

TABLE OF CHANGES – FORM
Form AR-11, Alien Change of Address
OMB Number: 1615-0007
05/05/2026

Reason for Revision: Reinstatement

Project Phase: 60-Day

Legend for Proposed Text:

- Black font = Current text
- **Red font** = Changes

Expires 08/31/2024

Edition Date 08/31/2021

Future Edition Date xx/xx/2026

Current Page Number and Section	Current Text	Proposed Text
Page 1, Part 1. Information About You	NOTE: An asterisk (*) indicates a mandatory field that must be completed.	[no change]
	[new]	<p>Part 1. Application Type</p> <p>1. Select the application type below. An alien updating his or her address under INA 265 may select both options, if applicable.</p> <p>[] I am an alien updating my address as required under INA 265</p> <p>[] I am updating my address with USCIS in connection with a pending or approved benefit request</p>
Page 1, Part 1. Information About You	<p>[Page 1]</p> <p>Information About You</p> <p>*Family Name (Last Name) *Given Name (First Name) Middle Name (if applicable)</p> <p>I am in the United States as a: <input type="checkbox"/> Visitor <input type="checkbox"/> Student <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Other (Specify) [fillable field]</p> <p>Country of Citizenship *Date of Birth (mm/dd/yyyy)</p>	<p>[Page 1]</p> <p>Part 2. Information About You</p> <p>1. Your Full Legal Name (Do not provide a nickname) *Family Name (Last Name) *Given Name (First Name) Middle Name (if applicable)</p> <p>[deleted]</p> <p>*2. Country of Citizenship or Nationality *3. Date of Birth (mm/dd/yyyy)</p>

	<p>Alien Registration Number (A-Number)(if any)</p> <p>[new]</p>	<p>*4. Alien Registration Number (A-Number) (if any)</p> <p>Other Information</p> <p>If you did not select “I am an alien updating my address as required under INA 265” in Part 1., Item Number 1., go to Part 3.</p> <p>5. Port of Entry into U.S. City or Town State</p> <p>6. Date of Entry into U.S. (mm/dd/yyyy)</p> <p>7. If not a Permanent Resident, my stay in the U.S. will expire or has expired on: (mm/dd/yyyy) (if applicable)</p>
<p>Page 1-2,</p> <p>Part 2. Information About Your Address</p>	<p>[Page 1]</p> <p>Information About Your Address</p> <p>*Present Physical Address (No PO Boxes) *Street Number and Name Apt. Ste. Flr. Number [fillable field] *City or Town *State *ZIP Code</p> <p>Previous Physical Address Street Number and Name Apt. Ste. Flr. Number [fillable field] City or Town State ZIP Code</p> <p>Mailing Address (optional)</p> <p>[new]</p> <p>Street Number and Name Apt. Ste. Flr. Number [fillable field] City or Town State ZIP Code</p>	<p>[Page 1]</p> <p>Part 3. Information About Your Address</p> <p>*1. New Physical Address (No PO Boxes) *Street Number and Name Apt./Ste./Flr. Number [fillable field] *City or Town *State *ZIP Code Province Postal Code Country</p> <p>2. Previous Physical Address Street Number and Name Apt./Ste./Flr. Number [fillable field] City or Town State ZIP Code Province Postal Code Country</p> <p>3. New Mailing Address (optional)</p> <p><input type="checkbox"/> My Mailing Address is the same as my physical address. (Skip to Part 4. if you selected this checkbox.)</p> <p>In Care of Name (if any) Street Number and Name Apt./Ste./Flr. Number [fillable field] City or Town State ZIP Code Province Postal Code Country</p>
		<p>[Page 1]</p>

	[new]	<p>Part 4. Your Immigration Information</p> <p>1. Receipt number(s). Provide a receipt number for all immigration benefit requests pending a final decision. Also provide a receipt number for any approved immigrant visa petitions for which you would like to update your address. If you do not have any pending applications, petitions, or requests (or approved immigrant visa petitions for which you would like to update your address) with USCIS, skip to Part 5. Your new mailing address will be applied to all pending immigration benefit requests for which a receipt number is provided. Example: IOE1234567890. If you need extra space to complete this section, use the space in Part 10. Additional Information.</p> <p>[4 fillable fields]</p>
	[new]	<p>[Page 2]</p> <p>Part 5. Employment and Education Information</p> <p>If you did not select “I am an alien updating my address as required under INA 265” in Part 1., Item Number 1., go to Part 7.</p> <p>Provide any information about your current employment and the current school you are attending. If you need extra space to complete this section, use the space provided in Part 10. Additional Information.</p> <p>Provide information about your current employment, including self-employment and if you have multiple employers. If unemployed or retired, type “unemployed” or “retired” for name of employer.</p> <p>1.a. Name of Employer</p> <p>1.b. Address of Employer and Company Street Number and Name Apt./Ste./Flr. Number [fillable field] City or Town State ZIP Code Province Postal Code Country</p> <p>2.a. Name of School (current)</p> <p>2.b. Address of School Street Number and Name Apt./Ste./Flr. Number [fillable field] City or Town State</p>

		ZIP Code Province Postal Code Country
	[new]	<p>[Page 3]</p> <p>Part 6. Information on Means-Tested Public Benefits Received</p> <p>If you did not select “I am an alien updating my address as required under INA 265” in Part 1., Item Number 1., go to Part 7.</p> <p>Federal agencies with data-sharing agreements will be utilized to verify the accuracy of your responses and your receipt of means-tested public benefits. A means-tested public benefit is a public benefit for which the Federal, state, or local agency granting the benefit considers eligibility for the benefit, the amount of the benefit, or both, is based on the person’s income and resources.</p> <p>Have you ever received any of the following means-tested public benefits?</p> <p>1.a. Supplemental Nutrition Assistance Program (SNAP)? <input type="checkbox"/> Yes <input type="checkbox"/> No 1.b. Medicaid? <input type="checkbox"/> Yes <input type="checkbox"/> No 1.c. Supplemental Security Income (SSI)? <input type="checkbox"/> Yes <input type="checkbox"/> No 1.d. Temporary Assistance for Needy Families (TANF)? <input type="checkbox"/> Yes <input type="checkbox"/> No 1.e. Children’s Health Insurance Program (CHIP)? <input type="checkbox"/> Yes <input type="checkbox"/> No 1.f. Women, Infants, and Children (WIC)? <input type="checkbox"/> Yes <input type="checkbox"/> No 1.g. Federal Income Maintenance (often called “General Assistance”)? <input type="checkbox"/> Yes <input type="checkbox"/> No 1.h. Section 8 Housing Assistance under the Housing Choice Voucher Program? <input type="checkbox"/> Yes <input type="checkbox"/> No 1.i. Section 8 Project-Based Rental Assistance (including Moderate Rehabilitation)? <input type="checkbox"/> Yes <input type="checkbox"/> No 1.j. Other Federal Cash or Non-Cash Assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No 1.k. State or Local Means-Tested Public Benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you answered “Yes” to any of the Item Numbers 1.a. - 1.k., provide the following information for each benefit received, starting with your most recent benefit. If you received the same type of benefit at different time periods (for example, you started and stopped receiving a benefit, and then re-started receiving the benefit), provide an entry for each time period during which you received the benefit.</p>

If you need extra space to provide additional benefits, use the space provided in **Part 10. Additional Information.**

Public Benefit 1

2.a. Name of Public Benefit (Dropdown list of 1.a. through 1.k.)

[Dropdown list:

Supplemental Nutrition Assistance Program (SNAP);

Medicaid; Supplemental Security Income (SSI); Temporary Assistance for Needy Families (TANF);

Children’s Health Insurance Program (CHIP);

Women, Infants, and Children (WIC);

Federal Income Maintenance (often called “General Assistance”);

Section 8 Housing Assistance under the Housing Choice Voucher Program;

Section 8 Project-Based Rental Assistance (including Moderate Rehabilitation);

Other Federal Cash or Non-Cash Assistance - [open field, if selected];

State or Local Means-Tested Public Benefits - [open field, if selected]]

2.b. Benefit Account Number

2.c. Government Administrator (Dropdown list)

[Dropdown list:

U.S. Department of Agriculture (USDA);

U.S. Department of Health and Human Services (HHS);

U.S. Social Security Administration (SSA);

U.S. Department of Housing and Urban Development (HUD);

Other - [open field, if selected]]

2.d. Date Benefit Started (mm/dd/yyyy)

2.e. Did this benefit end? Yes No. If “Yes,” enter date [mm/dd/yyyy].

2.f. Monthly Dollar Amount

2.g. Calendar Year Total (expected) Amount

2.h. Payment Frequency of Dollar Amount

[drop down – weekly, monthly, bi-weekly, bi-monthly, yearly]

[Page 4]

Public Benefit 2

3.a. Name of Public Benefit (Dropdown list of 1.a through 1.k.)

[Dropdown list:

Supplemental Nutrition Assistance Program (SNAP);

Medicaid; Supplemental Security Income (SSI); Temporary Assistance for Needy Families (TANF);

Children’s Health Insurance Program (CHIP);

		<p>Women, Infants, and Children (WIC); Federal Income Maintenance (often called “General Assistance”); Section 8 Housing Assistance under the Housing Choice Voucher Program; Section 8 Project-Based Rental Assistance (including Moderate Rehabilitation); Other Federal Cash or Non-Cash Assistance [open field, if selected]; State or Local Means-Tested Public Benefits [open field, if selected]]</p> <p>3.b. Benefit Account Number</p> <p>3.c. Government Administrator (Dropdown list) [Dropdown list: U.S. Department of Agriculture (USDA); U.S. Department of Health and Human Services (HHS); U.S. Social Security Administration (SSA); U.S. Department of Housing and Urban Development (HUD); Other - [open field, if selected]]</p> <p>3.d. Date Benefit Started (mm/dd/yyyy) 3.e. Did this benefit end? <input type="checkbox"/> Yes <input type="checkbox"/> No. If “Yes,” enter date [mm/dd/yyyy]. 3.f. Monthly Dollar Amount 3.g. Calendar Year Total (expected) Amount 3.h. Payment Frequency of Dollar Amount [drop down – weekly, monthly, bi-weekly, bi-monthly, yearly]</p> <p>Public Benefit 3</p> <p>4.a. Name of Public Benefit (Dropdown list of 1.a through 1.k.) [Dropdown list: Supplemental Nutrition Assistance Program (SNAP); Medicaid; Supplemental Security Income (SSI); Temporary Assistance for Needy Families (TANF); Children’s Health Insurance Program (CHIP); Women, Infants, and Children (WIC); Federal Income Maintenance (often called “General Assistance”); Section 8 Housing Assistance under the Housing Choice Voucher Program; Section 8 Project-Based Rental Assistance (including Moderate Rehabilitation); Other Federal Cash or Non-Cash Assistance [open field, if selected]; State or Local Means-Tested Public Benefits [open field, if selected]]</p> <p>4.b. Benefit Account Number</p> <p>4.c. Government Administrator (Dropdown list) [Dropdown list: U.S. Department of Agriculture (USDA);</p>
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		<p>U.S. Department of Health and Human Services (HHS); U.S. Social Security Administration (SSA); U.S. Department of Housing and Urban Development (HUD); Other - [open field, if selected]]</p> <p>4.d. Date Benefit Started (mm/dd/yyyy) 4.e. Did this benefit end? <input type="checkbox"/> Yes <input type="checkbox"/> No. If “Yes,” enter date [mm/dd/yyyy]. 4.f. Monthly Dollar Amount 4.g. Calendar Year Total (expected) Amount 4.h. Payment Frequency of Dollar Amount [drop down – weekly, monthly, bi-weekly, bi-monthly, yearly]</p> <p>Public Benefit 4 5.a. Name of Public Benefit (Dropdown list of 1.a through 1.k.) [Dropdown list: Supplemental Nutrition Assistance Program (SNAP); Medicaid; Supplemental Security Income (SSI); Temporary Assistance for Needy Families (TANF); Children’s Health Insurance Program (CHIP); Women, Infants, and Children (WIC); Federal Income Maintenance (often called “General Assistance”); Section 8 Housing Assistance under the Housing Choice Voucher Program; Section 8 Project-Based Rental Assistance (including Moderate Rehabilitation); Other Federal Cash or Non-Cash Assistance [open field, if selected]; State or Local Means-Tested Public Benefits [open field, if selected]]</p> <p>5.b. Benefit Account Number</p> <p>[Page 5]</p> <p>5.c. Government Administrator (Dropdown list) [Dropdown list: U.S. Department of Agriculture (USDA); U.S. Department of Health and Human Services (HHS); U.S. Social Security Administration (SSA); U.S. Department of Housing and Urban Development (HUD); Other - [open field, if selected]]</p> <p>5.d. Date Benefit Started (mm/dd/yyyy) 5.e. Did this benefit end? <input type="checkbox"/> Yes <input type="checkbox"/> No. If “Yes,” enter date [mm/dd/yyyy]. 5.f. Monthly Dollar Amount 5.g. Calendar Year Total (expected) Amount 5.h. Payment Frequency of Dollar Amount [drop down – weekly, monthly, bi-weekly, bi-monthly, yearly]</p>
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<p>Page 5, Your Signature</p>	<p>[Page 1]</p> <p>Your Signature</p> <p>[new]</p>	<p>[Page 5]</p> <p>Part 7. Your Contact Information, Certification, and Signature</p> <p>Contact Information</p> <p>Provide your daytime telephone number, mobile telephone number (if any), and email address (if any).</p> <p>1. Daytime Telephone Number 2. Mobile Telephone Number (if any) 3. Email Address (if any)</p>

	<p>*Your Signature Date of Signature (mm/dd/yyyy)</p>	<p><i>Certification and Signature</i></p> <p>I certify, under penalty of perjury, that I provided or authorized all of the responses and information contained in and submitted with my form, I read and understand or, if interpreted to me in a language in which I am fluent by the interpreter listed in Part 8., understood, all of the responses and information contained in, and submitted with, my form, and that all of the responses and the information are complete, true, and correct. Furthermore, I authorize the release of any information from any and all of my records that USCIS determines is necessary for the administration and enforcement of U.S. immigration laws.</p> <p>*1. Your Signature Date of Signature (mm/dd/yyyy)</p>
	<p>[new]</p>	<p>Part 8. Interpreter's Contact Information, Certification, and Signature</p> <p><i>Interpreter's Full Name</i></p> <p>1. Interpreter's Family Name (Last Name) Interpreter's Given Name (First Name)</p> <p>2. Interpreter's Business or Organization Name</p> <p><i>Interpreter's Contact Information</i></p> <p>3. Interpreter's Daytime Telephone Number 4. Interpreter's Mobile Telephone Number (if any) 5. Interpreter's Email Address (if any)</p> <p><i>Interpreter's Certification and Signature</i></p> <p>I certify, under penalty of perjury, that I am fluent in English and [Fillable language field], and I have interpreted every question on the form and instructions and interpreted the requestor's answers to the questions in that language, and the requestor informed me that he or she understood every instruction, question, and answer on the form.</p> <p>6. Interpreter's Signature Date of Signature (mm/dd/yyyy)</p>
	<p>[new]</p>	<p>Part 9. Contact Information, Certification, and Signature of the Person Preparing this Application, if Other Than the Requestor</p> <p><i>Preparer's Full Name</i></p> <p>1. Preparer's Family Name (Last Name) Preparer's Given Name (First Name)</p> <p>2. Preparer's Business or Organization Name</p> <p><i>Preparer's Contact Information</i></p>

		<p>3. Preparer's Daytime Telephone Number 4. Preparer's Mobile Telephone Number (if any) 5. Preparer's Email Address (if any)</p> <p><i>Preparer's Certification and Signature</i></p> <p>I certify, under penalty of perjury, that I prepared this form for the requestor at his or her request and with express consent and that all of the responses and information contained in and submitted with the form are complete, true, and correct and reflects only information provided by the requestor. The requestor reviewed the responses and information and informed me that he or she understands the responses and information in or submitted with the form.</p> <p>6. Preparer's Signature Date of Signature (mm/dd/yyyy)</p>
	[new]	<p>[Page 6]</p> <p>Part 10. Additional Information</p> <p>If you need extra space to provide any additional information within this form, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this form or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the Page Number, Part Number, and Item Number to which your answer refers; and sign and date each sheet.</p> <p>1. Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)</p> <p>2. A-Number (if any)</p> <p>3. Page Number Part Number</p> <p>Public Benefit 6 3.a. Name of Public Benefit (Dropdown list of 1.a through 1.k.) [Dropdown list: Supplemental Nutrition Assistance Program (SNAP); Medicaid; Supplemental Security Income (SSI); Temporary Assistance for Needy Families (TANF); Children's Health Insurance Program (CHIP); Women, Infants, and Children (WIC); Federal Income Maintenance (often called "General Assistance"); Section 8 Housing Assistance under the Housing Choice Voucher Program; Section 8 Project-Based Rental Assistance (including Moderate Rehabilitation);</p>

		<p>Other Federal Cash or Non-Cash Assistance [open field, if selected]; State or Local Means-Tested Public Benefits [open field, if selected]]</p> <p>3.b. Benefit Account Number</p> <p>3.c. Government Administrator (Dropdown list) [Dropdown list: U.S. Department of Agriculture (USDA); U.S. Department of Health and Human Services (HHS); U.S. Social Security Administration (SSA); U.S. Department of Housing and Urban Development (HUD); Other - [open field, if selected]]</p> <p>3.d. Date Benefit Started (mm/dd/yyyy) 3.e. Did this benefit end? [] Yes [] No. If "Yes," enter date [mm/dd/yyyy]. 3.f. Monthly Dollar Amount 3.g. Calendar Year Total (expected) Amount 3.h. Payment Frequency of Dollar Amount [drop down – weekly, monthly, bi-weekly, bi-monthly, yearly]</p> <p>4. Page Number Part Number</p> <p>Public Benefit 7</p> <p>4.a. Name of Public Benefit (Dropdown list of 1.a through 1.k.) [Dropdown list: Supplemental Nutrition Assistance Program (SNAP); Medicaid; Supplemental Security Income (SSI); Temporary Assistance for Needy Families (TANF); Children’s Health Insurance Program (CHIP); Women, Infants, and Children (WIC); Federal Income Maintenance (often called “General Assistance”); Section 8 Housing Assistance under the Housing Choice Voucher Program; Section 8 Project-Based Rental Assistance (including Moderate Rehabilitation); Other Federal Cash or Non-Cash Assistance [open field, if selected]; State or Local Means-Tested Public Benefits [open field, if selected]]</p> <p>4.b. Benefit Account Number</p> <p>4.c. Government Administrator (Dropdown list) [Dropdown list: U.S. Department of Agriculture (USDA); U.S. Department of Health and Human Services (HHS); U.S. Social Security Administration (SSA); U.S. Department of Housing and Urban Development (HUD);</p>
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		<p>Other - [open field, if selected]]</p> <p>4.d. Date Benefit Started (mm/dd/yyyy) 4.e. Did this benefit end? <input type="checkbox"/> Yes <input type="checkbox"/> No. If “Yes,” enter date [mm/dd/yyyy].</p> <p>[Page 7]</p> <p>4.f. Monthly Dollar Amount 4.g. Calendar Year Total (expected) Amount 4.h. Payment Frequency of Dollar Amount [drop down – weekly, monthly, bi-weekly, bi-monthly, yearly]</p> <p>5. Page Number Part Number Item Number [Fillable field]</p> <p>6. Page Number Part Number Item Number [Fillable field]</p>
<p>Page 7, Address Change Information and Instructions</p>	<p>[Page 2]</p> <p>Address Change Information and Instructions</p> <p>All aliens subject to registration requirements must use this form to report a change of address within 10 days of such change. The collection of this information is required by Immigration and Nationality Act (INA) section 265 (8 U.S.C. 1305). U.S. Citizenship and Immigration Services (USCIS) uses the data collected on this form for statistical and record-keeping purposes, and may share this information with other Federal, state, local, and law enforcement officials. Failure to report a change of address is punishable by fine or imprisonment and/or removal from the United States.</p> <p>[new]</p>	<p>[Page 10]</p> <p>Address Change Information and Instructions</p> <p>All aliens subject to registration requirements must report a change of address within 10 days of such change and provide all additional information in accordance with USCIS instructions. Noncompliance is a misdemeanor punishable by a fine of up to \$5,000 or imprisonment for not more than 30 days, or both. In addition, any alien who has failed to comply with the change-of-address notification requirements is deportable unless the alien establishes that such failure was reasonably excusable or was not willful. For detailed instructions on how to update your address, please visit uscis.gov/addresschange.</p> <p>All persons with a pending immigration benefit request with USCIS, or an approved immigrant visa petition, may also this form to report a change of address to USCIS.</p> <p>The collection of this information from aliens subject to the registration requirements is required by Immigration and Nationality Act (INA) section 265 (8 U.S.C. 1305). The collection of address change information from persons with pending immigration benefit requests or approved immigrant visa petitions is necessary for U.S. Citizenship and Immigration Services (USCIS) to carry out its responsibilities in the adjudication of</p>

	<p>NOTE: This form is not evidence of identity age, or status claimed.</p> <p>IMPORTANT: If you are in immigration proceedings, you must separately notify the Immigration Court of any address changes. Filing Form AR-11 with USCIS does not update your address with the Immigration Court.</p>	<p>immigration benefit requests under INA section 103 (8 U.S.C. 1103). The information collected on this form may be used to determine whether an alien is deportable under INA section 237(a)(3) or (5) (8 U.S.C. 1227(a)(3) or (5)). DHS also uses the information to assess whether you are receiving public benefits in violation of the restrictions on eligibility established by Congress under PRWORA, and coordinate with public benefits granting agencies to enforce restrictions.</p> <p>USCIS uses the data collected on this form for statistical and record-keeping purposes, and may share this information with other Federal, state, and local governments and law enforcement officials. Failure to report a change of address is punishable by fine or imprisonment and/or removal from the United States.</p> <p>NOTE: This form is not evidence of identity, age, or status claimed. If you are in immigration proceedings, you must separately notify the Immigration Court of any address changes. Filing Form AR-11 with USCIS does not update your address with the Immigration Court.</p>
<p>Page 8, Specific Instructions</p>	<p>[Page 2]</p> <p>Instructions</p> <p>Complete all fields on this form, sign and date the form, and mail it to the address below.</p> <p>Mail your completed Form AR-11 to:</p> <p>U.S. Department of Homeland Security Citizenship and Immigration Services Attn: Change of Address 1344 Pleasants Drive Harrisonburg, VA 22801</p> <p>[new]</p>	<p>[Page 8]</p> <p>Instructions</p> <p>Complete all fields on this form, sign and date the form, and mail it to:</p> <p>[deleted]</p> <p>U.S. Department of Homeland Security Citizenship & Immigration Services, Attention: Change of Address 1344 Pleasants Drive, Harrisonburg, VA 22801</p> <p>Part 2. Information About You</p> <p>Item Number 2. Country of Citizenship or Nationality. Provide the name of the country where you are a citizen and/or national. This is not necessarily the country where you were born. If you do not have citizenship in any country, type or print “stateless” and provide an explanation in Part 10. Additional Information.</p> <p>Item Number 4. Alien Registration Number (A-Number) (if any). Provide your A-Number. The A-Number is an immigration file number</p>

provided by U.S. immigration officials. We use your A-Number to identify your immigration records. It is a 7 to 9-digit number that begins with an "A" and can be found on correspondence you have received from the Department of Homeland Security (DHS) or USCIS. If you do not have an A-Number, type or print "N/A."

Item Number 5. Port of Entry into U.S.

Provide the city or town and state where you entered in the United States.

Item Number 6. Date of Entry into U.S.

Provide the date (mm/dd/yyyy) you entered in the United States.

Part 3. Information About Your Address

Item Number 1. New Physical Address.

Provide your new physical address (the address where you currently physically live). All aliens in the United States must report a change of address to USCIS within 10 days of moving.

Item Number 3. New Mailing Address

(optional). Provide your new mailing address. For certain forms, your request to change your address may be rejected if your address is outside the United States. You may list a valid U.S. residence, Army Post Office (APO), or commercial address. You may also list a U.S. Post Office address (P.O. Box) if that is how you receive your mail. If your mail is sent to someone other than yourself, please include an "In Care Of Name" as part of your mailing address. If your U.S. mailing address is in a U.S. territory and it contains an urbanization name, list the urbanization name in the "In Care Of Name" space provided.

Part 5. Employment and Education Information

Item Number 1. Provide information about any current employment, including self-employment. If you have multiple employers, provide information for all employers. If unemployed or retired, type "unemployed" or "retired" for name of employer.

Part 6. Information on Means-Tested Public Benefits Received

Item Number 1. Identify whether you have received any of the Federal, state, or local means-tested public benefits listed. If you have ever received a means-tested public benefit,

		<p>provide the specific information regarding the benefit in Item Number 2. If you have received the same benefit multiple times, provide the information for each time you received the benefit. If you need extra space to complete this section, use the space provided in Part 10. Additional Information.</p> <p>Item Numbers 2. – 6. Provide information about any means-tested public benefit you have ever received. USCIS may verify whether you provided accurate information to the public benefit granting agency.</p>
<p>Page 9, DHS Privacy Notice</p>	<p>[Page 2]</p> <p>DHS Privacy Notice</p> <p>AUTHORITIES: The information requested on this form is collected under the Immigration and Nationality Act (INA) section 265.</p> <p>PURPOSE: The primary purpose for providing the requested information on this form is to report a change of address. Except for those exempted, all aliens in the U.S. are required to report any change of address or new address. DHS uses the information you provide to contact you about the immigration benefit you are seeking.</p> <p>DISCLOSURE: The information you provide is mandatory. Failure to report a change of address may result in a fine, imprisonment and/or removal (8 U.S.C. sections 1227(a)(3) and 1306). Failure to comply could also jeopardize your ability to obtain a future visa or other immigration benefits.</p> <p>ROUTINE USES: DHS may, where allowable under relevant confidentiality provisions, share the information you provide on this form and any additional requested evidence with other Federal, state, local, and foreign government agencies and authorized organizations. DHS follows approved routine uses described in the associated published system of records notices</p>	<p>[Page 9]</p> <p>DHS Privacy Notice</p> <p>AUTHORITIES: USCIS is collecting the information requested on this form, and the associated evidence, under 8 U.S.C. sections 1103, 1227(a)(3) and (a)(5), 1305, 1306, 1357(a), and 1601, et seq. (Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA)).</p> <p>PURPOSE: The primary purpose for providing the requested information on this form is to report a change of address. Except for those exempted, all aliens in the U.S. are required to report any change of address or new address. DHS uses the information you provide to change your address in DHS records and to determine whether you remain eligible for any immigration benefit(s) you are seeking. DHS may also use the information you provide to determine whether you are deportable under 8 U.S.C. section 1227(a)(3) or (a)(5), DHS also uses the information to assess whether you are receiving public benefits in violation of the restrictions on eligibility established by Congress under PRWORA, and coordinate with public benefits granting agencies to enforce restrictions.</p> <p>[no change]</p>

	<p>[DHS/USCIS-001 - Alien File, Index, and National File Tracking System and DHS/USCIS-007 - Benefits Information System] and the published privacy impact assessment DHS/USCIS/PIA-018 Alien Change of Address Card (AR-11). DHS may also share this information, as appropriate, for law enforcement purposes or in the interest of national security.</p>	
<p>Page 9, Paperwork Reduction Act</p>	<p>[Page 2]</p> <p>Paperwork Reduction Act</p> <p>An agency may not conduct or sponsor an information collection, and a person is not required to respond to a collection of information, unless it displays a currently valid Office of Management and Budget (OMB) control number. The public reporting burden for this collection of information is estimated at 12 minutes per response, including the time for reviewing instructions, gathering the required documentation and information, completing the request, preparing statements, attaching necessary documentation, and submitting the request. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Office of Policy and Strategy, Regulatory Coordination Division, 5900 Capital Gateway Drive, Mail Stop #2140, Camp Springs, MD 20588-0009; OMB No. 1615-0007. Do not mail your completed Form AR-11 to this address.</p>	<p>[Page 9]</p> <p>Paperwork Reduction Act</p> <p>USCIS may not conduct or sponsor an information collection, and you are not required to respond to a collection of information, unless it displays a currently valid Office of Management and Budget (OMB) control number. The public reporting burden for this collection of information is estimated at 0.5 hours per response, including the time for reviewing instructions, gathering the required documentation and information, completing the request, preparing statements, attaching necessary documentation, and submitting the request. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Office of Policy and Strategy, Regulatory Coordination Division, 5900 Capital Gateway Drive, Mail Stop #2140, Camp Springs, MD 20588-0009; OMB No. 1615-0007. Do not mail your completed Form AR-11 to this address.</p>