

Application for Naturalization

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS Form N-400 DMB No. 1615-005

OMB No. 1615-0052 Expires 02/28/2027

	Date Stamp	Receipt		Action Block
For USCI	S			
Use				
Only			Λ Γ	T
Rema	·ks	DK/	AL	
		rint in black ink. If you do not an (S) to process your Form N-400.	nswer all of the que	estions, it may take longer for U.S. Citizenship
	· ·		is a U.S. citizen b	y birth, or was naturalized before you reached
your 18	8th birthday, you may not		ay already be a U.S	S. citizen. Before you file this application, please
		ut Your Eligibility (Select of or your Form N-400 may be	•	
1. F	Reason for Filing (Please s	ee Instructions for eligibility requi	irements under eac	h provision.):
A	. General Provis	ion. See Instructions: List of Gen	neral Eligibility R	equirements
I	B. Spouse of U.S.	Citizen. See Instructions: Eligibi	lity Based on Mari	riage to a U.S. Citizen
(C. VAWA. See In Against Women	9	use, Former Spous	e, or Child of a U.S. Citizen under the Violence
I		Citizen in Qualified Employmen . Citizen Working for a Qualified		ted States. See Instructions: Eligibility for the the United States
	(INA) section 3		e where you would	ing under Immigration and Nationality Act like to have your naturalization interview. You
I		e During Period of Hostilities. S U.S. Armed Forces	ee Instructions: E	ligibility and Evidence for Current and Former
I		ear of Honorable Military Servi rmer Members of the U.S. Armed		See Instructions: Eligibility and Evidence for
(G. Other Reason f	or Filing Not Listed Above		
Dont	2 Information Abo	ut You (Person applying for	noturalization)	
			Haturalization)	
1. Y	Your Current Legal Name	(do not provide a nickname)		
F	Samily Name (Last Name)	Given	Name (First Name)) Middle Name (if applicable)
	Other Names You Have II	sed Since Birth (see the Instruction	ns for this Item N u	mber for more information about which names
	o include)	sea since birin (see the instruction	io for time term i tu	and the information about which hames
F	family Name (Last Name)	Given	Name (First Name)	Middle Name (if applicable)

Par	rt 2. Information About You (Person applying for naturalization) (continued) A-
Nam	e Change (Optional)
Read	I the Instructions for this Item Number before you decide whether you would like to legally change your name.
3.	Would you like to legally change your name? Yes No (skip to Item Number 4.)
	If you answered "Yes," type or print the new name you would like to use:
	Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)
4.	USCIS Online Account Number (if any) 5. Sex
	▶
6.	Date of Birth (mm/dd/yyyy)
	In addition to your actual date of birth, include any other dates of birth you have ever used, including dates used in connection with any legal names or non-legal names, in the space provided in Part 14. Additional Information .
7.	If you are a lawful permanent resident, provide the date you became a lawful permanent resident (mm/dd/yyyy).
8.	Country of Birth
9.	Country of Citizenship or Nationality
	If you are a citizen or national of more than one country, list additional countries of nationality in the space provided in Part 14. Additional Information.
10.	Was your mother or father (including adoptive mother or father) a U.S. citizen before your 18th birthday? Yes No
	If you answered "Yes," you may already be a U.S. citizen. If you are a U.S. citizen, you should not complete Form N-400.
11.	Do you have a physical or developmental disability or mental impairment that prevents you from demonstrating your knowledge and understanding of the English language or civics requirements for naturalization?
	If you answered "Yes," submit a completed Form N-648, Medical Certification for Disability Exceptions, when you file your Form N-400. See the <i>Naturalization Testing and Exceptions</i> section of the Instructions for additional information about exceptions from the English language test, including exceptions based on age and years as a lawful permanent resident.
Soc	rial Security Update
12.a.	Do you want the Social Security Administration (SSA) to issue you an original or replacement Social Security card and update your immigration status with the SSA if and when you are naturalized?
	Yes (Complete Item Numbers 12.b. - 12.c.)
	No (Go to Part 3.)
12.b	Provide your Social Security number (SSN) (if any).
12.c.	Consent for Disclosure: I authorize disclosure of information from this application and USCIS systems to the SSA as required for the purpose of assigning me an SSN, issuing me an original or replacement Social Security card, and updating my immigration status with the SSA.
	NOTE: If you answered "Yes" to Item Number 12.a. , you must also answer "Yes" to Item Number 12.c. , Consent for Disclosure , to receive a card.

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Pai	rt 2. Information About You (Person applying for nat	uralization) (continued) A-	
13.	Enter information associated with your online social media presen	nce over the past five years.	
	Provider/Platform	Social Media Identi	fier(s)
	I JK A	\	
		<u> </u>	
Pai	rt 3. Biographic Information		
NOT	TE: USCIS requires you to complete the categories below to condu	uct background checks. (See the Form	N-400 Instructions for
more	e information.)	F()K	
1.	Ethnicity (Select only one box)		
	Hispanic or Latino Not Hispanic or Latino		
2.	Race (Select all applicable boxes) American Indian Asian Black or	Native Hawaiian or Wh	ita
	or Alaska Native African American	Other Pacific Islander	ite
3.	Height Feet Inches 4. Weig	tht Pounds	
5.	Eye color (Select only one box)		∟ □ Unknown/
	Black Blue Brown Gray Green	n Hazel Maroon Pin	Other
6.	Hair color (Select only one box) Bald Black Blond Brown Gray (No hair)	Red Sandy Wh	ite Unknown/ Other
Pai	rt 4. Information About Your Residence		
1.	Physical Addresses		
	List every location where you have lived during the last 5 years if Item Number 1.a. If you are filing based on other naturalization Item Number section of the Instructions for the applicable period need extra space, use the space provided in Part 14. Additional 1	eligibility options, see Part 4. in the S d of time for which you must enter this	pecific Instructions by
	Current Physical Address		
	In Care Of Name (if any)		
	Street Number and Name	Apt. St	e. Flr. Number
	C: T	L	
	City or Town	State	ZIP Code
	Province Postal Code	Country	
	rostai Code	Country	
		Date of Building To () (11)	
	Dates of Residence: From (mm/dd/yyyy)	Dates of Residence: To (mm/dd/yyyy)	PRESENT

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Part 4. Information About Your Residence (continued) A-								
	Physical Address (Street Number and Name)	City or Town	State	ZIP Code / Postal Code	Country		Residence To (mm/dd/yyyy)	
		ЭK	A	\vdash				
2.	Is your current physical address also you							
3.	Yes (If you answered "Yes," skip to I Current Mailing Address (Safe Mailing In Care Of Name (if any)				R			
	Street Number and Name City or Town		J (T	K	Apt. Ste. Flr. State	Number ZIP Code	
	Province	Postal Code	<u> </u>	Country				
Pa	rt 5. Information About Your M	arital History	y					
1.	What is your current marital status? Single, Never Married Married If you are single and have never married	☐ Divorced I, go to Part 6. I	☐ Widow			Marriage Annul	led	
2.	If you are currently married, is your spou	ise a current mei	mber of the U	.S. armed force	s?		Yes No	
3.	How many times have you been married the Instructions for more information about	` •		•	mber sect	tion of		
	Provide current marriage certificate and marriages were terminated (if applicable	•	ree, annulmen	t decree, or dea	th certific	ate showing that	your prior	
	If you are filing under one of the categor • Spouse of U.S. Citizen. Part 1			bers 4.a 8. :				

- Spouse of U.S. Citizen in Qualified Employment Outside the United States, Part 1., Item Number 1.d.

If you are not filing under one of the categories above, skip to Part 6.

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Pai	rt 5. Information About Your Marital History (continued) A-
You	ur Current Marriage
If yo	u are currently married, including if you are legally separated, provide the following information about your current spouse.
4.a.	Current Spouse's Legal Name
	Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)
4.b.	Current Spouse's Date of Birth (mm/dd/yyyy) 4.c. Date You Entered into Marriage with Current Spouse (mm/dd/yyyy)
4.d.	Is your current spouse's present physical address the same as your physical address?
	☐ Yes
	No (If you answered "No," provide address in Part 14. Additional Information .)
5.a.	When did your current spouse become a U.S. citizen?
	By Birth in the United States - Go to Item Number 7.
	Other - Complete Item Number 5.b.
5.b.	Date Your Current Spouse Became a U.S. Citizen (mm/dd/yyyy)
6.	Current Spouse's Alien Registration Number (A-Number) (if any) ► A-
7.	How many times has your current spouse been married? (See the Specific Instructions by Item Number section of the Instructions for more information about which marriages to include.)
	Provide divorce decrees, annulment decrees, or death certificates showing that all of your spouse's prior marriages were terminated (if applicable).
8.	Current Spouse's Current Employer or Company
	Only answer Item Number 8. if you are filing under Part 1., Item Number 1.d., Spouse of U.S. Citizen in Qualified Employment Outside the United States.

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Pa	rt 6. Information About Your Ch	ildren		A-			
1.	Indicate your total number of children und	der 18 years of ag	ge.				
2. Provide the following information about your children identified in Item Number 1. For the residence and relationship columns, you must type or print one of the valid options listed. If any of your children do not reside with you, provide the address(es) where those children live in Part 14. Additional Information . If you have more than three children, use the s provided in Part 14. Additional Information .							
			Residence	Relationship			
	Son or Daughter's Name (First Name and Family Name)	Date of Birth (mm/dd/yyyy)	(Valid options include: resides with me, does not reside with me, or unknown/ missing)	(Valid options include: biological son or daughter, stepchild, or legally adopted son or daughter)	Are you providing support for your son or daughter?		
	R I A	\bigcirc T			Yes No		
			TU	K	Yes No		
					Yes No		
			IOT				
Pa	rt 7. Information About Your Em	ployment an	d Schools You Attend	ed			
1.	List where you have worked or attended s		or part time during the last 5	years if you are filing t	pased on the general		

1. List where you have worked or attended school full time or part time during the last 5 years if you are filing based on the general provision under Part 1., Item Number 1.a. If you are filing based on other naturalization eligibility options, see Part 7. in the Specific Instructions by Item Number section of the Instructions for the applicable period of time for which you must enter this information. Provide information for the complete time period for all employment, including foreign government employment such as military, police, and intelligence services. Begin by providing information about your most recent or current employment, studies, or unemployment. Provide the locations and dates where you worked, were self-employed, were unemployed, or have studied. If you worked for yourself and not for a specific employer, type or print "self-employed" for the employer name. If you were unemployed, type or print "unemployed." If you are retired, type or print "retired." If you need extra space to complete Part 7., use the space provided in Part 14. Additional Information.

Employer or School En						Employment/School Dates		
Name	City/Town	State/ Province	ate/ ZIP Code/ vince Postal Code Countr		From (mm/dd/yyyy)	To (mm/dd/yyyy)	Occupation or Field of Study	
						PRESENT		

Pai	rt 8. Time Outside	the United States		A-
1.	List below all the trips to provision under Part 1. Specific Instructions be this information. Start to completed within 24 ho see the Required Evide	that you have taken outsi, Item Number 1.a. If you Item Number section with your most recent triurs) in the table. If you lence - Continuous Residence	de the United States during the last 5 years if you are filing based on other naturalization elig of the Instructions for the applicable period of p and work backwards. Do not include day trinave taken any trips outside the United States lence section of the Instructions for evidence ye provided in Part 14. Additional Informati	you are filing based on the general gibility options, see Part 8. in the f time for which you must enter typs (where the entire trip was that lasted more than 6 months, you should provide. If you need
	Date You Left the United States (mm/dd/yyyy)	Date You Returned to the United States (mm/dd/yyyy)	Countries t Which You Traveled	
		NC	TFOR	
Par	rt 9. Additional Info	ormation About Yo		
Whe anyv Num	n a question includes the where in the world at an	word "EVER," you musy time, unless the questic tem Numbers 1 14., p	st provide information about any of your action on specifies otherwise. If you answer "Yes" to rovide explanations and any additional inform	any of the questions in Item
1. 2.	Have you EVER registe	ered to vote or voted in a	n writing or any other way)? ny Federal, state, or local election in the Unite ction where aliens are eligible to vote, you may	
3.	Do you currently owe a	ny overdue Federal, state	e, or local taxes in the United States?	Yes No
4.	-	-	nave you called yourself a "nonresident alien" to file a tax return because you considered you	
Have	e you EVER:			
5.a.	Been a member of, invo		ssociated with any Communist or totalitarian p	oarty Yes No
5.b.			following, or been a member of, involved in, world that advocated any of the following:	or in any Yes No
	Opposition to all org	anized government;		
	• World communism;			
	• The establishment in	the United States of a to	otalitarian dictatorship;	
	• The overthrow by fo United States or all f		inconstitutional means of the Government of t	he
			cer or officers of the Government of the Unite e of their official character;	d States
	The unlawful damag	e, injury, or destruction of	of property; or	
	• Sabotage?			

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Par	t 9. Additional Information About You (continued)	A-						
	you EVER been a member of, involved in, or in any way associated with, or have you EVER e, services or labor, or any other assistance or support to a group that:	prov	ideo	l mor	iey, a	thing	g of	
6.a.	Used a weapon or explosive with intent to harm another person or cause damage to property?					Yes		No
6.b.	Engaged (participated) in kidnapping, assassination, or hijacking or sabotage of an airplane, she vehicle, or other mode of transportation?	ip,				Yes		No
6.c.	Threatened, attempted (tried), conspired (planned with others), prepared, planned, advocated for incited (encouraged) others to commit any of the acts listed in Item Numbers 6.a. or 6.b. ?	or, o	r			Yes		No
Have	you EVER ordered, incited, called for, committed, assisted, helped with, or otherwise participations	ated	in aı	ny of	the f	ollow	ing:	
7.a.	Torture?					Yes		No
7.b.	Genocide?					Yes		No
7.c.	Killing or trying to kill any person?					Yes		No
7.d.	Intentionally and severely injuring or trying to injure any person?					Yes		No
7.e.	Any kind of sexual contact or activity with any person who did not consent (did not agree) or unable to consent (could not agree), or was being forced or threatened by you or by someone e					Yes		No
7.f.	Not letting someone practice his or her religion?					Yes		No
7.g.	Causing harm or suffering to any person because of his or her race, religion, national origin, membership in a particular social group, or political opinion?			Λ		Yes		No
8.a.	Have you EVER served in, been a member of, assisted (helped), or participated in any military police unit?	or or				Yes		No
8.b.	Have you EVER served in, been a member of, assisted (helped), or participated in any armed a group that carries weapons), for example: paramilitary unit (a group of people who act like a r group but are not part of the official military), self-defense unit, vigilante unit, rebel group, or group?	nilita gueri	ary rilla			Yes		No
	If you answered "Yes" to Item Number 8.a. or Item Number 8.b. , include the name of the cothe name of the military unit or armed group, your rank or position, and your dates of involven your explanation in Part 14. Additional Information .		•					
9.	Have you EVER worked, volunteered, or otherwise served in a place where people were detain (forced to stay), for example, a prison, jail, prison camp (a camp where prisoners of war or polyprisoners are kept), detention facility, or labor camp, or have you EVER directed or participate other activity that involved detaining people?	itical				Yes		No
10.a.	Were you EVER a part of any group, or did you EVER help any group, unit, or organization t a weapon against any person, or threatened to do so?	hat u	ised			Yes		No
10.b.	If you answered "Yes" to Item Number 10.a. , when you were part of this group, or when you this group, did you ever use a weapon against another person?	help	ed			Yes		No
10.c.	If you answered "Yes" to Item Number 10.a. , when you were part of this group, or when you this group, did you ever threaten another person that you would use a weapon against that pers	-	ed			Yes		No
11.	Have you EVER sold, provided, or transported weapons, or assisted any person in selling, pro or transporting weapons, which you knew or believed would be used against another person?	vidir	ıg,			Yes		No
12.	Have you EVER received any weapons training, paramilitary training, or other military-type to	raini	ng?			Yes		No
13.	Have you EVER recruited (asked), enlisted (signed up), conscripted (required to join), or used person under 15 years of age to serve in or help an armed group, or attempted or worked with 6 do so?	•				Yes		No
14.	Have you EVER used any person under 15 years of age to take part in hostilities or attempted worked with others to do so? This could include participating in combat or providing services to combat (such as serving as a messenger or transporting supplies).		ted			Yes		No

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Part 9. Additional Info	ormation About	You (continued	d)	A-		
If you answer "Yes" to any precords have been sealed, ex law enforcement officer, or at information. If you need extra answers with your Form N-40	tpunged, or otherwittorney, told you that a space, use the space	ise cleared. You r	nust disclose this infort your record, or told you	mation even in that you do	f someone, in not have to di	cluding a judge, sclose the
Include all the crimes and offer influence of drugs or alcohol,				-		ng under the
• Committed, agreed to com	mit, or asked someon	ne else to commit;	\dashv Γ			
• Were arrested, cited, detain immigration official;	ned, or confined by a	any law enforcement	nt officer, military offic	cial (in the U.)	S. or elsewher	re), or
Were charged with commit	tting, helping comm	it, or trying to com	mit;			
• Pled guilty to;						
• Were convicted of;	1/1/	, ,		K		
• Were placed in alternative adjudication, or deferred ad		bilitative program	for (for example, diver	sion, deferred	prosecution,	withheld
Received a suspended sent	ence, clemency, amr	nesty, or pardon for	r, or were placed on pro	obation or par	oled for.	
15.a. Have you EVER comm tried to commit a crime				ed commit, or		Yes No
15.b. Have you EVER been a official (in the U.S. or e or offense?						Yes No
What was the crime or offense? (If convicted, provide crime of conviction. If not convicted, provide crime or offense listed in arrest, citation, charging document, or crime committed.)	Date of the Crime or Offense (mm/dd/yyyy)	Date of your conviction or guilty plea (if applicable) (mm/dd/yyyy)	Place of Crime or Offense (City or Town, State, Country)	disposition of citation charge? (of the arrest, on, or no charges eted, charges detention,	What was your sentence (if applicable)? (For example, 90 days in jail, 90 days on probation)
16. If you received a susper	nded sentence, were	placed on probatio	n, or were paroled, hav	e you comple	ted	Yes No

If you answer "Yes" to any of the questions in **Item Numbers 17.a. - 19.**, provide an explanation in the space provided in **Part 14. Additional Information**. Submit evidence to support your answers.

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your suspended sentence, probation, or parole?

Par	t 9. Additional Information About You (continued)					
Have	you EVER:					
17.a.	Engaged in prostitution, attempted to procure or import prostitutes or persons for the purpose of prostitution, or received any proceeds or money from prostitution?			Yes		No
17.b.	Manufactured, cultivated, produced, distributed, dispensed, sold, or smuggled (trafficked) any controlled substances, illegal drugs, narcotics, or drug paraphernalia in violation of any law or regulation of a U.S. state, the United States, or a foreign country?			Yes		No
17.c.	Been married to more than one person at the same time?			Yes		No
17.d.	Married someone in order to obtain an immigration benefit?			Yes		No
17.e.	Helped anyone to enter, or try to enter, the United States illegally?			Yes		No
17.f.	Gambled illegally or received income from illegal gambling?			Yes		No
17.g.	Failed to support your dependents (pay child support) or to pay alimony (court-ordered financial support after divorce or separation)?			Yes		No
17.h.	Made any misrepresentation to obtain any public benefit in the United States?			Yes		No
18.	Have you EVER given any U.S. Government officials any information or documentation that was false, fraudulent, or misleading?			Yes		No
19.	Have you EVER lied to any U.S. Government officials to gain entry or admission into the United States or to gain immigration benefits while in the United States?	1		Yes		No
Infor	a answer "Yes" to Item Numbers 20 21. below, provide an explanation in the space provided in Item and see the Specific Instructions by Item Number , Part 9. Additional Information Aboundary information.					ns for
20.	Have you EVER been placed in removal, rescission, or deportation proceedings?			Yes		No
21.	Have you EVER been removed or deported from the United States?			Yes		No
	ral Law requires nearly all people born as male who are either U.S. citizens or immigrants, 18 throu Selective Service. See www.sss.gov .	gh 25 ye	ars of	age, t	o reg	gister
22.a.	Are you a male who lived in the United States at any time between your 18th and 26th birthdays? not select "Yes" if you were a lawful nonimmigrant for all of that time period.)	(Do		Yes		No
22.b.	If you answered "Yes," to Item Number 22.a., did you register for the Selective Service?			Yes		No
22.c.	If you answered "Yes," to Item Number 22.b., provide information about your registration.					
	Date Registered (mm/dd/yyyy) Selective Service Number					
-	a answered "No," to Item Number 22.b. see the Specific Instructions by Item Number, Part 9. As It You of the Instructions for more information.	ddition	al Info	rma	tion	
If you	a answer "Yes" to Item Numbers 23 24., provide an explanation in the space provided in Part 14	l. Additi	onal I	nforr	natio	n.
23.	Have you EVER left the United States to avoid being drafted in the U.S. armed forces?			Yes		No
24.	Have you \textbf{EVER} applied for any kind of exemption from military service in the U.S. armed forces	?		Yes		No
25.	Have you EVER served in the U.S. armed forces?			Yes		No

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Par	rt 9. Additional Information About You (continued)				
If you	u answered "No" to Item Number 25., go to Item Number 30.a.				
26.a.	Are you currently a member of the U.S. armed forces?		Yes		No
26.b.	If you answered "Yes" to Item Number 26.a. , are you scheduled to deploy outside the United States, including to a vessel, within the next 3 months? (Call the Military Help Line at 877-247-4645 if you transfer to a new duty station after you file your Form N-400, including if you are deployed outside the United States or to a vessel.)		Yes		No
26.c.	If you answered "Yes," to Item Number 26.a., are you currently stationed outside the United States?		Yes		No
26.d.	If you answered "No" to Item Number 26.a. , are you a former U.S. military service member who is currently residing outside of the U.S.?		Yes		No
If you	a answer "Yes" to Item Numbers 27 29., provide an explanation in the space provided in Part 14. Addition	onal I	nforn	natio	n.
27.	Have you EVER been court-martialed or have you received a discharge characterized as other than honorable, bad conduct, or dishonorable, while in the U.S. armed forces?		Yes		No
28.	Have you EVER been discharged from training or service in the U.S. armed forces because you were an alien?		Yes		No
29.	Have you EVER deserted from the U.S. armed forces?		Yes		No
	tem Numbers 30.a 37. see Specific Instructions by Item Number, Part 9. Additional Information Aborer "Yes" to Item Number 30.a., provide an explanation in the space provided in Part 14. Additional Information in the space provided in			you	
30.a.	Do you now have, or did you EVER have, a hereditary title or an order of nobility in any foreign country?) Iten	n Nun	nber	31.)
30.b.	If you answered "Yes," to Item Number 30.a., are you willing to give up any inherited titles or orders		Yes		No
	of nobility, (list titles), that you have in a foreign country at your naturalization ceremony?				
-	u answer "'No" to any question except Item Number 33. , see the Oath of Allegiance section of the Instruction	ons fo	r mor	e	
31.	Do you support the Constitution and form of Government of the United States?		Yes		No
32.	Do you understand the full Oath of Allegiance to the United States (see Part 16. Oath of Allegiance)?		Yes		No
33.	Are you unable to take the Oath of Allegiance because of a physical or developmental disability or mental impairment? If you answer "Yes," skip Item Numbers 34 37. and see the Legal Guardian , Surrogate , or Designated Representative section in the Instructions .		Yes		No
34.	Are you willing to take the full Oath of Allegiance to the United States?		Yes		No
35.	If the law requires it, are you willing to bear arms (carry weapons) on behalf of the United States?		Yes		No
36.	If the law requires it, are you willing to perform noncombatant services (do something that does not include fighting in a war) in the U.S. armed forces?		Yes		No
37.	If the law requires it, are you willing to perform work of national importance under civilian direction (do non-military work that the U.S. Government says is important to the country)?		Yes		No

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Par	t 10. Request for a Fee Reduction	A	-				
	formation about fees, fee waivers, and reduced fees, see Form G-1055, Fee Schedule, at www.ed.complete.complet		_	_			•
1.	My household income is less than or equal to 400% of the Federal Poverty Guidelines (see Ins documentation).	stru	ction	s for re	quired	l	
	Yes (complete Item Numbers 2 5.b.) No (skip to Part 11.)						
2.	Total household income:						
3.	My household size is:						
4.	Total number of household members earning income including yourself:						
5.a.	I am the head of household.			[Y	es [No
5.b.	Name of head of household (if you selected "No" in Item Number 5.a.):						
Par	t 11. Applicant's Contact Information, Certification, and Signature						
Anı	licant's Contact Information						
	de your daytime telephone number, mobile telephone number (if any), and email address (if any	ıy).		-			
1.	Applicant's Daytime Telephone Number 2. Applicant's Mobile Telephone	•	ne Nu	ımber (if anv)	
3.	Applicant's Email Address (if any)					,	
App	licant's Certification and Signature						
my a under infort that U	fy, under penalty of perjury, that I provided or authorized all of the responses and information eplication, I read and understand or, if interpreted to me in a language in which I am fluent by the stood, all of the responses and information contained in, and submitted with, my application, and nation are complete, true, and correct. Furthermore, I authorize the release of any information (SCIS may need to determine my eligibility for an immigration request and to other entities and distration and enforcement of U.S. immigration law.	the ind i	nterp hat a m an	oreter li ll of the y and a	sted in e respo ll of m	n Par tonses ny rec	t 12., and the ords
4.	Applicant's Signature (or signature of a legal guardian, surrogate, or designated representative, if applicable)			f Signa d/yyyy			
\Rightarrow							

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Pa	rt 12. Interpreter's Contact Information, Certificat	tion, and Signature A-
Int	erpreter's Full Name	
1.	Interpreter's Family Name (Last Name)	Interpreter's Given Name (First Name)
2.	Interpreter's Business or Organization Name	FT
Int	erpreter's Contact Information	
3.	Interpreter's Daytime Telephone Number	Interpreter's Mobile Telephone Number (if any)
5.	Interpreter's Email Address (if any)	F()R
Int	erpreter's Certification and Signature	
I cer	tify, under penalty of perjury, that I am fluent in English and	,
	have interpreted every question on the application and Instruction and the applicant informed me that he or she understood every	ons and interpreted the applicant's answers to the questions in that ery instruction, question, and answer on the application.
6. →	Interpreter's Signature	Date of Signature (mm/dd/yyyy)
Ot	rt 13. Contact Information, Certification, and Sign her Than the Applicant sparer's Full Name	ature of the Person Preparing this Application, if
1.	Preparer's Family Name (Last Name)	Preparer's Given Name (First Name)
	The state of the s	
2.	Preparer's Business or Organization Name	
Pre	eparer's Contact Information	
3.	Preparer's Daytime Telephone Number	4. Preparer's Mobile Telephone Number (if any)
5.	Preparer's Email Address (if any)	
Pre	eparer's Certification and Signature	
I cer that	tify, under penalty of perjury, that I prepared this application for tall of the responses and information contained in and submitted winformation provided by the applicant. The applicant reviewed tarstands the responses and information in or submitted with the applicant reviewed tarstands.	with the application are complete, true, and correct and reflects the responses and information and informed me that he or she application.
6.	Preparer's Signature	Date of Signature (mm/dd/yyyy)

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	rt 14. Addition				A-
than Typ	what is provided,	you may make cop te and A-Number a	oies of this page at the top of each	tion within this application, use the spatto complete and file with this application sheet; indicate the Page Number , Pa	on or attach a separate sheet of paper.
1.	Family Name (La	ast Name)		Given Name (First Name)	Middle (if applicable)
2.	Page Number	Part Number	Item Number	KAFT	
			10	TFOF	
3.	Page Number	Part Number	Item Number	UCTI	ON
4.	Page Number	Part Number	Item Number	4/202	25
5.	Page Number	Part Number	Item Number		
				ne USCIS officer instructs you	

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Part 15. Signature at Interview A-
I swear (affirm) and certify under penalty of perjury under the laws of the United States of America that I know that the contents of this Form N-400, Application for Naturalization, subscribed by me, including corrections, are complete, true, and correct. The evidence submitted by me are complete, true, and correct.
Subscribed to and sworn to (affirmed) before me
USCIS Officer's Printed Name or Stamp Date of Signature (mm/dd/yyyy)
Applicant's Signature USCIS Officer's Signature
Part 16. Oath of Allegiance
If your application is approved, you will be scheduled for a naturalization ceremony at which time you will be required to take the following Oath of Allegiance immediately prior to becoming a naturalized citizen. By signing below you acknowledge your willingness to take this Oath:
I hereby declare on oath, that I absolutely and entirely renounce and abjure all allegiance and fidelity to any foreign prince, potentate, state, or sovereignty, of whom or which I have heretofore been a subject or citizen;
that I will support and defend the Constitution and laws of the United States of America against all enemies, foreign, and domestic;
that I will bear true faith and allegiance to the same;
that I will bear arms on behalf of the United States when required by the law;
that I will perform noncombatant service in the armed forces of the United States when required by the law;
that I will perform work of national importance under civilian direction when required by the law; and
that I take this obligation freely, without any mental reservation or purpose of evasion; so help me God.
Applicant's Signature Date of Signature (mm/dd/yyyyy)

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