



Information About Public Benefits

This form applies to I-129 petitions that also seek a change of a beneficiary's status or an extension of a beneficiary's nonimmigrant stay in the United States. If you are filing a I-129 petition without a request to change or extend status, this form is not required

**Have you received or are you currently certified to receive, the following public benefits?
(select all that apply).**

- ☐ 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

If you have received or are currently certified to receive any of the above public benefits, provide information about the public benefits below.

A. Type of Benefit

Agency that Granted the Benefit

Date you started receiving the benefit or if certified, date you will start receiving the benefit (mm/dd/yyyy)

Date the benefit ended or expires (mm/dd/yyyy)

B. Type of Benefit

Agency that Granted the Benefit

Date you started receiving the benefit or if certified, date you will start receiving the benefit (mm/dd/yyyy)

Date the benefit ended or expires (mm/dd/yyyy)

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

- ☐ You are enlisted in the Armed Forces, or is serving in active duty or in the Ready Reserve Component of the U.S. Armed Forces.
- ☐ You are the spouse or the child of an individual who is enlisted in the Armed Forces, or who is serving in active duty or in the Ready Reserve Component of the U.S.
- ☐ At the time you received the public benefits, you (or your spouse or parent) were enlisted in the Armed Forces, or were serving in active duty or in the Ready Reserve Component of the U.S. Armed Forces.
- ☐ At the time you received the public benefits, you were present in the U.S. in a status exempt from the public charge ground of inadmissibility.
- ☐ At the time you received the public benefits, you were present in the U.S. after being granted a waiver of the public charge ground of inadmissibility.
- ☐ You are a child currently resideing abroad who entered the U.S. with a nonimmigrant visa to attend an N-600K, Application for Citizenship and Issuance of Certificate Under INA Section 322 interview.
- ☐ None of the above statements apply.

Have you received, applied for, or have 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)
- ☐ Other school-based benefits or servces available up to the oldest age eligible for secondary education
- ☐ While under the age 21
- ☐ While pregnant or during the 60-day grace period following the last day of pregnancy

Provide the applicable dates.

From: (mm/dd/yyyy)

To: (mm/dd/yyyy)

I understand the above-mentioned information and hereby certify my answers provided are true to the best of my knowledge and belief.

Name of H-1B Employee

Signature

Date