

U.S. Department of State

PUBLIC CHARGE QUESTIONNAIRE

OMB CONTROL NO. 1405-0234 EXPIRES: 08/31/2020 ESTIMATED BURDEN: 4.5 hours

PART 1 - INFORMATION ABOUT YOU						
1. Your Current Legal Name (Do not provide a nic	kname)					
amily Name (Last Name) Given Name (First Name) Middle Name						
2. Date of Birth (mm-dd-yyyy)						
3. Have you ever been to the United States before?						
Yes No						
PART 2 - YOUR HEALTH		laite d Otata a O				
4. Do you currently have health insurance coverage in the United States? Yes No						
If you answered "Yes" to Item number 4, attach every liftyou answered "No" to Item number 4, proceed to	ridence of tem A.	health insurance and	skip to P	art 3.		
4A. Will you be covered by health insurance in the United States within 30 days of your entry into the United States? Yes No						
If you answered "yes" to Item A, identify the specif	ic health i	nsurance plan and da	te covera	age will begin.		
PART 3 - YOUR HOUSEHOLD SIZE						
List the expected members of your household in the	ne United	States.				
Name	Age	Relationship to you	Current Job		United States Citizen (yes / no)	Was he or she on active duty, other than training, in the U.S. Armed Forces or Ready Reserve while receiving a public benefit? (yes / no)
PART 4 - YOUR ASSETS, RESOURCES, AND FI						
6. List below all U.S. federal tax returns you have return) for your most recent U.S. federal tax return		the last three years a	and attac	h your IRS trans	cript (or copy o	f the complete, filed tax
Federal Tax Year	Did y	ou file a Federal tax ret	turn?		Gross Income	e (U.S. dollars)
		Yes No	0			
		Yes No	0			
		Yes No	0			
		Yes No	o			
7. Did you work in the United States in the last three	ee years b	out not file a U.S. fede	ral tax ret	turn?		
If you answered "yes", explain.						

8. Income						
8A. What is your current yearly compensation in U.S. dollars?	8B. If you currently have a job awaiting your arrival in the United States, who is the employer and what is the yearly compensation in U.S. dollars?					
8C. List below any income not listed above that foreign pension, child support). Consular Officer				ample, rent, stock dividends,		
Type of Income	How often do you receive this income? (annually, monthly, etc.)		Amount (U.S. Dollars)			
	Total					
 List the assets available to you in the table be include equity in real estate, annuities, securitie 		nay include checking	g and savings accou	nts, etc. Non-cash assets may		
Type of Asset		Location	of Asset	Amount (U.S. Dollars)		
	Total					
10. List your liabilities and/or debts in the table b	pelow.					
Type of Liability or Debt			Amount (U.S. Dollars)			
		Total				

DS-5540 Page 2 of 4

state, lo Families (includir or benefindividua the 60-d Have you	cal, or tribal cases (TANF); 2) Sung Moderate Refits funded by Mals of secondar lay period begin or any of the ind	sh assistance for income repplemental Nutrition Assist habilitation); 5) Subsidize dedicaid but provided under a school age, benefits reconning on the last day of the	maintenance, including suppler stance Program (SNAP); 3) Hord Housing; or 6) Medicaid, except the Individuals with Disabilitie eived by an alien under 21 years pregnancy.	nental security incom using Choice Vouche ept for benefits receiv es Education Act (IDE rs of age, or benefits	ed on or after February 24, 2020: 1) Any Federal, e (SSI) and Temporary Assistance for Needy r Program; 4) Project-Based Rental Assistance red for an emergency medical condition, services EA), school-based services or benefits provided to received by a woman during pregnancy or during the United States from a Federal, state, local, or tribal	
	Yes	No If you answered	d "Yes," provide the information bel	ow.		
11A.	Type of Benefit			Agency That Grants Th	ne Benefit	
Date Ben Granted (efit Was (mm-dd-yyyy)	Date Benefit Ended or Expires (mm-dd-yyyy)	Reason For Requesting or Receiving	ng The Benefit		
11B.	Type of Benefit		Agency That Grants The Benefit			
Date Ben Granted (efit Was (mm-dd-yyyy)	Date Benefit Ended or Expires (mm-dd-yyyy) Reason For Requesting or Receiving The Benefit				
11C.	Type of Benefit		Agency That Grants The Benefit			
Date Ben Granted (efit Was (mm-dd-yyyy)	Date Benefit Ended or Expires (mm-dd-yyyy)	Reason For Requesting or Receiving The Benefit			
	· ·	requested or received a	public benefit, were you or you	r family members exe	mpt from public charge during that period?	
If you ar	nswered "Yes,"	provide an explanation.				
local, or	tribal governme Yes	ent entity? No	e public benefits described in G	Question 11 in the futu	re in the United States from any Federal, state,	
If you ar	nswered "Yes,"	provide an explanation.				
		ived a fee waiver when ap No	oplying for an immigration bene	efit from USCIS?		
-		provide the information in hose circumstances have		Iditional Information, e	explain the circumstances that caused you to apply	
Date Fee	Waiver Receive	d (mm/dd/yyyy)	Type of Immigrant Benefit (For	rm Number)	Receipt Number	
PART 5	- YOUR EDUC	ATION AND SKILLS				
15. Hav	e you graduate	d high school or earned a	high school equivalent diploma	a?		
	Yes	No If you answered	d "No," then list the highest grade c	ompleted.		
			d "Yes," list any other educational d	egrees you have earned	f	
		ccupational skills? No If you answered	d "Yes," provide the information bel	ow.		
Certification/License Type/Occupational Skill					Date Obtained (mm/dd/yyyy)	
Who issu	ed your license?	(if any)	License Number (if any)		Expiration/Renewal Date (if any)	
16B. Certification/License Type/Occupational Skill Date Obtained (mm/dd/yyyy)				Date Obtained (mm/dd/yyyy)		
Who issu	ed your license?	(if any)	License Number (if any)		Expiration/Renewal Date (if any)	

DS-5540 Page 3 of 4

16C.	Certification/License Type/Occupational Skill		Date Obtained (mm/dd/yyyy)			
Who issue	ed your license? (if any)	License Number (if any)		Expiration/Renewal Date (if any)		
PART 6 -	TRANSLATOR					
17. Did y	ou use a translator to help you complete	this form? (If yes, provide	e the following information	about the trans	slator you used.)	
	Yes No					
17A. Tra	ınslator's Name					
Family Na	ame (Last Name)	Given Name (First Na.	me)	Middl	e Name	
17B. Tra	anslator's Business or Organization name	e? (if any)				
	Ç	` ',				
17C. Tra	anslator's Street Address		17D. Translator's City			
			17E. Translator's State/	Province		
			17 E. Translator 5 State/	1 10411100		
			17F. Translator's Postal	/Zin Codo	17G. Translator's Country	
			17F. Hansialors Postai	Zip Code	17G. Translator's Country	
		I				
1/H. Ira	anslator's Phone Number	17I. Translator's Email	Address			
PART 7 -	PREPARER					
18. Did a	anyone, other than a translator, help you	complete this form? (If ye	s, provide the following inf	formation about	t the preparer you used.)	
,	Yes No					
18A. Pre	eparer's Name					
Family Na	ame (Last Name)	Given Name (First Na.	me)	Middl	e Name	
18B. Pre	eparer's Business or Organization name?	? (if any)				
18C. Pr	eparer's Street Address		18D. Preparer's City			
			18E. Preparer's State/Province			
			18F. Preparer's Postal/2	Zip Code	18G. Preparer's Country	
					1 roa: 1 roparor o ocumity	
				F	Tod. Troparor o ocumy	
18H. Pr	eparer's Phone Number	18I. Preparer's Email A	ddress		Toda Tropalor o country	
18H. Pr	eparer's Phone Number	18I. Preparer's Email A	ddress		Toda: Trispard: 6 dodnay	
			ddress		Tod.: Tispais. 6 danay	
PART 8 -	· ADDITIONAL INFORMATION (if neede	ed)				
PART 8 -	ADDITIONAL INFORMATION (if needed space is required, attach additional sheet	ed)				
PART 8 - If further PART 9 -	• ADDITIONAL INFORMATION (if needed space is required, attach additional sheet DECLARANT'S SIGNATURE	ed) ets. Please ensure you sp	ecify to what question(s) y	ou are respond	ding.	
PART 8 - If further PART 9 - I understa for purpos laws of the	space is required, attach additional sheet. DECLARANT'S SIGNATURE and all the information I have provided in, or in the ses including enforcement of the laws of the Ure United States of America that the foregoing is act made by me herein may result in refusal of	ed) support of, this application mainted States. I understand all of somplete, true, and correct.	ecify to what question(s) y by be provided to other U.S. g if the information contained in I understand that any willfully	overnment agence this form and I ce false or misleading	ding. dies authorized to use such information ertify under penalty of perjury under the ng statement or willful concealment of a	
PART 8 - If further PART 9 - I understa for purpos laws of the material fa	space is required, attach additional sheet of the space including enforcement of the laws of the Urited States of America that the foregoing is act made by me herein may result in refusal of distates.	ed) sts. Please ensure you sp support of, this application ma hited States. I understand all of s complete, true, and correct, the visa, denial of admission	ecify to what question(s) y by be provided to other U.S. g if the information contained in I understand that any willfully	overnment agence this form and I ce false or misleading	ding. dies authorized to use such information entify under penalty of perjury under the ng statement or willful concealment of a minal prosecution and/or removal from	
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PAPERWORK REDUCTION ACT STATEMENT:

Public reporting burden for this collection of information is estimated to average 4.5 hours per response, including time required for searching existing data sources, gathering the necessary documentation, providing the information and/or documents required, and reviewing the final collection. You do not have to supply this information unless this collection displays a currently valid OMB control number. If you have comments on the accuracy of this burden estimate and/or recommendations for reducing it, please send them to: PRA_BurdenComments@state.gov.

CONFIDENTIALITY STATEMENT:

INA Section 222(f) provides that visa issuance and refusal records shall be considered confidential and shall be used only for the formulation, amendment, administration, or enforcement of the immigration, nationality, and other laws of the United States. Visa records may be disclosed in certain situations, as described in INA Section 222(f), including disclosure to a court as needed in a case pending before the court.

Page 4 of 4 DS-5540