



Report of Request/Receipt of Benefits by Alien

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form G-1558
OMB No. 1615-xxxx
Expires xx/xx/xxxx

► **START HERE - Type or print in black ink.** Answer all questions fully and accurately. If a question does not apply, type or print "N/A" unless otherwise directed. If the answer to a question which requires a numeric response is zero or none, type or print "None" unless otherwise directed

Part 1. Purpose of Reporting Alien's Request/Receipt of Benefits

For information of what benefits may be reported, please see the Instructions.

1. Are you reporting: (Select at least one)
 - A. An alien who your agency knows is not lawfully present in the United States?
 - B. An indigency determination?
 - C. The receipt of a benefit by an alien based on a state reporting requirement?

(1) Please specify the reporting requirement by statute or regulation.

- D. Voluntarily, without a specific statutory or regulatory mandate, this information because the alien has received a benefit?

Part 2. Information about the Alien

1. Current Legal Name of Alien Who Requested or Received Benefits (Do not provide a nickname)

See Instructions for information on types of benefits to report.

Family Name (Last Name)	Given Name (First Name)	Middle Name

2. Other Names Used

Provide all other names the alien used, including aliases, maiden name, and nicknames (if known). If you need extra space to complete this section, use the space provided in **Part 7. Additional Information**

Family Name (Last Name)	Given Name (First Name)	Middle Name

- | | | |
|---|---|--|
| 3. Date of Birth (mm/dd/yyyy) | 4. Gender | 5. Alien Registration Number (A-Number) |
| <input style="width: 100%;" type="text"/> | <input type="checkbox"/> Male <input type="checkbox"/> Female | ► A- <input style="width: 100%;" type="text"/> |

- | | |
|---|---|
| 6. USCIS Number or Card Number on Employment Authorization Document | 7. Country of Birth |
| <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |

8. Country of Citizenship or Nationality
-

Part 2. Information about the Alien

9. Immigration Status or Category (for example, B-2 visitor, F-1 student, parolee, deferred action, or no status or category)

A. Alien with valid nonimmigrant visa Classification on I-94/Visa

(1) Date of expiration (mm/dd/yyyy)

B. Alien with expired nonimmigrant visa Classification on I-94/Visa

(1) Date of expiration (mm/dd/yyyy)

C. Lawful permanent resident Classification on LPR card or Form I-94

D. Other Classification on I-94/Visa

Date of expiration (mm/dd/yyyy)

10. Current Mailing Address

[\(USPS ZIP Code Lookup\)](#)

In Care Of Name

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State ZIP Code

Province

Postal Code

Country

11. Current Physical Address

[\(USPS ZIP Code Lookup\)](#)

In Care Of Name

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State ZIP Code

Province

Postal Code

Country

12. Daytime Telephone Number

13. Beneficiary's Email Address

Information About the Alien's Parents (complete if no A-Number is available)

14. Parent 1's Legal Name

Family Name (Last Name)

Given Name (First Name)

Middle Name

Part 2. Information about the Alien (continued)

15. Parent 1's Name at Birth (if different than above)

Family Name (Last Name)

Given Name (First Name)

Middle Name

16. Parent 2's Legal Name

Family Name (Last Name)

Given Name (First Name)

Middle Name

17. Parent 2's Name at Birth (if different than above)

Family Name (Last Name)

Given Name (First Name)

Middle Name

Part 3. Benefit(s) Requested or Received

In this section, provide the following information about the benefit requested by the alien and provided to the alien.

1. Case Number

Type of Benefit

Was the benefit application approved? Yes No

Date Benefit Was First Provided (mm/dd/yyyy)

Date Benefit Ended or Expires, if applicable (mm/dd/yyyy)

Amount of Benefit Received or Certified to Receive

\$

Frequency of Disbursement (monthly, annually, etc.). If re-approval is required, please identify when the alien must reestablish eligibility for the benefit.

2. Case Number

Type of Benefit

Was the benefit application approved? Yes No

Date Benefit Was First Provided (mm/dd/yyyy)

Date Benefit Ended or Expires, if applicable (mm/dd/yyyy)

Amount of Benefit Received or Certified to Receive

\$

Frequency of Disbursement (monthly, annually, etc.). If re-approval is required, please identify when the alien must reestablish eligibility for the benefit.

Part 3. Benefit(s) Requested or Received (continued)

3. Case Number

Type of Benefit

Was the benefit application approved? Yes No

Date Benefit Was First Provided (mm/dd/yyyy)

Date Benefit Ended or Expires, if applicable (mm/dd/yyyy)

Amount of Benefit Received or Certified to Receive \$

Frequency of Disbursement (monthly, annually, etc.). If re-approval is required, please identify when the alien must reestablish eligibility for the benefit.

Comments:

Not for Production
10/21/2020

Part 4. Information About Alien's Affidavit of Support Under Section 213A of INA Sponsor(s)

1. A. Has the alien indicated he or she has or had a sponsor(s) execute a Form I-864 or Form I-864EZ, Affidavit of Support Under Section 213A of the INA, on the alien's behalf? Yes No

B. Sponsor's Full Name

Family Name (Last Name)

Given Name (First Name)

2. A. Have you asked the sponsor named in **Item B. in Item Number 1.** to repay the benefits? Yes No

B. Do you have an agreement with the sponsor named in **Item B. in Item Number 1.** to repay the benefits? Yes No

3. Do you have a civil judgment against the sponsor named in **Item B. in Item Number 1.**? (If you answered "Yes," submit a copy). Yes No

4. Are you in the process of seeking a civil judgement against the sponsor named in **Item B. in Item Number 1.**? Yes No

5. A. Has the alien indicated he or she has or had more than one sponsor (such as joint sponsors) execute a Form I-864, Affidavit of Support Under Section 213A of the INA, on the alien's behalf? Yes No

B. Sponsor's Full Name

Family Name (Last Name)

Given Name (First Name)

C. Have you asked the sponsor named in **Item B. in Item Number 5.** to repay the benefits? Yes No

D. Do you have an agreement with the sponsor named in **Item B. in Item Number 5.** to repay the benefits? Yes No

E. Do you have a civil judgment against the sponsor named in **Item B. in Item Number 5.**? Yes (If yes, submit a copy.) Yes No

F. Are you in the process of seeking a civil judgment against the sponsor named in **Item B. in Item Number 5.**? Yes No

Part 5. Information About Household Member Who Submitted Contract Between Sponsor and Household Member Who Has a Support Obligation

1. A. Has the alien indicated an individual has a support obligation through Form I-864A, Contract Between Sponsor and Household Member? Yes No

B. Individual's Full Name

Family Name (Last Name)

Given Name (First Name)

2. A. Have you asked the individual named in **Item B. in Item Number 1.** who has a support obligation under the Form I-864A to repay the benefits? Yes No

B. Do you have an agreement with the individual named in **Item B. in Item Number 1.** who has a support obligation under the Form I-864A to repay the benefits? Yes No

3. Do you have a civil judgment against the individual named in **Item B. in Item Number 1.** who has a support obligation under the Form I-864A? (If you answered "Yes," submit a copy.) Yes No

4. Are you in the process of seeking a civil judgement against the individual named in **Item B. in Item Number 1.** who has a support obligation under Form I-864A? Yes No

Part 6. Agency Contact Certification and Signature

1. Agency Contact's Full Name

Family Name (Last Name)

Given Name (First Name)

2. Name of Benefit Granting Agency

3. Agency Contact's Mailing Address

In Care Of Name

Street Number and Name

Apt. Ste. Flr.

Number

City or Town

State

ZIP Code

4. Agency Contact's Daytime Telephone Number

5. Agency Contact's Mobile Telephone Number

6. Agency Contact's Email Address

Certification

Copies of any documents I have submitted on behalf of the are exact photocopies of unaltered, original documents, and I understand that U.S. Citizenship and Immigration Services (USCIS) may require the submission of certified documents to USCIS at a later date not to exceed 10 years from the date the support obligation terminates.

I authorize USCIS to share information that I provided on this form with third parties including Federal, state, and local public and private agencies providing benefits, to be used solely in making determinations of eligibility for benefits pursuant to section 431(c) of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, as amended, as well as with the subject alien (and the alien's representative, if any), plus any obligors (and the obligor's agent/representative, if any) of public charge bonds for the subject alien, or for any other purpose of administration of Federal laws and only as permitted by law.

I certify, under penalty of perjury, that I provided or authorized all of the information in this form, and that to the best of my knowledge and belief, all of the information contained in, and submitted with this form, is complete, true, and correct.

I am filing this form on behalf of a benefit agency and certify that I am authorized to do so by the agency.

7. Agency Contact Signature

Date of Signature (mm/dd/yyyy)

Part 7. Additional Information

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 the alien's name and A-Number 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.

1. Current Legal Name of Alien

Family Name (Last Name)	Given Name (First Name)	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

2. A-Number ▶ A-

3. A. Page Number B. Part Number C. Item Number

<input type="text"/>	<input type="text"/>	<input type="text"/>
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D.

4. A. Page Number B. Part Number C. Item Number

<input type="text"/>	<input type="text"/>	<input type="text"/>
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D.

5. A. Page Number B. Part Number C. Item Number

<input type="text"/>	<input type="text"/>	<input type="text"/>
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D.

6. A. Page Number B. Part Number C. Item Number

<input type="text"/>	<input type="text"/>	<input type="text"/>
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D.

7. A. Page Number B. Part Number C. Item Number

<input type="text"/>	<input type="text"/>	<input type="text"/>
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D.

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