

Fee Waiver Pre-Screening

Will I qualify for a fee waiver?



Name: _____ A#: _____ Telephone: _____

Address: _____ Folder #: _____

While waiting on station 2 (waiting area) please answer the following questions with truth and accuracy to check if you can qualify for a fee waiver.

If you answer yes to any of them and are able to submit proper documentation today you might be advised to apply for a fee waiver *(Please make sure to stop by our "Fee Waiver Station" for assistance)*

A) Do you, your spouse, or parents – if under 21 – receive a means tested benefit? *(Such as Medicare, Medicaid, food stamps or other)*

- YES _____ NO _____
- Do you have documents to support that? Yes _____ No _____
- Are the documents here with you? Yes _____ No _____

B) Do you receive low income? Is your household income is below the 150% poverty level guidelines? *(See chart)*

SIZE OF HOUSEHOLD IS BELOW	YEARLY INCOME
1	\$11,170
2	\$15,130
3	\$19,090
4	\$23,050
5	\$27,010
6	\$30,970
7	\$34,930
8	\$38,890

_____ YES _____ NO

To prove this you need documents to prove it such as your most recent tax return or pay stubs.

Do you have them here with you?

Yes _____ No _____

If you qualify but forgot to bring the documents required as evidence, you CANNOT submit a fee waiver at this time.

You can search for the documents that serve as evidence and we can help you out next time. Please fill out the top part of page 1 with your contact information.

We will contact you to let you know when we will host another event just to assist you filling and submitting the fee waiver form (if eligible please complete N400 today please).

NOTE- If you do want further assistance to complete a fee waiver DO NOT MAIL N400 application until further notice and assistance. If you submit the N400 application and pay the \$680 you will not get your money back nor will you be able to request a fee waiver in the future. If you submit the application without a fee waiver nor the \$680, your application can be rejected.



Do not submit a fee waiver on your own without seeking legal advice unless you attain any consequences and release any liability claim against the Tennessee Immigrant and Refugee Rights Coalition, Justice for our Neighbors of Tennessee, their staff or agents for any consequences resulting from any of your own mistakes and or misrepresentations.

Name: _____ A# _____ Country of Origin _____ Email _____ Phone# _____

To participate in this program, you must be a lawful permanent resident of the United States and speak, read, and write English, unless otherwise exempted under the law.

The Florida New Americans Initiative (FNA) is committed to providing the best possible assistance to applicants eligible for naturalization. However, in this setting, it is not possible to provide a complete analysis of all the details of an applicant's case. The information provided by the FNA should not be used as a substitute for legal advice specific to the facts of your case. This questionnaire is an important tool to help you evaluate whether you are eligible or not for naturalization. To assist you, you must provide us with **true** and **accurate** information. If you answer "Yes" or "I don't know/I want to ask a lawyer," you **should NOT apply** until you consult with a lawyer or accredited representative with expertise in immigration law who can advise you. If you answer "Yes" or "I don't know" the FNA will provide you with a first consultation, after that, our attorneys or accredited representatives will determine if you can continue with the process or if you should seek further legal advice. The FNA will provide you with a list of immigration lawyers.

If you decide to apply for naturalization without seeking such legal advice, you might be placed in **removal proceedings** and possibly **lose your status** as a resident or be deported.

 <div style="text-align: center;"> <p>DON'T RISK LOSING YOUR IMMIGRATION STATUS!</p>  </div>	Y E S	N O	I don't know/ I want to ask a lawyer
1) Have you ever received a voter registration card , registered to vote , or voted in the U.S.?			
2) Have you taken a trip outside the U.S. that lasted 6 months or more <u>since</u> you got your green card?			
3) Have you ever been STOPPED or ARRESTED by the police in the U.S. or any other country?			
4) Have you ever spent any time (even a few hours) in JAIL or PRISON in the U.S. or any other country?			
5) Have you ever been CHARGED with a CRIME in the U.S. or in any other country?			
6) Have you ever been FOUND GUILTY of any OFFENSE in the U.S. or any other country?			
7) Has your RECORD ever been EXPUNGED (ERASED or WIPED CLEAN)?			
8) Have you ever used false documents or provided false information to an immigration or consulate agent?			
9) Have you ever been STOPPED , DETAINED , or ARRESTED by an IMMIGRATION official?			
10) Have you ever seen an IMMIGRATION JUDGE or received DOCUMENTS regarding immigration court?			
11) Have you ever been deported , removed or turned back around while seeking to enter the US?			
12) Have you previously applied for or been DENIED NATURALIZATION ?			
13) Did you obtain your green card through marriage but no longer live with that person?			
14) Have you ever failed to file a U.S. TAX RETURN since you obtained legal permanent residence?			
15) Have you ever failed to PAY CHILD SUPPORT if your children do not live with you?			
16) Have you ever TOLD someone that you are a US citizen ?			
17) Did you omit ANY information at the time you were interviewed to get your green card?			
18) Have you ever informed (in writing or orally) an employer you are a U.S Citizen ?			
19) Are either of your parents U.S Citizens ?			

Please read the following waiver carefully and ask any questions you may have about this agreement. Your signature represents your understanding and agreement with the following.

I, (name) _____, A# _____ have read the above warning, and understand the problems I may face if I submit an application for United States citizenship without first consulting with an immigration lawyer. If I do not pay attention to this warning, and file my naturalization application on my own, I waive any liability claim against the Florida Immigrant Coalition, National Partnership for New Americans, their officers, staff, and agents. I also agree to waive any liability claim against the Florida Immigrant Coalition, National Partnership for New Americans (NPNA), their officers, staff, and agents for any consequences resulting from any of my mistakes and/or misrepresentations in my naturalization application. I also agree that the NPNA may copy my application and share my information for educational purposes or for research relating to the effectiveness of the NPNA Citizenship Program, on a confidential basis, but for no other purposes, without my express consent. NPNA reserves the right to track information on the progress of your application (receipt, appointments, oath) in order to determine the efficiency of the program as a whole. In addition, this NPNA partner organization may file a notice of representation (G-28) for the sole purpose of filing the application except in mutually agreed circumstances. I acknowledge that I understand the waiver described in this document.

☐ I do not want to receive information on citizenship and immigrant related issues

Signature: _____

Date: _____

PRE-APPLICATION PREPARATION WORKSHEET (FOR CLIENTS)

PART 6. A. ON THE CITIZENSHIP APPLICATION

Where have you **lived** in the past 5 years? Begin in chronological order with your current address first and list every place you lived before that for the past 5 years.

Address Street number & name, City, State, Zip Code, and Country	Date: From: (Month/ Year)	Date: To: (Month/ Year)

PART 6. B. ON THE CITIZENSHIP APPLICATION

Where have you **worked** in the last 5 years? Please start with your current or latest employer and then list every place you have worked before that in the last five years. If you were a student, list what schools you attended.

Employer or School Name	Employer or School Address (Street, City and State)	Date: From: (Month/ Year)	Date: To: (Month/ Year)	Your Occupation

PART 7. ON THE CITIZENSHIP APPLICATION

Please list all **trips** of 24 hours or more that you have taken outside the United States **since becoming a legal permanent resident.** If total number of trips equal to 900 days, you may be referred out to a lawyer. If any one trip lasts more than 6 month, you also may be referred out to lawyer.

[illegible]

FLORIDA *New* AMERICANS

Citizenship - Sitwayènte - Ciudadanía

Date of Contact

Last Name

First Name

Address

City

State

Zip
Code

Phone No.

Email

Alien Number

Date became Legal Permanent Resident

Date of Birth

Sex

☐

Male

☐

Female

Primary Language

Country of Origin

Race/Ethnicity

Marital Status

☐

Single

☐

Married

☐

Divorced

☐

Widow

☐

Other

Number of Children under 18

How did you hear about us?

☐

Check here if you are NOT interested in receiving information on issues affecting the immigrant communities in Florida.

FLORIDA *New* AMERICANS

Citizenship - Sitwayènte - Ciudadanía

Fecha

Apellido

Nombre

Dirección

Ciudad

Estado

Código Postal

Teléfono

Correo Electrónico

Número de Residencia (A#)

Fecha que se hizo Residente Permanente

Fecha de Nacimiento

Género

☐

Hombre

☐

Mujer

Idioma

País de Origen

Raza/Nacionalidad

Estado Civil

☐

Soltero

☐

Casado

☐

Divorciado

☐

Viudo

☐

Otro

Número de Hijos menores de 18

¿Cómo escuchó acerca de nosotros?

☐

FLORIDA *New* AMERICANS

Citizenship - Sitwayènte - Ciudadanía

Dat de Kontak

Denye Non

Premye
Non

Adres

Vil

Eta

Kod
Postal

Nimewo Tel.

imel

Nimewo Alien

Dat ou te vin yon rezidan pemanan legal

Dat Nesans

Seks

☐

Gason

☐

Famn

Lang

Peyi Orijin

Ras/Etnisite

Eta Sivil

☐

Sel

☐

Marye

☐

Divose

☐

Vev

☐

Lot

Numbe pou Timoun ki poko
gen 18

Kikan out e tande pale de
nou?

☐

Tcheke la si ou pa enterese nan resevwa enfomasyon sou pwoblem ki afekte kominote imigran yo nan Florid.

FLORIDA *New* AMERICANS

Citizenship - Sitwayente - Ciudadanía

Data de contato

Sobrenome

Nome

Endereço

Cidade

Estado

Código Postal

Telefone

Email

Número de Alien

Data em que se tornou residente legal

Data de Nascimento

Sexo

☐

Masculino

☐

Feminino

Idioma

País de origem

Raça

Estado Civil

☐

Solteiro(a)

☐

Casado(a)

☐

Divorciado(a)

☐

Viúvo(a)

☐

Outro

Filhos menores de 18 anos

Como você conheceu nosso programa?

☐

Marque um X caso você NAO tenha interesse em receber informações a respeito de mudanças imigratórias na Flórida.