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I-944 DOCUMENT CHECKLIST

Effective February 24, 2020, the Immigration Service (USCIS) requires you to submit the following documents in addition to the new USCIS Form I-944, Declaration of Self-Sufficiency. The Form I-944 is a new USCIS form that examines whether a green card applicant has the ability to support him or herself, or whether the applicant might become dependent on government benefits in the future.

We recognize that the documentation requested in this checklist is extensive and will impose a significant burden on you. You should expect that it will take you many hours to collect everything on this checklist. **This checklist is designed to be filled out and returned to your paralegal with supporting documentation.**

Please coordinate with your paralegal on how you wish to deliver these documents to us. *Please send only copies unless we have asked you for the original – do not send valuable documents through the mail.*

All foreign language documents must be accompanied by a certified translation. Please contact your paralegal for information about professional translation services or for information on how to do the translation yourself.

You will be responsible for any all fees associated with obtaining any of the required documentation.

Please use your Supervising Attorney and paralegal as a resource and let them know when you have questions as you work through this checklist.

IMPORTANT NOTE ON PUBLIC BENEFITS:

If you, or anyone in your household, has ever received public benefits in the United States, please contact your Supervising Attorney immediately to discuss this issue. Receipt of certain public benefits may disqualify you from proceeding with your case. We must provide evidence of any public benefits received, even if the receipt of the benefit does not disqualify you from becoming a permanent resident.

Examples of disqualifying public benefits include the following:

- Any Federal, State, local, or tribal cash assistance for income maintenance (except emergency assistance, such as COVID funds, or other emergency funds for relocation, food, or healthcare).
- Supplemental Security Income (SSI) (assistance for the blind, elderly and disabled)
- Temporary Assistance for Needy Families (TANF) (also known as “welfare”)
- Federal, State or local cash benefit programs for income maintenance (if received from a state government, often called “General Assistance”, but note that many states have different names for this type of assistance)
- Supplemental Nutrition Assistance Program (SNAP, often called “food stamps”)
- Section 8 Housing Assistance under the Housing Choice Voucher Program (rental vouchers for persons with low incomes)
- Section 8 Project-Based Rental Assistance (including Moderate Rehabilitation) (rental assistance for persons with low incomes)
- Public Housing (housing provided by a local, state or federal government, at low or no cost)
- Medicaid (medical care for persons with low incomes and/or children of such persons)

YOUR HOUSEHOLD SIZE:

List the complete name of *every individual* living with you and that person’s relationship to you (list children in following section).

Spouse’s Name (if any): _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

(Use a separate sheet for more household members)

YOUR CHILDREN: **How many children do you have? _____**

(1) Name: _____ Date of Birth (MM/DD/YYYY): _____

City and County of Birth: _____ Alien Number (if any): A_____

Does this child live with you? _____ If not, where does this child live? _____

(2) Name: _____ Date of Birth (MM/DD/YYYY): _____

City and County of Birth: _____ Alien Number (if any): A_____

Does this child live with you? _____ If not, where does this child live? _____

(Use a separate sheet for more children)

List the complete name of every individual to whom you provide at least 50% of their financial support OR who you list as a dependent on your federal tax return:

If you are under the age of 21 and you are not married, list the complete name of all your brothers and sisters:

PLEASE PROVIDE THE FOLLOWING DOCUMENTS:

CREDIT HISTORY:

- Obtain a copy of your credit report from ONE of the following: Experian, TransUnion, Equifax. **You must also obtain a copy of your credit score with the report.** Credit scores are sometimes called FICO scores. Make sure your credit score or FICO score is included with your credit report.
 - o Free credit reports are available at:
<https://www.annualcreditreport.com/index.action>
 - o You can find additional information about credit reports at
<https://www.usa.gov/credit-reports>
- If you do not have a credit report in the U.S. please provide a statement explaining why.
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TAX TRANSCRIPTS (for you and your spouse, if you are married):

In the future, we may request tax transcripts for other members of your household, or for another individual if you require a joint sponsor.

- Please request the 3 most recent tax years. If you have not filed a tax return please provide us with a statement explaining why.
- You can request your transcripts by visiting <https://www.irs.gov/individuals/get-transcript>
- If you experience difficulty requesting the transcript online you may also use Form 4506-T (available at <https://www.irs.gov/pub/irs-pdf/f4506t.pdf>).
- Please provide your W-2(s) and/or 1099(s) for most recent tax year.

If you or a household member receives any non-taxable income such as child support, alimony, or public benefits please list the source of income and amounts.

Source: _____ Amount: _____

How often do you receive this income?: _____

Source: _____ Amount: _____

How often do you receive this income?: _____

ASSETS AND RESOURCES:

The Form I-944 asks for us to report all of your assets that can be converted into U.S. cash within 12 months. Note that for this item, we are allowed to provide information about both your assets and the assets of any household member (such as your sponsor).

- **Checking and savings accounts.** We are required to provide the past **12 months** of all

account statements. (If not applicable, please state “N/A”)

- **Annuities.** Provide the most recent statement for any annuities. (If not applicable, please state “N/A”)
- **Stocks, bonds and certificates of deposit.** Provide the most recent statement from all of your investment accounts. (If not applicable, please state “N/A”)
- **Net cash value of real estate holdings.** The present value of real estate is ideally established by a formal appraisal. We must also provide a statement showing the balance of any loan mortgaged against the real estate in order to establish the “net” value of the property. (If not applicable, please state “N/A”)
- **Any other “substantial assets.”** In most cases the categories above will be the only assets that we rely upon. In rare cases you may have additional assets that can be listed, such as farm equipment. In such a situation we would need to provide a valuation of the assets. (If not applicable, please state “N/A”)

DEBT OBLIGATIONS:

Provide your most recent monthly statement for any of the following that apply to you:

- Mortgage
- Credit card debt (any cards with a zero balance do not need to be included)
- Car loan
- Educational loans
- Tax debts either for state or federal taxes owed
- Liens
- Personal loans including any short-term loans

BANKRUPTCY:

Please notify your attorney if you have ever filed for bankruptcy.

EVIDENCE OF HEALTH INSURANCE:

A copy of your health insurance card is not sufficient. Please provide as much information listed below as possible.

- *If you receive your health insurance through your employer please inform your paralegal and they can provide you with a template letter to be completed by the appropriate individual at your company.*

Acceptable evidence includes:

- For each policy, a copy of each policy page showing the terms and type of coverage and individuals covered
 - **Annual deductible.** We must provide documentation of the amount your annual deductible or premium for your health insurance policies. Normally this will be shown in your policy.
 - **Termination date of policies.** We must provide documentation of when your policy terminates. Normally this will be shown in your policy.

- The latest Form 1095-B, Health Coverage; Form 1095-C, Employer-Provided Health Insurance Offer and Coverage (if available) with evidence of renewal of coverage for the current year.

- **Premium Tax Credit or Advanced Tax Credit** If you received a Premium Tax Credit or Advanced Tax Credit we must provide a transcript copy of the IRS Form 8963 Report of Health Insurance Provider Information, Form 8962 Premium Tax Credit (PTC), and a copy of Form 1095A, Health Insurance Marketplace Statement.

Future health insurance coverage. If you do not yet have health insurance coverage, but have already enrolled or plan to enroll in the future, please review this item. We will need to provide a letter or other evidence from the insurance company showing that you have enrolled in or have a future enrollment date for a health insurance plan. The letter or other evidence must include the terms, the type of coverage, that you are the individual covered, and the date when the coverage begins.

EDUCATIONAL HISTORY:

This section on education is NOT REQUIRED if you have an APPROVED I-140 Petition.

- High School
 - o Name: _____
 - o Date Started: _____ Date Finished: _____
- University or College
 - o Name: _____
 - o Date Started: _____ Date Finished: _____
- Graduate or Professional Degree
 - o Name: _____
 - o Date Started: _____ Date Finished: _____
- **Diploma and transcript** for each of your educational programs at the high school level and higher. The transcript should be certified by the educational institution. If you cannot obtain these documents, please request a letter from the institution explaining why they are unavailable.
 - o **If you do not have access to your high school diploma and transcript but you have obtained a Bachelor's degree or higher then please just provide us with the name of your high school, location, and date of graduation.**
- **Equivalency certification – foreign education.** For any foreign educational program, we must provide an independent certification that demonstrates how the program correlates to a U.S. equivalent. For a list of organizations that provide equivalency evaluation, see the National Association of Credential Evaluation Services (NACES), at <http://www.naces.org/members.htm>. If you prefer, your attorney can obtain an equivalency certification on your behalf but you will be responsible for the expenses.

OCCUPATIONAL CERTIFICATES AND LICENSES:

- Documentation will vary by field but should include when the certificates or licenses were obtained, who issued the certification or license, license numbers, and expiration/renewal date.

- This includes but is not limited to workforce skills, training, licenses for specific occupations or professions, and certificates documenting mastery or apprenticeships in skilled trades or professions. If it is available, you must provide evidence of any training, licenses for specific occupations or professions, and certificates documenting mastery or apprenticeships in skilled trades or professions.

ENGLISH LANGUAGE ABILITY:

- Provide any evidence of language certifications, including any language or literacy classes you took or are currently taking, or other evidence of proficiency in English.
- Native English speakers, or native speakers of any other language who are proficient in English, must provide documentation of language proficiency including language certifications. Evidence of language certification may include high school diplomas and college degrees showing that the English language was studied for credit.

PRIMARY CAREGIVER:

This item applies only if you are unemployed. If you are a stay at home parent or otherwise the primary caregiver for a household member, we must document this fact. You must provide the following documentation for each individual for whom you serve as primary caregiver:

- **Documentation that you are the caregiver.** For minor children, normally a birth certificate will suffice for this purpose. For adopted children, please provide a copy of the order of adoption. If you are caring for a parent or other adult please contact your attorney to discuss how we can best document this fact.
- **Proof of residence.** We must show that the individual you are caring for resides at your address. This is normally best accomplished with a copy of a medical or school record listing your home address.
- **Age and medical condition.** In addition to the individual's birth certificate, we must provide documentation of any medical condition that requires your care. For practical purposes, medical documentation will normally be required only for adults under your care or for children requiring special medical attention on a daily basis.