

**Applicant Name** \_\_\_\_\_

**Date of Birth** (mm/dd/yyyy) \_\_\_\_\_

## Public Benefits Questionnaire for I-129 Petitions

The government requires information on whether you have ever received and/or been certified (i.e. approved) to receive public assistance benefits, even if you have not received them. You must respond to each of the questions below.

**1.** Since obtaining your current status (on or after February 24, 2020 only) have you ever received or been certified (i.e. approved) to receive any of the following public benefits? (Check all that apply)

YES, I have received or have been certified to receive the following public benefits (Check all that apply)

NO, I have not received nor am I currently certified to receive the following public benefits. If you check "NO", please skip to number 6 on the next page to sign and date.

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

**2.** If you selected any public benefit(s) from the list above, please provide additional information. If you have more than one public benefit that you checked on the list, please use an additional piece of paper to provide the information in the same format.

Type of Benefit (use the name from the list above)

Agency that Granted the Benefit

Date You Started Receiving (or will start receiving) the Benefit  
(mm/dd/yyyy)

Date Benefit Ended or Expires  
(mm/dd/yyyy)

3. If you answered "Yes" to Item Number 1, do any of the following apply to you?

- I am enlisted in the Armed Forces, or 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 enlisted in the 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 after being granted a waiver of the public charge ground of inadmissibility.
- None of the above statements apply to me.

4. Have you received, applied for, or been certified to receive federally-funded Medicaid in connection with any of the following (select all that apply):

- An emergency medical condition
- For a service under the Individuals with Disabilities Education Act (IDEA)
- While under the of age 21
- While pregnant or during the 60-day period following the last day of pregnancy

5. Provide the applicable dates:

From (mm/dd/yyyy) \_\_\_\_\_ To (mm/dd/yyyy) \_\_\_\_\_

6. Please sign and certify that your responses to the questions in this form are accurate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)