 2.c. **Middle Name**

Sponsor's Mailing Address [\(USPS ZIP Code Lookup\)](#)

- 3.a. **In Care Of Name**
- 3.b. **Street Number and Name**
- 3.c. **Apt.** **Ste.** **Flr.**
- 3.d. **City or Town**
- 3.e. **State** 3.f. **ZIP Code**
- 3.g. **Province**
- 3.h. **Postal Code**
- 3.i. **Country**
4. **Are your mailing address and physical address the same?**
 Yes No

If you answered "No" to **Item Number 4.**, provide your physical address in **Item Numbers 5.a. - 5.h.**

If not born in USA, check one box for Question 11 and answer Question 12

Sponsor's Physical Address

- 5.a. **Street Number and Name**
- 5.b. **Apt.** **Ste.** **Flr.**
- 5.c. **City or Town**
- 5.d. **State** 5.e. **ZIP Code**
- 5.f. **Province**
- 5.g. **Postal Code**
- 5.h. **Country**

Other Information

6. **Date of Birth** (mm/dd/yyyy)
- 7.a. **Town or City of Birth**
- 7.b. **Country of Birth**
8. **Alien Registration Number (A-Number) (if any)**
▶ **A-**
9. **U.S. Social Security Number (if any)**
▶
10. **USCIS Online Account Number (if any)**
▶

Citizenship or Residency or Status

If you are not a U.S. citizen based on your birth in the United States, or a non-citizen U.S. national based on your birth in American Samoa (including Swains Island), answer the following as appropriate:

- 11.a. I am a U.S. citizen through naturalization. My Certificate of Naturalization number is
- 11.b. I am a U.S. citizen through parent(s) or marriage. My Certificate of Citizenship number is

Part 1. Information About You (the Sponsor)
(continued)

11.c. I derived my U.S. citizenship by another method.
(Provide an explain in **Part 7. Additional Information.**)

11.d. I am a lawful permanent resident of the United States. My A-Number is

▶ A-

11.e. I am a lawfully admitted nonimmigrant. My Form I-94, Arrival-Departure Record Number is

▶

12. I am years of age and have resided in the United States since (Date) (mm/dd/yyyy)

Part 2. Information About the Beneficiary

This affidavit is executed on behalf of the following person:

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2. Date of Birth (mm/dd/yyyy)

3. Gender Male Female

4. A-Number (if any)
▶ A-

5. Country of Citizenship or Nationality

6. Marital Status
 Single or Single, Never Married
 Married
 Divorced
 Widowed
 Legally Separated
 Marriage Annulled
 Other

7. Relationship to Sponsor

Spouse, child, parent, sibling, cousin, friend, colleague, etc.
Or write "None."

Beneficiary's Physical Address

8.a. Street Number and Name

8.b. Apt. Ste. Flr.

8.c. City or Town

8.d. State

8.e. ZIP Code

8.f. Province

8.g. Postal Code

8.h. Country

Beneficiary's Spouse (accompanying or following to join beneficiary)

9.a. Family Name (Last Name)

9.b. Given Name (First Name)

9.c. Middle Name

10. Date of Birth (mm/dd/yyyy)

11. Gender Male Female

Beneficiary's Children

Child 1

12.a. Family Name (Last Name)

12.b. Given Name (First Name)

12.c. Middle Name

13. Date of Birth (mm/dd/yyyy)

14. Gender Male Female

Child 2

15.a. Family Name (Last Name)

15.b. Given Name (First Name)

15.c. Middle Name

16. Date of Birth (mm/dd/yyyy)

17. Gender Male Female

If you need additional space to complete this section, use the space provided in **Part 7. Additional Information.**

Part 3. Other Information About the Sponsor

Employment Information

I am currently: **Your job or business (check one)**

1.a. Employed as a/an []

1.a.1. Name of Employer (if applicable) []

1.b. Self employed as a/an []

Current Employer Address (if employed)

2.a. Street Number and Name []

2.b. Apt. Ste. Flr. []

2.c. City or Town []

2.d. State [] 2.e. ZIP Code []

2.f. Province []

2.g. Postal Code []

2.h. Country []

Income and Asset Information

3. My annual income is \$ []

(If self-employed, I have attached a copy of my last income tax return or report of commercial rating concern which I certify to be true and correct to the best of my knowledge and belief. See Instructions for nature of evidence of net worth to be submitted.)

4. Balance of all my savings and checking accounts in United States-based financial institutions \$ []

5. Value of my other personal property \$ []

6. Market value of my stocks and bonds \$ []

I have listed my stocks and bonds in **Part 7. Additional Information** (or attached a list of them), which I certify to be true and correct to the best of my knowledge and belief.

Document all financial information with federal tax return, employer letter, bank statements and/or other evidence

7.a. I have life insurance in the sum of \$ []

7.b. With a cash surrender value of \$ []

Real Estate Information

8.a. I own real estate valued at \$ []

8.b. I have mortgages or other debts amounting to \$ []

If you own a home or other real estate, list its current value, amount of your mortgage, and its address here.

My real estate is located at:

9.a. Street Number and Name []

9.b. Apt. Ste. Flr. []

9.c. City or Town []

9.d. State [] 9.e. ZIP Code []

Dependents' Information

The following persons are dependent upon me for support. If you need extra space to complete this section, use the space provided in **Part 7. Additional Information**. **List everyone named on your tax return in this section**

10.a. Family Name (Last Name) []

10.b. Given Name (First Name) []

10.c. Middle Name []

11. Relationship to Me: []

12. Date of Birth (mm/dd/yyyy) []

13. This person is:
 Wholly Dependent On Me For Support
 Partially Dependent On Me For Support

14.a. Family Name (Last Name) []

14.b. Given Name (First Name) []

14.c. Middle Name []

15. Relationship to Me: []

16. Date of Birth (mm/dd/yyyy) []

Part 3. Other Information About the Sponsor
(continued)

17. This person is:

- Wholly Dependent On Me For Support
 Partially Dependent On Me For Support

18.a. Family Name (Last Name)

18.b. Given Name (First Name)

18.c. Middle Name

19. Relationship to Me:

20. Date of Birth (mm/dd/yyyy)

21. This person is:

- Wholly Dependent On Me For Support
 Partially Dependent On Me For Support

I have previously submitted affidavit(s) of support for the following person(s). (If none, write "None" in the space for name below.)

22.a. Family Name (Last Name)

22.b. Given Name (First Name)

22.c. Middle Name

23. Date Submitted (mm/dd/yyyy)

24.a. Family Name (Last Name)

24.b. Given Name (First Name)

24.c. Middle Name

25. Date Submitted (mm/dd/yyyy)

I have submitted a visa petition(s) to U.S. Citizenship and Immigration Services on behalf of the following persons. (If none, write "None" in the space for name below.)

26.a. Family Name (Last Name)

26.b. Given Name (First Name)

26.c. Middle Name

27. Relationship to Me:

28. Date of Birth (mm/dd/yyyy)

29. Date of Filing (mm/dd/yyyy)

30.a. Family Name (Last Name)

30.b. Given Name (First Name)

30.c. Middle Name

31. Relationship to Me:

32. Date of Birth (mm/dd/yyyy)

33. Date of Filing (mm/dd/yyyy)

34.a. Family Name (Last Name)

34.b. Given Name (First Name)

34.c. Middle Name

35. Relationship to Me:

36. Date of Birth (mm/dd/yyyy)

37. Date of Filing (mm/dd/yyyy)

38. I intend do not intend to make specific contributions to the support of the person(s) named in Part 2.

(If you select "intend," indicate the exact nature and duration of the contributions you intend to make in Part 7. Additional Information. For example, if you intend to furnish room and board, state for how long and, if money, state the amount in U.S. dollars and whether it is to be given in a lump sum, weekly or monthly, and for how long.)

Check the box for "Intend" and explain on page 8 how you will support the beneficiary. See page 8 for an example.

List all people for whom you are filing I-134 affidavits, or write "None." Use page 8 for more space,

List all people for whom you have ever filed an I-130 petition, or write "None." Use page 8 for more space.

Part 4. Sponsor's Statement, Contact Information, Certification, and Signature

NOTE: Read the Penalties section of the Form I-134 Instructions before completing this part.

Sponsor'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 affidavit and my answer to every question.

Check one box only. If box 1.b., write name of your language.

1.b. The interpreter named in **Part 5.** read to me every question and instruction on this affidavit 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 6.**,

prepared this affidavit for me based only upon information I provided or authorized.

Sponsor's Contact Information

3. Sponsor's Daytime Telephone Number

4. Sponsor's Mobile Telephone Number (if any)

5. Sponsor's Email Address (if any)

Sponsor's Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS or the Department of State may require that I submit original documents to USCIS or the Department of State at a later date. Furthermore, I authorize the release of any information from any of my records that USCIS or the Department of State may need to determine my eligibility for the immigration benefit I seek.

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

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 provided or authorized all of the information in my affidavit;
- 2) I understood all of the information contained in, and submitted with, my affidavit; and
- 3) All of this information was complete, true, and correct at the time of filing.

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

That this affidavit is made by me to assure the U.S. Government that the person named in **Part 2.** will not become a public charge in the United States.

That I am willing and able to receive, maintain, and support the person named in **Part 2.** I am ready and willing to deposit a bond, if necessary, to guarantee that such persons will not become a public charge during his or her stay in the United States, or to guarantee that the above named persons will maintain his or her nonimmigrant status, if admitted temporarily, and will depart prior to the expiration of his or her authorized stay in the United States.

That I understand that Form I-134 is an "undertaking" under section 213 of the Immigration and Nationality Act, and I may be sued if the persons named in **Part 2.** become a public charge after admission to the United States.

That I understand that Form I-134 may be made available to any Federal, State, or local agency that may receive an application from the persons named in **Part 2.** for Food Stamps, Supplemental Security Income, or Temporary Assistance to Needy Families.

That I understand that if the person named in **Part 2.** does apply for Food Stamps, Supplemental Security Income, or Temporary Assistance for Needy Families, my own income and assets may be considered in deciding the person's application. How long my income and assets may be attributed to the persons named in **Part 2.** is determined under the statutes and rules governing each specific program.

I acknowledge that I have read the section entitled **Sponsor and Beneficiary Liability** in the Instructions for this affidavit, and am aware of my responsibilities as a sponsor under the Social Security Act, as amended, and the Food Stamp Act, as amended.

Sponsor's Signature

6.a. Sponsor's Signature

6.b. Date of Signature (mm/dd/yyyy)

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

Fill out this section if you used an interpreter

Part 5. 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)

Interpreter's Mailing Address

3.a. Street Number and Name

3.b. Apt. Ste. Flr.

3.c. City or Town

3.d. State

3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. 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 provided in **Part 4, Item Number 1.b.**, and I have read to this sponsor in the identified language every question and instruction on this affidavit and his or her answer to every question. The sponsor informed me that he or she understands every instruction, question, and answer on the affidavit, including the **Sponsor's Certification**, and has verified the accuracy of every answer.

Interpreter's Signature

7.a. Interpreter's Signature

7.b. Date of Signature (mm/dd/yyyy)

Part 6. Contact Information, Statement, Declaration, and Signature of the Person Preparing this Affidavit, if Other Than the Sponsor

Provide the following information about the preparer.

Preparer's Full Name

1.a. Preparer's Family Name (Last Name)

1.b. Preparer's Given Name (First Name)

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

Preparer's Mailing Address

3.a. Street Number and Name

3.b. Apt. Ste. Flr.

3.c. City or Town

3.d. State

3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

Part 6. Contact Information, Statement, Declaration, and Signature of the Person Preparing this Affidavit, if Other Than the Sponsor (continued)

Preparer's Contact Information

4. Preparer's Daytime Telephone Number

5. Preparer's Fax Number

6. Preparer's Email Address (if any)

Preparer's Statement

7.a. I am not an attorney or accredited representative but have prepared this affidavit on behalf of the sponsor and with the sponsor's consent.

7.b. I am an attorney or accredited representative and my representation of the sponsor in this case
 extends does not extend beyond the preparation of this affidavit.

NOTE: If you are an attorney or accredited representative whose representation extends beyond preparation of this affidavit, you may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this application.

Preparer's Certification

By my signature, I certify, under penalty of perjury, that I prepared this affidavit at the request of the sponsor. The sponsor then reviewed this completed affidavit and informed me that he or she understands all of the information contained in, and submitted with, his or her affidavit, including the **Sponsor's Certification**, and that all of this information is complete, true, and correct. I completed this affidavit based only on information that the sponsor provided to me or authorized me to obtain or use.

Preparer's Signature

8.a. Preparer's Signature

8.b. Date of Signature (mm/dd/yyyy)

What's in a Complete Application?

- Cover Letter
 - G-1145 E-Notification
 - I-131 Application for Travel Document
 - I-134 Affidavit of Support
 - \$575 by check, money order or credit card
- or*
- I-912 Application for Fee Waiver
- Supporting documents

I-912 Fee Waiver

Use Form I-912 to request fee waiver

- Based on means-tested benefits (food stamps, MaineCare, TANF, SSI)
 - Include benefits letter from DHHS or SSA
- Based on income below 150% of poverty level
 - Include 2020 federal tax return with W-2s or 1099s
 - See guidelines at www.uscis.gov/i-912p

In most cases, must find a separate financial sponsor



Request for Fee Waiver

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS
Form I-912
OMB No. 1615-0116
Expires: 09/30/2022

For USCIS Use Only	Application Received At (Select only one box)			
	<input type="checkbox"/> USCIS Field Office	<input type="checkbox"/> USCIS Service Center	<input type="checkbox"/> USCIS Service Center	<input type="checkbox"/> USCIS Service Center
	<input type="checkbox"/> Fee Waiver Approved	<input type="checkbox"/> Fee Waiver Denied	<input type="checkbox"/> Fee Waiver Approved	<input type="checkbox"/> Fee Waiver Denied
	Date: _____	Date: _____	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.

IMPORTANT: Check only one of these boxes

1. 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. My household income is at or below 150 percent of the Federal Poverty Guidelines. (Complete **Parts 2. - 3., Part 5.,** and **7. - 10.**)
3. 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** This section is about you, the petitioner

Family Name (Last Name)	Given Name (First Name)	Middle Name
-------------------------	-------------------------	-------------

2. Other Names Used (if any)

List all other names you have used, including nicknames, aliases, and maiden name.

Family Name (Last Name)	Given Name (First Name)	Middle Name
-------------------------	-------------------------	-------------

3. **Alien Registration Number (A-Number) (if any)**
4. **USCIS Online Account Number (if any)**

▶ A- <input style="width: 100%;" type="text"/>	▶ <input style="width: 100%;" type="text"/>
--	---

5. **Date of Birth (mm/dd/yyyy)**
6. **U.S. Social Security Number (if any)**

<input style="width: 100%;" type="text"/>	▶ <input style="width: 100%;" type="text"/>
---	---

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	
YOUR NAME HERE	A-				
	A-				
	A-				
	A-				
Total Number of Forms (including self)					

Part 4. Means-Tested Benefits

If you selected **Item Number 1.** in **Part 1.**, complete this section. **Complete this section ONLY if you checked box 1 on the first page**

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)
			Example only		

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. **Complete this section ONLY if you checked box 2 on the first page**

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?
		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 \$

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.**) \$

7. Total Additional Income or Financial Support \$

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)

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, income, or number of dependents.) Yes No

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.

Part 6. Financial Hardship

If you selected **Item Number 3.** in **Part 1.**, 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.

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)
Total Value of Assets	

Part 6. Financial Hardship (continued)

3. Total Monthly Expenses and Liabilities

\$

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

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.

Check one of these boxes. If B, write name of your language

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.

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)
➡

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
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)

Part 8. Family Member's Statement, Contact Information, Certification, and Signature

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

If the information provided by the requestor in **Part 7.** is not applicable to a family member identified in **Part 3.**, (for example, the family member used an interpreter or speaks a different language) that individual should complete **Part 8.** USCIS rejects any Form I-912 that is not signed by all individuals requesting a fee waiver.

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

- 1. Family Member's Statement Regarding the Interpreter for
 - 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. Family Member's Statement Regarding the Preparer for
 - At my request, the preparer named in **Part 10.**, , prepared this request for me based only upon information I provided or authorized.

Family Member's Contact Information

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

Family Member'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.

Family Member's Signature

- 6. Family Member's Signature Date of Signature (mm/dd/yyyy)

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

Part 9. Interpreter's Contact Information, Certification, and Signature

- 1. Did any person filing this request use an interpreter? Yes, (complete this section) No (skip to **Part 10.**)
- 2. Was the same interpreter used for all individuals requesting a fee waiver (as listed in **Part 3.**)? Yes No

Fill out this section if you used an interpreter.

NOTE for Family Members: If you used a different interpreter than the one used by the requestor, make additional copies of **Part 9.**, provide the following information, indicate the family member for whom he or she interpreted, and include the pages with your completed Form I-912.

Provide the following information about the interpreter for

Interpreter's Full Name

3. Interpreter's Family Name (Last Name) Interpreter's Given Name (First Name)

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

Interpreter's Mailing Address [\(USPS ZIP Code Lookup\)](#)

5. Street Number and Name Apt. Ste. Flr. Number

City or Town State ZIP Code

Province Postal Code Country

Interpreter's Contact Information

6. Interpreter's Daytime Telephone Number 7. Interpreter's Mobile Telephone Number (if any)

8. 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 7., Item B. in Item Number 1.**, and I have read to this requestor in the identified language every question and instruction on this request and his or her answer to every question. The requestor informed me that he or she understands every instruction, question, and answer on the request, including the **Applicant's Certification**, and has verified the accuracy of every answer.

Interpreter's Signature

9. Interpreter's Signature Date of Signature (mm/dd/yyyy)

Part 10. Contact Information, Declaration, and Signature of the Person Preparing this Request, if Other Than the Requestor

1. **Did any person prepare this request on your behalf?** Yes, (complete this section) **No, skip**
2. Was the same preparer used for all individuals requesting a fee waiver (as listed in **Part 3.**)? Yes No

NOTE for Family Members: If you used a different preparer than the one used by the requestor, provide the following information, and include the pages with your completed Form I-912.

Provide the following information about the preparer for

Preparer's Full Name

3. Preparer's Family Name (Last Name) Preparer's Given Name (First Name)
4. Preparer's Business or Organization Name (if any)

Preparer's Mailing Address

5. Street Number and Name Apt. Ste. Flr. Number
- City or Town State ZIP Code
- Province Postal Code Country

Preparer's Contact Information

6. Preparer's Daytime Telephone Number
7. Preparer's Mobile Telephone Number (if any)
8. Preparer's Email Address (if any)

Preparer's Statement

9. A. I am not an attorney or accredited representative but have prepared this request on behalf of the requestor and with the requestor's consent.
- B. I am an attorney or accredited representative and my representation of the requestor in this case extends does not extend beyond the preparation of this request.

NOTE: If you are an attorney or accredited representative, you may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, or G-28I, Notice of Entry of Appearance as Attorney In Matters Outside the Geographical Confines of the United States, with this request.

Part 10. Contact Information, Declaration, and Signature of the Person Preparing this Request, if Other Than the Requestor (continued)

Preparer's Certification

By my signature, I certify, under penalty of perjury, that I prepared this request at the request of the requestor. The requestor then reviewed this completed request and informed me that he or she understands all of the information contained in, and submitted with, his or her request, including the **Applicant's Certification**, and that all of this information is complete, true, and correct. I completed this request based only on information that the requestor provided to me or authorized me to obtain or use.

Preparer's Signature

10. Preparer's Signature

Date of Signature (mm/dd/yyyy)

➡

Part 11. Additional Information

If you need extra space to provide any additional information within this request, 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 request or attach a separate sheet of paper. Include 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.

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.

What's in a Complete Application?

- Cover Letter
- G-1145 E-Notification
- I-131 Application for Travel Document
- I-134 Affidavit of Support
- \$575 by check, money order or credit card

or

I-912 Application for Fee Waiver

- Supporting documents

Supporting Documents for I-131

- Petitioner's photo ID
- Petitioner's proof of status (US passport, naturalization certificate, green card)
- Beneficiary's ID: Afghan passport or *tazkera* (with certified translation if necessary)
- Two passport photos of beneficiary
- Signed declaration of humanitarian need
 - See sample letter
- Evidence of specific threat, if any
 - Why is beneficiary in particular danger?
- Receipts for other immigration applications, if any



Declaration of Humanitarian Need

- Each letter must include:
 - What happened in Afghanistan
 - Why your relative/friend is in danger
 - Why they can't get a US visa (embassy is closed)
 - How long they must stay in USA
 - How they will apply for permanent status (asylum or family petition)
- Letter must be signed by petitioner
 - Include your name, address and phone number
- Attach specific evidence, if any
- Write a letter explaining why your beneficiary needs humanitarian parole

Current date

Date: _____

Name of beneficiary

RE: _____

STATEMENT OF URGENT HUMANITARIAN NEED FOR ADVANCE PAROLE DOCUMENT

Dear USCIS,

_____ is in clear and present danger due to the Taliban takeover of Afghanistan.

Provide specific information about the danger to the beneficiary, including the cause of the danger, the type of danger they are in, and the urgency of their need to leave Afghanistan.

_____ is not able to obtain a US visa for reasons that include the closure of the US embassy in Kabul and the unstable political conditions in Afghanistan.

Name of beneficiary

Considering these facts, there is an extreme and urgent need that _____ be granted Advanced Humanitarian Parole until they are safely able to return to Afghanistan or attain permanent status in the United States by way of a _____

Name of beneficiary

Supporting documentation

SELECT ONE:
Asylum application
Family Petition

Attach evidence of dangerous conditions in Afghanistan. This can include newspaper articles and government alerts.

Attach evidence of specific danger to the beneficiary. This can include photographs, official government documents, employment documents (if beneficiary worked in the former Afghan government or served in the military) or any other document proving specific danger to the beneficiary.

List each item you attached as evidence.

Thank you for your assistance.

Your signature

Sincerely,

Current date

Signature: _____

Date: _____

You must include:
Your name printed
Your address
Your phone number

What's in a Complete Application?

- **Cover Letter**
 - G-1145 E-Notification
 - I-131 Application for Travel Document
 - I-134 Affidavit of Support
 - \$575 by check, money order or credit card
- or*
- I-912 Application for Fee Waiver
 - Supporting documents

AFGHANISTAN HUMANITARIAN PAROLE EXPEDITE REQUEST

_____, **Current month, day**, 2021

Form I-131, Application for Humanitarian Parole

Re: _____ **List full names of all beneficiaries**

USCIS
Attn: HP
P.O. Box 660865
Dallas, TX 75266-0865

List full names of all beneficiaries

Dear USCIS,

Place of beneficiary's current residence

I am submitting this Application for Advance Parole on behalf of _____, a
Afghan citizen, residing in _____

IF APPLYING FOR A FEE WAIVER: Also enclosed is a Form I-912, Request for Fee Waiver, based
on _____ eligibility for _____. A benefits letter from the
_____ is attached.

Name of Petitioner's

**Name of public benefit you, the petitioner,
are receiving (Ex. Food stamps or
MaineCare)**

**Name of agency granting the benefit to
petitioner (usually Department of Health
and Human Services or the Social Security
Administration)**

The following forms are attached:

- Form G-1145, e-Notification of Acceptance
- **Form I-912, Request for Fee Waiver**
- Form I-131, Request for Travel Document
- I-134 Affidavit of Support

Include only if applying for fee waiver

Supporting documentation:

**(Provide a complete itemized list of all forms, photos, documents, payment, or other material sent
to USCIS as part of this application)**

Thank you for your assistance.

Sincerely,

**NAME OF PETITIONER
ADDRESS OF PETITIONER
PHONE NUMBER OF PETITIONER**

ADDRESS

- Send complete packet by Priority Mail to:

USCIS

Attention: HP

PO Box 660865

Dallas, TX 75266-0865



Next Steps

- Humanitarian Parole Workshop Part 2 on Wednesday, October 6th 4-7pm. Register at cgraney@ccmaine.org.
- 