

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

I-526, Immigrant Petition by Alien Entrepreneur

Do Not Write in This Block - For USCIS Use Only (Except G-28 Block Below)

Classification _____	Action Block	Fee Receipt
Priority Date _____		To be completed by Attorney or Representative, if any <input type="checkbox"/> G-28 is attached Attorney's State License No. _____
Remarks:		

START HERE - Type or print in black ink.

Part 1. Information About You

Family Name	_____	Given Name	_____	Middle Name	_____
In care of Street Number and Name:	_____				
Address:	_____			Apt. Number	_____
City	_____	State or Province	_____	Country	_____
				Zip/Postal Code	_____
Date of Birth (mm/dd/yyyy)	_____	Country of Birth	_____	Social Security # (if any)	_____
				A # (if any)	_____
If you are in the United States, provide the following information:	Date of Arrival (mm/dd/yyyy)	_____	I-94 #	_____	
Current Nonimmigrant Status	_____	Date Current Status Expires (mm/dd/yyyy)	_____	Daytime Phone # with Area Code	_____

Part 2. Application Type (Check one)

- a. This petition is based on an investment in a commercial enterprise in a targeted employment area for which the required amount of capital invested has been adjusted downward.
- b. This petition is based on an investment in a commercial enterprise in an area for which the required amount of capital invested has been adjusted upward.
- c. This petition is based on an investment in a commercial enterprise that is not in either a targeted area or in an upward adjustment area.

Part 3. Information About Your Investment

Name of commercial enterprise in which funds are invested <i>(Required Field - Do Not Leave Blank)</i>	_____				
Street Address	_____				
Phone # with Area Code	_____	Business organized as (corporation, partnership, etc.)	_____		
Kind of business (e.g. furniture manufacturer)	_____	Date established (mm/dd/yyyy)	_____	IRS Tax #	_____

RECEIVED: _____ RESUBMITTED: _____ RELOCATED: SENT _____ REC'D _____

FORM I-526 REV 05-10-12Y

Part 3. Information About Your Investment (Continued)

Date of your initial investment (mm/dd/yyyy)	<input type="text"/>	Amount of your initial investment	\$ <input type="text"/>
Your total capital investment in the enterprise to date	\$ <input type="text"/>	Percentage of the enterprise you own	<input type="text"/>

If you are not the sole investor in the new commercial enterprise, list on separate paper the names of all other parties (natural and non-natural) who hold a percentage share of ownership of the new enterprise and indicate whether any of these parties is seeking classification as an alien entrepreneur. Include the name, percentage of ownership and whether or not the person is seeking classification under section 203(b)(5). **NOTE:** A "natural" party would be an individual person and a "non-natural" party would be an entity such as a corporation, consortium, investment group, partnership, etc.

If you indicated in **Part 2** that the enterprise is in a targeted employment area or in an upward adjustment area, name the county and state: County State

Part 4. Additional Information About the Enterprise

Type of Enterprise (check one):

- New commercial enterprise resulting from the creation of a new business.
- New commercial enterprise resulting from the purchase of an existing business.
- New commercial enterprise resulting from a capital investment in an existing business.

Composition of the Petitioner's Investment:

Total amount in U.S. bank account.....	\$	<input type="text"/>
Total value of all assets purchased for use in the enterprise.....	\$	<input type="text"/>
Total value of all property transferred from abroad to the new enterprise.....	\$	<input type="text"/>
Total of all debt financing.....	\$	<input type="text"/>
Total stock purchases.....	\$	<input type="text"/>
Other (explain on separate paper).....	\$	<input type="text"/>
Total	\$	<input type="text"/>

Income:

When you made the investment.....	Gross	\$ <input type="text"/>	Net	\$ <input type="text"/>
Now.....	Gross	\$ <input type="text"/>	Net	\$ <input type="text"/>

Net worth:

When you made investment.....	Gross	\$ <input type="text"/>	Now	\$ <input type="text"/>
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Part 5. Employment Creation Information

Number of full-time employees in the enterprise in U.S. (excluding you, your spouse, sons, and daughters)

When you made your initial investment? [] Now [] Difference []

How many of these new jobs were created by your investment? [] How many additional new jobs will be created by your additional investment? []

What is your position, office, or title with the new commercial enterprise?

[]

Briefly describe your duties, activities, and responsibilities.

[]

What is your salary? \$ [] What is the cost of your benefits? \$ []

Part 6. Processing Information

Check One:

The person named in Part 1 is now in the United States, and an application to adjust status to permanent resident will be filed if this petition is approved.

If the petition is approved and the person named in Part 1 wishes to apply for an immigrant visa abroad, complete the following for that person:

Country of nationality: []

Country of current residence or, if now in the United States, last permanent residence abroad: []

If you provided a United States address in Part 1, print the person's foreign address:

[]

If the person's native alphabet is other than Roman letters, write the foreign address in the native alphabet:

[]

Are you in deportation or removal proceedings? Yes (Explain on separate paper) No

Have you ever worked in the United States without permission? Yes (Explain on separate paper) No

Part 7. Signature Read the information on penalties in the instructions before completing this section.

I certify, under penalty of perjury under the laws of the United States of America, that this petition and the evidence submitted with it is all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit I am seeking.

Signature [] Date []

NOTE: If you do not completely fill out this form or fail to submit the required documents listed in the instructions, you may not be found eligible for the immigration benefit you are seeking and this petition may be denied.

Part 8. Signature of Person Preparing Form, If Other Than Above (Sign below)

I declare that I prepared this application at the request of the above person, and it is based on all information of which I have knowledge.

Signature [] Print Your Name [Test 6.5] Date []

Firm Name [Test 6.5] Daytime phone # with area code []

Address []

START HERE - Type or Print (Use black ink)

For USCIS Use Only

Part 1. Information About You

Family Name (<i>Last Name</i>)	Given Name (<i>First Name</i>)	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address - Street Number and Name		Apt. #
<input type="text"/>		<input type="text"/>
C/O (<i>in care of</i>)		
<input type="text"/>		
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth (<i>mm/dd/yyyy</i>)	Country of Birth	
<input type="text"/>	<input type="text"/>	
Country of Citizenship/Nationality	U.S. Social Security # (<i>if any</i>)	A # (<i>if any</i>)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Last Arrival (<i>mm/dd/yyyy</i>)	I-94 #	
<input type="text"/>	<input type="text"/>	
Current USCIS Status	Expires on (<i>mm/dd/yyyy</i>)	
<input type="text"/>	<input type="text"/>	

Returned	Receipt
<input type="text"/>	
Resubmitted	
<input type="text"/>	
Reloc Sent	
<input type="text"/>	
Reloc Rec'd	
<input type="text"/>	
Applicant Interviewed	
<input type="text"/>	

Part 2. Application Type (*Check one*)

I am applying for an adjustment to permanent resident status because:

- a. An immigrant petition giving me an immediately available immigrant visa number that has been approved. (Attach a copy of the approval notice, or a relative, special immigrant juvenile, or special immigrant military visa petition filed with this application that will give you an immediately available visa number, if approved.)
- b. My spouse or parent applied for adjustment of status or was granted lawful permanent residence in an immigrant visa category that allows derivative status for spouses and children.
- c. I entered as a K-1 fiancé(e) of a U.S. citizen whom I married within 90 days of entry, or I am the K-2 child of such a fiancé(e). (Attach a copy of the fiancé(e) petition approval notice and the marriage certificate.)
- d. I was granted asylum or derivative asylum status as the spouse or child of a person granted asylum and am eligible for adjustment.
- e. I am a native or citizen of Cuba admitted or paroled into the United States after January 1, 1959, and thereafter have been physically present in the United States for at least 1 year.
- f. I am the husband, wife, or minor unmarried child of a Cuban described above in (e), and I am residing with that person, and was admitted or paroled into the United States after January 1, 1959, and thereafter have been physically present in the United States for at least 1 year.
- g. I have continuously resided in the United States since before January 1, 1972.
- h. Other basis of eligibility. Explain (for example, I was admitted as a refugee, my status has not been terminated, and I have been physically present in the United States for 1 year after admission). If additional space is needed, see **Page 3** of the instructions.

I am already a permanent resident and am applying to have the date I was granted permanent residence adjusted to the date I originally arrived in the United States as a nonimmigrant or parolee, or as of May 2, 1964, whichever date is later, and: (*Check one*)

- i. I am a native or citizen of Cuba and meet the description in (e) above.
- j. I am the husband, wife, or minor unmarried child of a Cuban and meet the description in (f) above.

Section of Law

Sec. 209(s), INA
 Sec. 209(b), INA
 Sec. 13, Act of 9/11/57
 Sec. 245, INA
 Sec. 249, INA
 Sec. 1 Act of 11/2/66
 Sec. 2 Act of 11/2/66
 Other _____

Country Chargeable

Eligibility Under Sec. 245

Approved Visa Petition
 Dependent of Principal Alien
 Special Immigrant
 Other _____

Preference

Action Block

**To be Completed by
Attorney or Representative, if any**

Fill in box if Form G-28 is attached to represent the applicant.

VOLAG # _____

ATTY State License # _____

Part 3. Processing Information

A. City/Town/Village of Birth

Current Occupation

Your Mother's First Name

Your Father's First Name

Give your name exactly as it appears on your Form I-94, Arrival-Departure Record

Place of Last Entry Into the United States
(City/State)

In what status did you last enter? (Visitor, student, exchange visitor, crewman, temporary worker, without inspection, etc.)

Were you inspected by a U.S. Immigration Officer? Yes

No

Nonimmigrant Visa Number

Consulate Where Visa Was Issued

Date Visa Issued (mm/dd/yyyy)

Gender

Male Female

Marital Status

Married Single Divorced Widowed

Have you ever applied for permanent resident status in the U.S.?

Yes (If "Yes" give date and place of filing and final disposition.) No

B. List your present spouse and all of your children (include adult sons and daughters). (If you have none, write "None." If additional space is needed, see **Page 3** of the instructions.)

Family Name (Last Name)	Given Name (First Name)	Middle Initial	Date of Birth (mm/dd/yyyy)
Country of Birth	Relationship	A # (if any)	Applying with you? Yes <input type="checkbox"/> No <input type="checkbox"/>
Family Name (Last Name)	Given Name (First Name)	Middle Initial	Date of Birth (mm/dd/yyyy)
Country of Birth	Relationship	A # (if any)	Applying with you? Yes <input type="checkbox"/> No <input type="checkbox"/>
Family Name (Last Name)	Given Name (First Name)	Middle Initial	Date of Birth (mm/dd/yyyy)
Country of Birth	Relationship	A # (if any)	Applying with you? Yes <input type="checkbox"/> No <input type="checkbox"/>
Family Name (Last Name)	Given Name (First Name)	Middle Initial	Date of Birth (mm/dd/yyyy)
Country of Birth	Relationship	A # (if any)	Applying with you? Yes <input type="checkbox"/> No <input type="checkbox"/>
Family Name (Last Name)	Given Name (First Name)	Middle Initial	Date of Birth (mm/dd/yyyy)
Country of Birth	Relationship	A # (if any)	Applying with you? Yes <input type="checkbox"/> No <input type="checkbox"/>

Part 3. Processing Information (Continued)

C. List your present and past membership in or affiliation with every organization, association, fund, foundation, party, club, society, or similar group in the United States or in other places since your 16th birthday. Include **any military service** in this part. If none, write "None." Include the name of each organization, location, nature, and dates of membership. If additional space is needed, attach a separate sheet of paper. Continuation pages must be submitted according to the guidelines provided on **Page 3** of the instructions under **General Instructions**.

Name of Organization	Location and Nature	Date of Membership From	Date of Membership To

Answer the following questions. (If your answer is "Yes" to any question, explain on a separate piece of paper. Continuation pages must be submitted according to the guidelines provided on **Page 3** of the instructions under **General Instructions**. Information about documentation that must be include with your application is also provide in this section.) Answering "Yes" does not necessarily mean that you are not entitled to adjust status or register for permanent residence.

1. Have you **EVER**, in or outside the United States:
 - a. Knowingly committed any crime of moral turpitude or a drug-related offense for which you have not been arrested? Yes No
 - b. Been arrested, cited, charged, indicted, convicted, fined, or imprisoned for breaking or violating any law or ordinance, excluding traffic violations? Yes No
 - c. Been the beneficiary of a pardon, amnesty, rehabilitation decree, other act of clemency, or similar action? Yes No
 - d. Exercised diplomatic immunity to avoid prosecution for a criminal offense in the United States? Yes No

2. Have you received public assistance in the United States from any source, including the U.S. Government or any State, county, city, or municipality (other than emergency medical treatment), or are you likely to receive public assistance in the future? Yes No

3. Have you **EVER**:
 - a. Within the past 10 years been a prostitute or procured anyone for prostitution, or intend to engage in such activities in the future? Yes No
 - b. Engaged in any unlawful commercialized vice, including, but not limited to, illegal gambling? Yes No
 - c. Knowingly encouraged, induced, assisted, abetted, or aided any alien to try to enter the United States illegally? Yes No
 - d. Illicitly trafficked in any controlled substance, or knowingly assisted, abetted, or colluded in the illicit trafficking of any controlled substance? Yes No

4. Have you **EVER** engaged in, conspired to engage in, or do you intend to engage in, or have you ever solicited membership or funds for, or have you through any means ever assisted or provided any type of material support to any person or organization that has ever engaged or conspired to engage in sabotage, kidnapping, political assassination, hijacking, or any other form of terrorist activity? Yes No

Part 3. Processing Information (Continued)

5. Do you intend to engage in the United States in:
- a. Espionage? Yes No
 - b. Any activity a purpose of which is opposition to, or the control or overthrow of, the Government of the United States, by force, violence, or other unlawful means? Yes No
 - c. Any activity to violate or evade any law prohibiting the export from the United States of goods, technology, or sensitive information? Yes No
6. Have you **EVER** been a member of, or in any way affiliated with, the Communist Party or any other totalitarian party? Yes No
7. Did you, during the period from March 23, 1933, to May 8, 1945, in association with either the Nazi Government of Germany or any organization or government associated or allied with the Nazi Government of Germany, ever order, incite, assist, or otherwise participate in the persecution of any person because of race, religion, national origin, or political opinion? Yes No
8. Have you **EVER** been deported from the United States, or removed from the United States at government expense, excluded within the past year, or are you now in exclusion, deportation, removal, or rescission proceedings? Yes No
9. Are you under a final order of civil penalty for violating section 274C of the Immigration and Nationality Act for use of fraudulent documents or have you, by fraud or willful misrepresentation of a material fact, ever sought to procure, or procured, a visa, other documentation, entry into the United States, or any immigration benefit? Yes No
10. Have you **EVER** left the United States to avoid being drafted into the U.S. Armed Forces? Yes No
11. Have you **EVER** been a J nonimmigrant exchange visitor who was subject to the 2-year foreign residence requirement and have not yet complied with that requirement or obtained a waiver? Yes No
12. Are you now withholding custody of a U.S. citizen child outside the United States from a person granted custody of the child? Yes No
13. Do you plan to practice polygamy in the United States? Yes No
14. Have you **EVER** ordered, incited, called for, committed, assisted, helped with, or otherwise participated in any of the following:
- a. Acts involving torture or genocide? Yes No
 - b. Killing any person? Yes No
 - c. Intentionally and severely injuring any person? Yes No
 - d. Engaging in any kind of sexual contact or relations with any person who was being forced or threatened? Yes No
 - e. Limiting or denying any person's ability to exercise religious beliefs? Yes No
15. Have you **EVER**:
- a. Served in, been a member of, assisted in, or participated in any military unit, paramilitary unit, police unit, self-defense unit, vigilante unit, rebel group, guerrilla group, militia, or insurgent organization? Yes No
 - b. Served in any prison, jail, prison camp, detention facility, labor camp, or any other situation that involved detaining persons? Yes No
16. Have you **EVER** been a member of, assisted in, or participated in any group, unit, or organization of any kind in which you or other persons used any type of weapon against any person or threatened to do so? Yes No

Part 3. Processing Information (Continued)

17. Have you **EVER** assisted or participated in selling or providing weapons to any person who to your knowledge used them against another person, or in transporting weapons to any person who to your knowledge used them against another person? Yes No

18. Have you **EVER** received any type of military, paramilitary, or weapons training? Yes No

Part 4. Accommodations for Individuals With Disabilities and/or Impairments (See Page 7 of the instructions before completing this section.)

Are you requesting an accommodation because of your disability(ies) and/or impairment(s)? Yes No

If you answered "Yes," check any applicable box:

- a. I am deaf or hard of hearing and request the following accommodation(s) (if requesting a sign-language interpreter, indicate which language (e.g., American Sign Language)):

- b. I am blind or sight-impaired and request the following accommodation(s):

- c. I have another type of disability and/or impairment (describe the nature of your disability(ies) and/or impairment(s) and accommodation(s) you are requesting):

Part 5. Signature (Read the information on penalties on Page 8 of the instructions before completing this section. You must file this application while in the United States.)

Your Registration With U.S. Citizenship and Immigration Services

"I understand and acknowledge that, under section 262 of the Immigration and Nationality Act (INA), as an alien who has been or will be in the United States for more than 30 days, I am required to register with U.S. Citizenship and Immigration Services (USCIS). I understand and acknowledge that, under section 265 of the INA, I am required to provide USCIS with my current address and written notice of any change of address within **10** days of the change. I understand and acknowledge that USCIS will use the most recent address that I provide to USCIS, on any form containing these acknowledgements, for all purposes, including the service of a Notice to Appear should it be necessary for USCIS to initiate removal proceedings against me. I understand and acknowledge that if I change my address without providing written notice to USCIS, I will be held responsible for any communications sent to me at the most recent address that I provided to USCIS. I further understand and acknowledge that, if removal proceedings are initiated against me and I fail to attend any hearing, including an initial hearing based on service of the Notice to Appear at the most recent address that I provided to USCIS or as otherwise provided by law, I may be ordered removed in my absence, arrested, and removed from the United States."

Selective Service Registration

The following applies to you if you are a male at least 18 years of age, but not yet 26 years of age, who is required to register with the Selective Service System: "I understand that my filing Form I-485 with U.S. Citizenship and Immigration Services (USCIS) authorizes USCIS to provide certain registration information to the Selective Service System in accordance with the Military Selective Service Act. Upon USCIS acceptance of my application, I authorize USCIS to transmit to the Selective Service System my name, current address, Social Security Number, date of birth, and the date I filed the application for the purpose of recording my Selective Service registration as of the filing date. If, however, USCIS does not accept my application, I further understand that, if so required, I am responsible for registering with the Selective Service by other means, provided I have not yet reached 26 years of age."

Part 5. Signature (Continued)

Applicant's Statement (Check one)

- I can read and understand English, and I have read and understand each and every question and instruction on this form, as well as my answer to each question.
- Each and every question and instruction on this form, as well as my answer to each question, has been read to me in the _____ language, a language in which I am fluent, by the person named in **Interpreter's Statement and Signature**. I understand each and every question and instruction on this form, as well as my answer to each question.

I certify, under penalty of perjury under the laws of the United States of America, that the information provided with this application is all true and correct. I certify also that I have not withheld any information that would affect the outcome of this application.

I authorize the release of any information from my records that U.S. Citizenship and Immigration Services (USCIS) needs to determine eligibility for the benefit I am seeking.

Signature (Applicant)	Print Your Full Name	Date (mm/dd/yyyy)	Daytime Phone Number (include area code)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

NOTE: If you do not completely fill out this form or fail to submit required documents listed in the instructions, you may not be found eligible for the requested benefit, and this application may be denied.

Interpreter's Statement and Signature

I certify that I am fluent in English and the below-mentioned language.

Language Used (language in which applicant is fluent)

I further certify that I have read each and every question and instruction on this form, as well as the answer to each question, to this applicant in the above-mentioned language, and the applicant has understood each and every instruction and question on the form, as well as the answer to each question.

Signature (Interpreter)	Print Your Full Name	Date (mm/dd/yyyy)	Phone Number (include area code)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Part 6. Signature of Person Preparing Form, If Other Than Above

I declare that I prepared this application at the request of the above applicant, and it is based on all information of which I have knowledge.

Signature	Print Your Full Name	Date (mm/dd/yyyy)	Phone Number (include area code)
<input type="text"/>	<input type="text" value="Test 6.5"/>	<input type="text"/>	<input type="text"/>

Firm Name and Address

Test 6.5

E-Mail Address (if any)



APPLICATION FOR IMMIGRANT VISA AND ALIEN REGISTRATION

OMB APPROVAL NO. 1405-0015
EXPIRES: 06/30/2015
ESTIMATED BURDEN: 1 HOUR*
(See Page 2)

PART I - BIOGRAPHIC DATA

Instructions: Complete one copy of this form for yourself and each member of your family, regardless of age, who will immigrate with you. Please print or type your answer to all questions. Mark questions that are **Not Applicable** with "N/A". If there is insufficient room on the form, answer on a separate sheet using the same numbers that appear on the form. **Attach any additional sheets to this form.**

Warning: Any false statement or concealment of a material fact may result in your permanent exclusion from the United States.

This form (DS-230 Part I) is the first of two parts. This part, together with Form DS-230 Part II, constitutes the complete Application for Immigrant Visa and Alien Registration.

1. Family Name		First Name	Middle Name	
2. Other Names Used or Aliases (If married woman, give maiden name)				
3. Full Name in Native Alphabet (If Roman letters not used)				
4. Date of Birth (mm-dd-yyyy)	5. Age	6. Place of Birth (City or Town)	(Province)	(Country)
- -				
7. Nationality (If dual national, give both.)	8. Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	9. Marital Status <input type="checkbox"/> Single (Never married) <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated Including my present marriage, I have been married _____ times.		
10. Permanent address in the United States where you intend to live, if known (street address including ZIP code). Include the name of a person who currently lives there.		11. Address in the United States where you want your Permanent Resident Card (Green Card) mailed, if different from address in item #10 (include the name of a person who currently lives there).		
Telephone number		Telephone number		
12. Present Occupation		13. Present Address (Street Address) (City or Town) (Province) (Country)		
		Telephone Number (Home)	Telephone Number (Office)	Email Address
14. Spouse's Maiden or Family Name		First Name	Middle Name	
15. Date (mm-dd-yyyy) and Place of Birth of Spouse				
16. Address of Spouse (If different from your own)		17. Spouse's Occupation		
		18. Date of Marriage (mm-dd-yyyy)		
19. Father's Family Name		First Name	Middle Name	
20. Father's Date of Birth (mm-dd-yyyy)	21. Place of Birth	22. Current Address		23. If Deceased, Give Year of Death
24. Mother's Family Name at Birth		First Name	Middle Name	
25. Mother's Date of Birth (mm-dd-yyyy)	26. Place of Birth	27. Current Address		28. If Deceased, Give Year of Death

29. List Names, Dates and Places of Birth, and Addresses of **ALL** Children.

Name	Date (mm-dd-yyyy)	Place of Birth	Address (If different from your own)

30. List below all places you have lived for at least six months since reaching the age of 16, including places in your country of nationality. Begin with your present residence.

City or Town	Province	Country	From/To (mm-yyyy) or "Present"

31a. Person(s) named in 14 and 29 who will accompany you to the United States now.

31b. Person(s) named in 14 and 29 who will follow you to the United States at a later date.

32. List below all employment for the last ten years.

Employer	Location	Job Title	From/To (mm-yyyy) or "Present"

In what occupation do you intend to work in the United States? _____

33. List below all educational institutions attended.

School and Location	From/To (mm-yyyy)	Course of Study	Degree or Diploma

Languages spoken or read _____

Professional associations to which you belong _____

34. Previous Military Service Yes No

Branch _____ Dates of Service (mm-dd-yyyy) _____

Rank/Position _____ Military Specialty/Occupation _____

35. List dates of all previous visits to or residence in the United States. (If never, write "never") Give type of visa status, if known. Give DHS "A" number if any.

From/To (mm-yyyy)	Location	Type of Visa	"A" Number (If known)

Signature of Applicant _____ Date (mm-dd-yyyy) - -

Privacy Act and Paperwork Reduction Act Statements

The information asked for on this form is requested pursuant to Section 222 of the Immigration and Nationality Act. The U.S. Department of State uses the facts you provide on this form primarily to determine your classification and eligibility for a U.S. immigrant visa. Individuals who fail to submit this form or who do not provide all the requested information may be denied a U.S. immigrant visa. If you are issued an immigrant visa and are subsequently admitted to the United States as an immigrant, the Department of Homeland Security will use the information on this form to issue you a Permanent Resident Card, and, if you so indicate, the Social Security Administration will use the information to issue you a social security number and card.

*Public reporting burden for this collection of information is estimated to average 1 hour 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 A/GIS/DIR, Room 2400 SA-22, U.S. Department of State, Washington, DC 20522-2202. Please do not send Visa Applications to this address. Send Visa Applications to your nearest U.S. Embassy or Consulate for processing.



U.S. Department of State
**APPLICATION FOR IMMIGRANT VISA AND
 ALIEN REGISTRATION**

OMB APPROVAL NO. 1405-0015
 EXPIRES: 06/30/2015
 ESTIMATED BURDEN: 1 HOUR*

PART II - SWORN STATEMENT

Instructions: Complete one copy of this form for yourself and each member of your family, regardless of age, who will immigrate with you. Please print or type your answers to all questions. Mark questions that are **Not Applicable** with "N/A". If there is insufficient room on the form, answer on a separate sheet using the same numbers that appear on the form. Attach any additional sheets to this form. The fee should be paid in United States dollars or local currency equivalent, or by bank draft.

Warning: Any false statement or concealment of a material fact may result in your permanent exclusion from the United States. Even if you are issued an immigrant visa and are subsequently admitted to the United States, providing false information on this form could be grounds for your prosecution and/or deportation.

This form (DS-230 Part II) together with Form DS-230 Part I, constitutes the complete Application for Immigrant Visa and Alien Registration.

36. Family Name	First Name	Middle Name
-----------------	------------	-------------

37. Other Names Used or Aliases (If married woman, give maiden name)

38. Full Name in Native Alphabet (If Roman letters not used)

39. Name and Address of Petitioner	Telephone number
	Email Address

40. United States laws governing the issuance of visas require each applicant to state whether or not he or she is a member of any class of individuals excluded from admission into the United States. The excludable classes are described below in general terms. You should read carefully the following list and answer YES or NO to each category. The answers you give will assist the consular officer to reach a decision on your eligibility to receive a visa.

Except as Otherwise Provided by Law, Aliens Within the Following Classifications are Ineligible to Receive a Visa.

Do Any of the Following Classes Apply to You?

- a. An alien who has a communicable disease of public health significance; who has failed to present documentation of having received vaccinations in accordance with U.S. law; who has or has had a physical or mental disorder that poses or is likely to pose a threat to the safety or welfare of the alien or others; or who is a drug abuser or addict. Yes No
- b. An alien convicted of, or who admits having committed, a crime involving moral turpitude, or violation of any law relating to a controlled substance or who is the spouse, son or daughter of such a trafficker who knowingly has benefited from the trafficking activities in the past five years; who has been convicted of 2 or more offenses for which the aggregate sentences were 5 years or more; who is coming to the United States to engage in prostitution or commercialized vice or who has engaged in prostitution or procuring within the past 10 years; who is or has been an illicit trafficker in any controlled substance; who has committed a serious criminal offense in the United States and who has asserted immunity from prosecution; who, while serving as a foreign government official, was responsible for or directly carried out particularly severe violations of religious freedom; or whom the President has identified as a person who plays a significant role in a severe form of trafficking in persons, who otherwise has knowingly aided, abetted, assisted or colluded with such a trafficker in severe forms of trafficking in persons, or who is the spouse, son or daughter of such a trafficker who knowingly has benefited from the trafficking activities within the past five years. Yes No
- c. An alien who seeks to enter the United States to engage in espionage, sabotage, export control violations, terrorist activities, the overthrow of the Government of the United States, or other unlawful activity; who is a member of or affiliated with the Communist or other totalitarian party; who participated, engaged or ordered genocide, torture, or extrajudicial killings; or who is a member or representative of a terrorist organization as currently designated by the U.S. Secretary of State. Yes No
- d. An alien who is likely to become a public charge. Yes No
- e. An alien who seeks to enter for the purpose of performing skilled or unskilled labor who has not been certified by the Secretary of Labor; who is a graduate of a foreign medical school seeking to perform medical services who has not passed the NBME exam or its equivalent; or who is a health care worker seeking to perform such work without a certificate from the CGFNS or from an equivalent approved independent credentialing organization. Yes No
- f. An alien who failed to attend a hearing on deportation or inadmissibility within the last 5 years; who seeks or has sought a visa, entry into the United States, or any immigration benefit by fraud or misrepresentation; who knowingly assisted any other alien to enter or try to enter the United States in violation of law; who, after November 30, 1996, attended in student (F) visa status a U.S. public elementary school or who attended a U.S. public secondary school without reimbursing the school; or who is subject to a civil penalty under INA 274C. Yes No

Privacy Act and Paperwork Reduction Act Statements

The information asked for on this form is requested pursuant to Section 222 of the Immigration and Nationality Act. The U.S. Department of State uses the facts you provide on this form primarily to determine your classification and eligibility for a U.S. immigrant visa. Individuals who fail to submit this form or who do not provide all the requested information may be denied a U.S. immigrant visa. If you are issued an immigrant visa and are subsequently admitted to the United States as an immigrant, the Department of Homeland Security will use the information on this form to issue you a Permanent Resident Card, and, if you so indicate, the Social Security Administration will use the information to issue you a social security number and card.

*Public reporting burden for this collection of information is estimated to average 1 hour 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: A/GIS/DIR, Room 2400 SA-22 U.S. Department of State, Washington, D.C. 20522-2202. Please do not send Visa Applications to this address. Send Visa Applications to your nearest U.S. Embassy or Consulate for processing.

g. An alien who is permanently ineligible for U.S. citizenship; or who departed the United States to evade military service in time of war. Yes No

h. An alien who was previously ordered removed within the last 5 years or ordered removed a second time within the last 20 years; who was previously unlawfully present and ordered removed within the last 10 years or ordered removed a second time within the last 20 years; who was convicted of an aggravated felony and ordered removed; who was previously unlawfully present in the United States for more than 180 days but less than one year who voluntarily departed within the last 3 years; or who was unlawfully present for more than one year or an aggregate of one year within the last 10 years. Yes No

i. An alien who is coming to the United States to practice polygamy; who withholds custody of a U.S. citizen child outside the United States from a person granted legal custody by a U.S. court or intentionally assists another person to do so; who has voted in the United States in violation of any law or regulation; or who renounced U.S. citizenship to avoid taxation. Yes No

j. An alien who is a former exchange visitor who has not fulfilled the 2-year foreign residence requirement. Yes No

k. An alien determined by the Attorney General to have knowingly made a frivolous application for asylum. Yes No

l. An alien who has ordered, carried out or materially assisted in extrajudicial and political killings and other acts of violence against the Haitian people; who has directly or indirectly assisted or supported any of the groups in Colombia known as FARC, ELN, or AUC; who through abuse of a governmental or political position has converted for personal gain, confiscated or expropriated property in Cuba, a claim to which is owned by a national of the United States, has trafficked in such property or has been complicit in such conversion, has committed similar acts in another country, or is the spouse, minor child or agent of an alien who has committed such acts; who has been directly involved in the establishment or enforcement of population controls forcing a women to undergo an abortion against her free choice or a man or a women to undergo sterilization against his or her free choice; or who has disclosed or trafficked in confidential U.S. business information obtained in connection with U.S. participation in the Chemical Weapons Convention or is the spouse, minor child or agent or such a person; or who has ever engaged in the recruitment of or the use of child soldiers. Yes No

41. Have you ever been charged, arrested or convicted of any offense or crime? (If answer is Yes, please explain) Yes No

42. Have you ever been refused admission to the United States at a port-of-entry? (If answer is Yes, please explain) Yes No

<p>43a. Have you ever applied for a Social Security Number (SSN)?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Give the number _____</p> <p>Would you like to receive a replacement card? (You must answer YES to question 43b. to receive a card.)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Do you want the Social Security Administration to assign you a SSN and issue a card? (You must answer YES to question 43b. to receive a number and a card.)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>43b. Consent to Disclosure: I authorize disclosure of information from this form to the Department of Homeland Security (DHS), the Social Security Administration (SSA), such other U.S. Government agencies as may be required for the purpose of assigning me an SSN and issuing me a Social Security card, and I authorize the SSA to share my SSN with the INS.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>The applicant's response does not limit or restrict the Government's ability to obtain his or her SSN, or other information on this form, for enforcement or other purposes as authorized by law.</p>
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44. Were you assisted in completing this application? Yes No

(If answer is Yes, give name and address of person assisting you, indicating whether relative, friend, travel agent, attorney, or other)

Test 6.5 **Test 6.5**

DO NOT WRITE BELOW THE FOLLOWING LINE
The consular officer will assist you in answering item 45.
DO NOT SIGN this form until instructed to do so by the consular officer

45. I claim to be:

A Family-Sponsored Immigrant I derive foreign state chargeability under Sec.202(b) through my _____ Preference _____

An Employment-Based Immigrant Numerical limitation _____ (foreign state)

A Diversity Immigrant

A Special Category (Specify) _____

(Returning resident, Hong Kong, Tibetan, Private Legislation, etc.)

I understand that I am required to surrender my visa to the United States Immigration Officer at the place where I apply to enter the United States, and that the possession of a visa does not entitle me to enter the United States if at that time I am found to be inadmissible under the immigration laws.

I understand that any willfully false or misleading statement or willful concealment of a material fact made by me herein may subject me to permanent exclusion from the United States and, if I am admitted to the United States, may subject me to criminal prosecution and/or deportation.

I, the undersigned applicant for a United States immigrant visa, do solemnly swear (or affirm) that all statements which appear in this application, consisting of Form DS-230 Part I and Part II combined, have been made by me, including the answers to items 1 through 45 inclusive, and that they are true and complete to the best of my knowledge and belief. I do further swear (or affirm) that, if admitted into the United States, I will not engage in activities which would be prejudicial to the public interest, or endanger the welfare, safety, or security of the United States; in activities which would be prohibited by the laws of the United States relating to espionage, sabotage, public disorder, or in other activities subversive to the national security; in any activity a purpose of which is the opposition to or the control, or overthrow of, the Government of the United States, by force, violence, or other unconstitutional means.

I understand that completion of this form by persons required by law to register with the Selective Service System (males 18 through 25 years of age) constitutes such registration in accordance with the Military Selective Service Act.

I understand all the foregoing statements, having asked for and obtained an explanation on every point which was not clear to me.

Signature of Applicant

Subscribed and sworn to before me this _____ day of _____ at: _____

Consular Officer

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

**I-829, Petition by Entrepreneur
to Remove Conditions**

Do not write in this block - For USCIS use only (Except G-28 Block Below)		
<input type="checkbox"/> Applicant Interviewed	Action Block	Fee Receipt To be completed by Attorney or Representative, if any <input type="checkbox"/> G-28 is attached Attorney's State License No. _____
Remarks: _____		

START HERE - Type or print in black ink.

Part 1. Information About You

A# (if any) Form I-526 Receipt Number

Family Name Given Name Middle Name

Address: _____
 In care of _____
 Number and Street Apt. #

City State or Province

Country Zip/Postal Code Daytime Phone #

Date of Birth (mm/dd/yyyy) Country of Birth U.S. Social Security # (if any)

Since becoming a conditional permanent resident, have you ever been arrested, cited, charged, indicted, convicted, fined or imprisoned for breaking or violating any law or ordinance (excluding traffic regulations), or committed any crime for which you were not arrested?

Yes No (If yes, explain on separate sheet(s) of paper, including disposition, if any.)

Part 2. Basis for Petition (Check one)

- a. My conditional permanent residence is based on My investment in a commercial enterprise.
- b. Reserved.
- c. Reserved.
- d. I am a conditional permanent resident spouse or child of an entrepreneur, and I am unable to be included in a Petition by Entrepreneur to Remove Conditions (Form I-829) filed by my conditional resident spouse or parent.
- e. I am a conditional permanent resident spouse or child of an entrepreneur who is deceased.

Part 3. Information About Your Husband or Wife

Family Name Given Name Middle Name

Gender Male Female Date of Birth (mm/dd/yyyy) Date of Marriage (mm/dd/yyyy)

Other names used (including maiden name or aliases)

A# (If any) Current Immigration Status Is your current immigration status based on the petitioner's current status? Yes No

RECEIVED: _____ RESUBMITTED: _____ RELOCATED: SENT _____ REC'D _____

FORM I-829 REV 07-30-11 Y

Part 4. Children (List all your children. Attach another sheet(s) of paper, if necessary.)

Family Name Given Name Middle Name

A# (if any) Current Immigration Status Date of Birth (mm/dd/yyyy) Living with you? Yes No

Family Name Given Name Middle Name

A# (if any) Current Immigration Status Date of Birth (mm/dd/yyyy) Living with you? Yes No

Family Name Given Name Middle Name

A# (if any) Current Immigration Status Date of Birth (mm/dd/yyyy) Living with you? Yes No

Family Name Given Name Middle Name

A# (if any) Current Immigration Status Date of Birth (mm/dd/yyyy) Living with you? Yes No

Family Name Given Name Middle Name

A# (if any) Current Immigration Status Date of Birth (mm/dd/yyyy) Living with you? Yes No

Family Name Given Name Middle Name

A# (if any) Current Immigration Status Date of Birth (mm/dd/yyyy) Living with you? Yes No

Part 5. Information About Your Commercial Enterprise

Type of Enterprise (Check one):

- New commercial enterprise resulting from the creation of a new business.
- New commercial enterprise resulting from the reorganization of an existing business.
- New commercial enterprise resulting from a capital investment in an existing business.

Kind of Business (Be as specific as possible):

Date Business Established (mm/dd/yyyy) Amount of Initial Investment

Date of Initial Investment (mm/dd/yyyy) % of Enterprise You Own

Number of full-time employees in enterprise in United States (excluding you, your spouse, sons and daughters):

At the time of your initial investment: Presently: Difference:

How many of these new jobs were created by your investment?

Part 5. Information About Your Commercial Enterprise (continued)

Subsequent Investment in the Enterprise:

Date of Investment	Amount of Investment	Type of Investment
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Provide the gross and net incomes generated annually by the commercial enterprise since your initial investment. Include all income generated up to date during the present year.

Year	Gross Income	Net Income
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Has your commercial enterprise filed for bankruptcy, ceased business operations, or have any changes in its business organization or ownership occurred since the date of your initial investment? Yes (Explain on separate sheet) No

Has your commercial enterprise sold any corporate assets, shares, property, or had any capital withdrawn since the date of your initial investment? Yes (Explain on separate sheet) No

Part 6. Signature (Read the information on penalties in the instructions before completing this section.)

I certify, under penalty of perjury under the laws of the United States of America, that this petition and the evidence submitted with it is all true and correct. I further certify that the investment was made in accordance with the laws of the United States and was not for the purpose of evading United States immigration laws. I also authorize the release of any information from my records that the U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit being sought.

Signature of Applicant	Print Name	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

NOTE: If you do not completely fill out this form or fail to submit any required documents listed in the instructions, you may not be found eligible for the requested benefit and this petition may be denied.

Part 7. Signature of Person Preparing Form, If Other Than Above

I declare that I prepared this petition at the request of the above person and it is based on all information of which I have knowledge.

Signature	Print Name	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

Firm Name and Address (Include Telephone Number with Area Code and E-Mail Address.)

Test 6.5

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

**Form I-924, Application for Regional Center
Under the Immigrant Investor Pilot Program**

Do Not Write in This Block - for USCIS Use Only (except G-28 block below)

<p>Action Block</p>	<p>Fee Receipt</p> <p><input type="checkbox"/> G-28 attached</p> <p>Attorney's State License No. _____</p>
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Part 1. Information About Principal of the Regional Center

Name: Last	First	Middle
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C/O:

Street Address/P.O. Box:

City:	State:	Zip Code:
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Date of Birth (mm/dd/yyyy):	Fax Number (include area code):	Telephone Number (include area code):
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Web site address:

Part 2. Application Type (Check one)

- a. Initial Application for Designation as a Regional Center
- b. Amendment to an approved Regional Center application. Note the previous application receipt number, if any (also attach the Regional Center's previous approval notice): _____

Part 3. Information About the Regional Center

(Use a continuation sheet, if needed, to provide information for additional management companies/agencies, Regional Center principals, agents, individuals or entities who are or will be involved in the management, oversight, and administration of the regional center.)

A. Name of Regional Center:

Street Address/P.O. Box:

City:	State:	Zip Code:
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Web site address:	Fax Number (include area code):	Telephone Number (include area code):
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Part 3. Information About the Regional Center *(Continued)*

B. Name of Managing Company/Agency:

Street Address/P.O. Box:

City:	State:	Zip Code:
Web site address:	Fax Number (include area code):	Telephone Number (include area code):

C. Name of Other Agent:

Street Address/P.O. Box:

City:	State:	Zip Code:
Web site address:	Fax Number (include area code):	Telephone Number (include area code):

D. Continuation, if needed, to provide information for additional management companies/agencies, regional center principals, agents, individuals or entities who are or will be involved in the management, oversight, and administration of the regional center.)

Part 3. Information About the Regional Center *(Continued)*

Note: If extra space is needed to complete any item, attach a continuation sheet, indicate the item number, and provide the response.

1a. Describe the structure, ownership and control of the regional center entity.

b. Date the Regional Center was established(mm/dd/yyyy): _____

c. Organization Structure for the Regional Center:

- 1. Agency of a U.S. State or Territory (identify) _____
- 2. Corporation
- 3. Partnership (including Limited Partnership)
- 4. Limited Liability Company (LLC)
- 5. Other (Explain) _____

2. Has this regional center's designation ever been formally terminated by USCIS, or has the regional center ever filed a Form I-924 or regional center proposal or amendment that was denied?

- No Yes - Attach a copy of the adverse decision, with an explanation, the date of decision, and case number, if any.

3. Describe the geographic area of the regional center. **Note:** This area must be contiguous. Provide a map of the geographic area.

4. Describe the regional center's administration, oversight, and management functions that are or will be in place to monitor all EB-5 capital investment activities and the allocation of the resulting jobs created or maintained under the sponsorship of the regional center.

Part 3. Information About the Regional Center *(Continued)*

5. Describe the past, current, and future promotional activities for the regional center. Include a description of the budget for this activity, along with evidence of the funds committed to the regional center for promotional activities. Submit a plan of operation for the regional center that addresses how EB-5 investors will be recruited, the method(s) by which the capital investment opportunities will be offered to the investors, and how they will subscribe or commit to the investment interest.

6. Describe whether and how the regional center is engaged in supporting a due diligence screening of its alien investor's lawful source of capital and the alien investor's ability to fully invest the requisite amount of capital. Also, describe the regional center's prospective plans in this regard if they differ from past practice.

7. Identify each industry that has or will be the focus of EB-5 capital investments sponsored through the regional center.

<p>Industry Category Title: <input style="width: 90%; height: 20px;" type="text"/></p> <p>NAICS Code for the Industry Category: _ _ _ _ _</p>	<p>Is the Form I-924 application supported by an economic analysis and underlying business plan for the determination of prospective EB-5 job creation through EB-5 investments in this industry category?</p> <p><input type="checkbox"/> No - Attach an explanation</p> <p><input type="checkbox"/> Yes</p>
<p>Industry Category Title: <input style="width: 90%; height: 20px;" type="text"/></p> <p>NAICS Code for the Industry Category: _ _ _ _ _</p>	<p>Is the Form I-924 application supported by an economic analysis and underlying business plan for the determination of prospective EB-5 job creation through EB-5 investments in this industry category?</p> <p><input type="checkbox"/> No - Attach an explanation</p> <p><input type="checkbox"/> Yes</p>
<p>Industry Category Title: <input style="width: 90%; height: 20px;" type="text"/></p> <p>NAICS Code for the Industry Category: _ _ _ _ _</p>	<p>Is the Form I-924 application supported by an economic analysis and underlying business plan for the determination of prospective EB-5 job creation through EB-5 investments in this industry category?</p> <p><input type="checkbox"/> No - Attach an explanation</p> <p><input type="checkbox"/> Yes</p>

Part 3. Information About the Regional Center *(Continued)*

8a. Describe and document the current and/or prospective structure of ownership and control of the commercial entity(s) in which the EB-5 alien investors have or will make their capital investments.

b. Date commercial enterprise established, if any (mm/dd/yyyy): _____

c. Organization Structure for commercial enterprise:

- 1. Corporation
- 2. Partnership (including Limited Partnership)
- 3. Limited Liability Company (LLC)
- 4. Other (Explain) _____

d. Has or will the Regional Center or any of its principals or agents have an equity stake in the commercial enterprise?

- No Yes - Attach an explanation and documentation that outlines when and under what circumstances these remittances will be paid.

e. Has or will the Regional Center or any of its principals or agents receive fees, profits, surcharges, or other like remittances through EB-5 capital investment activities from this commercial enterprise, beyond the minimum capital investment threshold required of the EB-5 alien entrepreneurs?

- No Yes - Attach an explanation and documentation that outlines when and under what circumstances these remittances will be paid.

Part 4. Applicant Signature *Read the information on penalties in the instructions before completing this section. If someone helped you prepare this petition, he or she must compete Part 5.*

I certify, under penalty of perjury under the laws of the United States of America, that this form and the evidence submitted with it are all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit being sought. I also certify that I have authority to act on behalf of the Regional Center.

Signature of Applicant	Daytime Phone Number <i>(Area/Country Codes)</i>	Date (mm/dd/yyyy)
Printed Name of Applicant	E-Mail Address	
Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)		

Part 5. Signature of Person Preparing This Form, If Other Than Above (*Sign Below*)

I declare that I prepared this application using information provided by someone with authority to act on behalf of the Regional Center, and the answers and information provided by the Regional Center.

Attorney or Representative: In the event of a Request for Evidence (RFE), may the USCIS contact you by Fax or E-mail?

No Yes

Signature of Preparer		Printed Name of Preparer	Date (mm/dd/yyyy)
Firm Name and Address			
Daytime Phone Number <i>(Area/Country Codes)</i>	Fax Number <i>(Area/Country Codes)</i>	E-Mail Address	

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

**Form I-924A,
Supplement to Form I-924**

Part 1. Information About Principal of the Regional Center

Name: Last	First	Middle
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In Care Of:

Street Address/P.O. Box:

City:	State:	Zip Code:
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Date of Birth (mm/dd/yyyy):	Fax Number (include area code):	Telephone Number (include area code):
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Web site address:

USCIS-assigned number for the Designated Regional Center (attach the Regional Center's most recently issued approval notice)

Part 2. Application Type (check one)

- a. Supplement for the Fiscal Year Ending September 30, ____ (YYYY)
- b. Supplement for a Series of Fiscal Years Beginning on October 1, ____ (YYYY) and Ending on September 30, ____ (YYYY)

Part 3. Information About the Regional Center

(Use a continuation sheet, if needed, to provide information for additional management companies/agencies, regional center principals, agents, individuals, or entities who are or will be involved in the management, oversight, and administration of the regional center.)

A. Name of Regional Center:

Street Address/P.O. Box:

City:	State:	Zip Code:
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Web site Address:	Fax Number (include area code):	Telephone (include area code):
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B. Name of Managing Company/Agency:

Street Address/P.O. Box:

City:	State:	Zip Code:
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Web site Address:	Fax Number (include area code):	Telephone (include area code):
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C. Name of Other Agent:

Street Address/P.O. Box:

City:	State:	Zip Code:
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Web site Address:	Fax Number (include area code):	Telephone (include area code):
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Part 3. Information About the Regional Center *(Continued)*

Answer the following questions for the time period identified in **Part 2** of this form. **Note:** If extra space is needed to complete any item, attach a continuation sheet, indicate the item number, and provide the response.

1. Identify the aggregate EB-5 capital investment and job creation has been the focus of EB-5 capital investments sponsored through the regional center. (**Note:** Separately identify jobs maintained through investments in “troubled businesses.”)

Aggregate EB-5 Capital Investment	Aggregate Direct and Indirect Job Creation	Aggregate Jobs Maintained
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2. Identify each industry that has been the focus of EB-5 capital investments sponsored through the Regional Center, and the resulting aggregate EB-5 capital investment and job creation. (**Note:** Separately identify jobs maintained through investments in “troubled businesses”.)

a. Industry Category Title:		NAICS Code for the Industry Category _____
Aggregate EB-5 Capital Investment:	Aggregate Direct and Indirect Job Creation:	Aggregate Jobs Maintained:
b. Industry Category Title:		NAICS Code for the Industry Category _____
Aggregate EB-5 Capital Investment:	Aggregate Direct and Indirect Job Creation:	Aggregate Jobs Maintained:
c. Industry Category Title:		NAICS Code for the Industry Category _____
Aggregate EB-5 Capital Investment:	Aggregate Direct and Indirect Job Creation:	Aggregate Jobs Maintained:

3. Provide the following information for each job creating commercial enterprise located within the geographic scope of your regional center that has received EB-5 investor capital:

a. Name of Commercial Enterprise:		Industry Category Title:	
Address (Street Number and Name):	City:	State:	Zip Code:
Aggregate EB-5 Capital Investment:	Aggregate Direct and Indirect Job Creation:	Aggregate Jobs Maintained:	
Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes			

Part 3. Information About the Regional Center *(Continued)*

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

(1) Business Name:		Industry Category Title:	
Address (Street Number and Name):	City:	State:	Zip Code:
EB-5 Capital Investment:	Direct and Indirect Job Creation:	Jobs Maintained:	
(2) Business Name		Industry Category Title:	
Address (Street Number and Name):	City:	State:	Zip Code:
EB-5 Capital Investment:	Direct and Indirect Job Creation:	Jobs Maintained:	

b. Name of Commercial Enterprise:		Industry Category Title:	
Address (Street Number and Name):	City:	State:	Zip Code:
Aggregate EB-5 Capital Investment:	Aggregate Direct and Indirect Job Creation:	Aggregate Jobs Maintained:	

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? No Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

(1) Business Name:		Industry Category Title:	
Address (Street Number and Name):	City:	State:	Zip Code
EB-5 Capital Investment	Direct and Indirect Job Creation	Jobs Maintained	

Part 3. Information About the Regional Center *(Continued)*

(2) Business Name:		Industry Category Title:	
Address (Street Number and Name):	City:	State:	Zip Code:
EB-5 Capital Investment:	Direct and Indirect Job Creation:	Jobs Maintained:	

c. Name of Commercial Enterprise:		Industry Category Title:	
Address (Street Number and Name):	City:	State:	Zip Code:
Aggregate EB-5 Capital Investment:	Aggregate Direct and Indirect Job Creation:	Aggregate Jobs Maintained:	

Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? No Yes

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.

(1) Business Name:		Industry Category Title:	
Address (Street Number and Name):	City:	State:	Zip Code:
EB-5 Capital Investment:	Direct and Indirect Job Creation:	Jobs Maintained:	

(2) Business Name:		Industry Category Title:	
Address (Street Number and Name):	City:	State:	Zip Code:
EB-5 Capital Investment:	Direct and Indirect Job Creation:	Jobs Maintained:	

Part 3. Information About the Regional Center (Continued)

d. Name of Commercial Enterprise:		Industry Category Title:	
Address (Street Number and Name):	City:	State:	Zip Code:
Aggregate EB-5 Capital Investment:	Aggregate Direct and Indirect Job Creation:	Aggregate Jobs Maintained:	
Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.			
(1) Business Name:		Industry Category Title:	
Address (Street Number and Name):	City:	State:	Zip Code:
EB-5 Capital Investment:	Direct and Indirect Job Creation:	Jobs Maintained:	
(2) Business Name:		Industry Category Title:	
Address (Street Number and Name):	City:	State:	Zip Code:
EB-5 Capital Investment:	Direct and Indirect Job Creation:	Jobs Maintained:	
e. Name of Commercial Enterprise:		Industry Category Title:	
Address Street Number and Name:	City:	State:	Zip Code:
Aggregate EB-5 Capital Investment:	Aggregate Direct and Indirect Job Creation:	Aggregate Jobs Maintained:	
Does this EB-5 commercial enterprise serve as a vehicle for investment into other business entities that have or will create or maintain jobs for EB-5 purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes			

Part 3. Information About the Regional Center *(Continued)*

If yes, then identify the name and address of each job creating business, as well as the amount of EB-5 capital investment and job creation/maintenance associated with each job creating business.			
(1) Business Name:		Industry Category Title:	
Address (Street Number and Name):	City:	State:	Zip Code:
EB-5 Capital Investment:	Direct and Indirect Job Creation:	Jobs Maintained:	
(2) Business Name:		Industry Category Title:	
Address (Street Number and Name):	City:	State:	Zip Code:
EB-5 Capital Investment:	Direct and Indirect Job Creation:	Jobs Maintained:	

4. Provide the total number of approved, denied and revoked Form I-526 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (**Note:** If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

Form I-526 Petition Final Case Actions		
Approved	Denied	Revoked

5. Provide the total number of approved, denied and revoked Form I-829 petitions filed by EB-5 investors making capital investments sponsored by the regional center. (**Note:** If an adverse action was ultimately reversed and the petition was approved, then note the case as approved.)

Form I-829 Petition Final Case Actions		
Approved	Denied	Revoked

NOTE: USCIS may require case-specific data relating to individual EB-5 petitions and the job creation determination and further information regarding the allocation methodologies utilized by a regional center in certain instances in order to verify the aggregate data provided above.

Part 4. Applicant Signature *Read the information on penalties in the instructions before completing this section. If someone helped you prepare this petition, he or she must complete Part 5.*

I certify, under penalty of perjury under the laws of the United States of America, that this supplemental form and the evidence submitted with it are all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit being sought. I also certify that I have authority to act on behalf of the Regional Center.

Signature of Applicant	Printed Name of Applicant	Date (mm/dd/yyyy)
Daytime Phone Number <i>(Area/Country Codes)</i>	E-Mail Address	
Relationship to the Regional Center Entity (Managing Member, President, CEO, etc.)		

Part 5. Signature of Person Preparing This Form, If Other Than Above (Sign Below)

I declare that I prepared this form using information provided by someone with authority to act on behalf of the Regional Center, and the answers and information are those provided by the Regional Center.

Attorney or Representative: In the event of a Request for Evidence (RFE), may the USCIS contact you by Fax or E-mail? No Yes

Signature of Preparer	Printed Name of Preparer	Date (mm/dd/yyyy)
Firm Name and Address		
Daytime Phone Number <i>(Area/Country Codes)</i>	Fax Number (Area/Country Codes)	E-Mail Address