

# **SECTION 5**

## **Green Card Renewal Applications**

- ILCM Guidance for Green card Renewal in the Naturalization Context
- Sample I-90 Application

## **Greencard Replacement in the Naturalization Context**

According to the current protocol of the local USCIS office, all naturalization applicants must have a valid, un-expired Lawful Permanent Resident (LPR) card in order to complete the naturalization process and be granted citizenship. Therefore, the local office has directed that, if a naturalization applicant's card is expired, lost, stolen, or has been destroyed, the applicant must submit a Form I-90 to renew or replace the greencard. Due to this requirement, we advise that ILCM pro bono attorneys who are representing naturalization clients who do not have a valid, un-expired LPR card follow the process listed below:

1. Meet with the client to re-screen for any red flag issues. Prepare the I-90 and N-400 applications with the client. If any red flag issues appear during the re-screening of your client PLEASE contact ILCM for guidance. All I-90 applicants will be fingerprinted during the application process and USCIS will run a full FBI background check on the applicant. Therefore, any red flag issues must be fully vetted prior to filing;
2. After screening the client, the pro bono attorney should file the I-90 application to renew or replace the applicant's LPR card;
3. Within a few weeks the attorney will receive a Filing Receipt or a Fee Waiver Approval for the I-90 application. At this point, the attorney can file the client's N-400 application, including a copy of the I-90 receipt as supporting documentation to the N-400 application.
4. The client will have to appear for a fingerprint appointment relating to the I-90 application. However, there will be no interview relating to the I-90 application.

To access blank I-90 forms, and the most current filing directions, please visit [www.uscis.gov](http://www.uscis.gov). Also, please note that applicants who qualify for a fee waiver should submit Form I-912 along with the I-90 application in order to waive the relevant fees.



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August 24, 2012

U.S. Citizenship and Immigration Services  
P.O. Box 21262  
Phoenix, AZ 85036

**ATTN: I-90 APPLICATION TO REPLACE PERMANENT RESIDENT CARD  
\*FEE WAIVER REQUEST ENCLOSED\***

**RE:**

A# [REDACTED]

Dear Sir/Madam:

Our office represents the applicant in this I-90 Application to Replace Permanent Resident Card. [REDACTED] has been a Lawful Permanent Resident since June 23, 1989. Please note that we are filing a fee waiver request with this application and ask that you please waive the application and biometrics fees.

Enclosed please find the following documents in support of the application:

- Form G-28 Notice of Appearance;
- Form I-912 Application for Fee Waiver with supporting documents:
  - Food Support Letter from Ramsey County Human Services dated February 14, 2012;
- Form I-90 Application to Replace Permanent Resident Card;
- Copy of front and back of LPR card;
- Copy of front and back of Social Security Card.

Thank you for your careful attention to this matter.

Sincerely,

  
Anne Applebaum

AmeriCorps\*VISTA Attorney



**Notice of Entry of Appearance  
as Attorney or Accredited Representative**  
Department of Homeland Security

**DHS  
Form G-28**  
OMB No. 1615-0105  
Expires 02/29/2016

**Part 1. Information About Attorney or Accredited Representative**

Name and Address of Attorney or Accredited Representative

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2. Name of Law Firm or Recognized Organization

3. Name of Law Student or Law Graduate

4. State Bar Number

5.a. Street Number

5.b. Street Name

5.c. Apt.  Ste.  Flr.

5.d. City or Town

5.e. State  5.f. Zip Code

5.g. Postal Code

5.h. Province

5.i. Country

6. Daytime Phone Number (  )  -

7. E-Mail Address of Attorney or Accredited Representative

**Part 2. Eligibility Information For Attorney or Accredited Representative**

(Check applicable item(s) below)

1.  I am an attorney eligible to practice law in, and a member in good standing of, the bar of the highest court(s) of the following State(s), possession(s), territory(ies), commonwealth(s), or the District of Columbia.

1.a.

1.b. I (choose one)  am not  am subject to any order of any court or administrative agency disbaring, suspending, enjoining, restraining, or otherwise restricting me in the practice of law. (If you are subject to any order(s), explain fully in the space below.)

1.b.1.

2.  I am an accredited representative of the following qualified nonprofit religious, charitable, social service, or similar organization established in the United States, so recognized by the Department of Justice, Board of Immigration Appeals pursuant to 8 CFR 292.2. Provide the name of the organization and the expiration date of accreditation.

2.a. Name of Recognized Organization

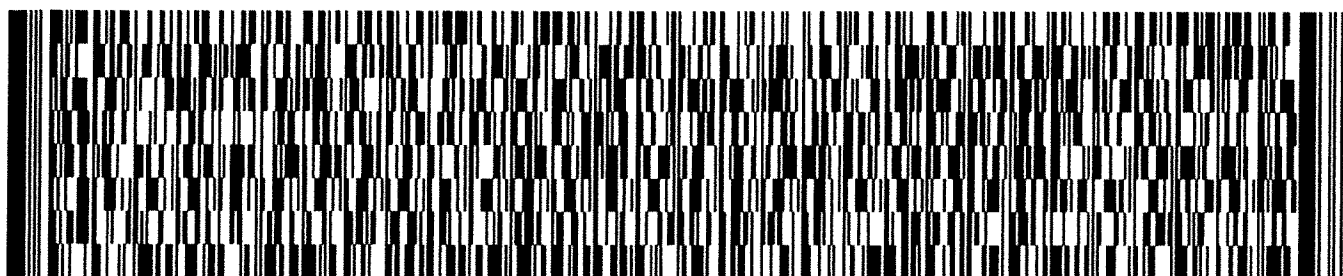
2.b. Date Accreditation expires (mm/dd/yyyy) ▶

3.  I am associated with

3.a.

the attorney or accredited representative of record who previously filed Form G-28 in this case, and my appearance as an attorney or accredited representative is at his or her request. If you check this item, also complete **number 1 (1.a. - 1.b.1.) or number 2 (2.a. - 2.b.) in Part 2 (whichever is appropriate).**

4.  I am a law student or law graduate working under the direct supervision of the attorney or accredited representative of record on this form in accordance with the requirements in 8 CFR 292.1(a)(2)(iv).



### Part 3. Notice of Appearance as Attorney or Accredited Representative

This appearance relates to immigration matters before (select one):

- 1.  USCIS - List the form number(s)  
1.a.
- 2.  ICE - List the specific matter in which appearance is entered  
2.a.
- 3.  CBP - List the specific matter in which appearance is entered  
3.a.

I hereby enter my appearance as attorney or accredited representative at the request of:

- 4. Select only one:  Applicant    Petitioner  
 Respondent (ICE, CBP)

#### Name of Applicant, Petitioner, or Respondent

- 5.a. Family Name (Last Name)
- 5.b. Given Name (First Name)
- 5.c. Middle Name
- 5.d. Name of Company or Organization, if applicable

**NOTE:** Provide the mailing address of Petitioner, Applicant, or Respondent and not the address of the attorney or accredited representative, **except when a safe mailing address is permitted** on an application or petition filed with Form G-28.

- 6.a. Street Number and Name
- 6.b. Apt.  Ste.  Flr.
- 6.c. City or Town
- 6.d. State    6.e. Zip Code

- 7. Provide A-Number and/or Receipt Number

Pursuant to the Privacy Act of 1974 and DHS policy, I hereby consent to the disclosure to the named Attorney or Accredited Representative of any record pertaining to me that appears in any system of records of USCIS, ICE, or CBP.

- 8.a. Signature of Applicant, Petitioner, or Respondent
- 8.b. Date (mm/dd/yyyy) ▶

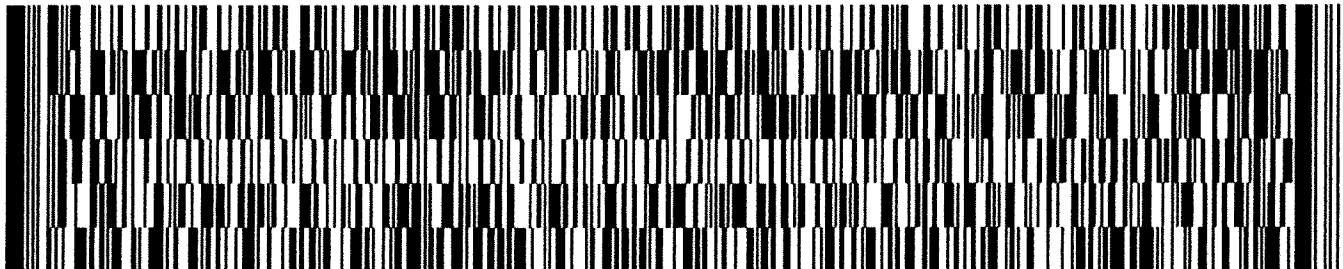
### Part 4. Signature of Attorney or Accredited Representative

I have read and understand the regulations and conditions contained in 8 CFR 103.2 and 292 governing appearances and representation before the Department of Homeland Security. I declare under penalty of perjury under the laws of the United States that the information I have provided on this form is true and correct.

- 1. Signature of Attorney or Accredited Representative
- 2. Signature of Law Student or Law Graduate
- 3. Date (mm/dd/yyyy) ▶

### Part 5. Additional Information

- 1.
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**Section 3. Basis for Your Request** (Check any that apply). For additional information, see the form instructions.

- Line 8. a.  I am or a relevant member of my household is currently receiving a means-tested benefit. (complete Sections 4 and 7)
- Line 8. b.  My household income is at or below 150% of the Federal Poverty Guidelines. (complete Sections 5 and 7)
- Line 8. c.  I have a financial hardship. (complete Sections 5, 6 and 7)

**Section 4. Means-Tested Benefit**

Line 9. **Complete the Table Below** (If you need more space, attach a separate sheet of paper.)

Name of Person Receiving the Benefit	Name of Agency Awarding Benefit	Date Benefit Was Awarded	Is This Benefit Being Received Now?
Ai Moua	Ramsey County Human Services	2002 approximately	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

**Section 5. Household Income** (Provide evidence of monthly income or other support)

Line 10. How many dependents (for tax purposes) live with you?  (round to the nearest dollar)

Line 11. Average monthly wage income from household members

Line 12. Other money received each month (child support, spousal support, unemployment, etc.)

**Total** (USCIS will compare this amount to Federal Poverty Guidelines)

**Section 6. Financial Hardship**

Line 13.

Describe your particular situation. Be sure to include how this situation has caused you to incur costs (and what the costs were) or loss of income that you have experienced (and what that loss was). *(If you need more space, attach a separate sheet of paper.)*

**If you are currently unemployed, you must complete Lines 14 and 15.**

Line 14.

Date that you became unemployed

Line 15.

Amount of unemployment compensation (monthly) that you are receiving (enter dollars)

Line 16.

List your assets and the value of your assets. *(If you need more space, attach a separate sheet of paper.)*

Type of Asset	Value (enter dollars)
<b>TOTAL Value of Assets</b>	





5200  
RAMSEY COUNTY HUMAN SERVICES  
160 KELLOGG BLVD E  
ST. PAUL MN 55101-1420

February 14, 2012 09:23 AM

CASE NUMBER: [REDACTED]

[REDACTED]  
[REDACTED]  
SAINT PAUL MN 55106-6618

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IMPORTANT INFORMATION REGARDING THIS DOCUMENT:

- \* This information is available in other forms to people with disabilities by calling your county worker, [REDACTED] at (651) 266-4668.
- \* For TTY/TDD users, contact your county worker through the Minnesota Relay at 711 or (800) 627-3529. For the Speech-to-Speech Relay, call (877) 627-3848.
- \* The back of this page lists your appeal rights and responsibilities.

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FOOD SUPPORT NOTICE OF DECISION

Beginning March 01, 2012, your Food Support will change from \$496.00 to \$257.00 because:

Gross earned income changed from \$4034.00 to \$4821.00. (Auth:7,20)

Other than at six month reporting or recertification, you are only required to report a change when:

Your Food Support unit's monthly gross income exceeds 130% of the Federal Poverty Guidelines for your unit size.

Your Food Support unit size is: 9.

For your unit size 130% of the Federal Poverty Guidelines is:  
\$4491.00.

Report the changes to your financial worker within 10 calendar days after the month of the change.

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BUDGET FOR MARCH BENEFIT

HOUSEHOLD SIZE (9)

INCOME:

WAGES . . . . . 4821.00  
 PA GRANTS . . . . . 0.00  
 RSDI/SSI/RR-RTRMT . . . . . 0.00  
 UC . . . . . 0.00  
 COUNTED SCHOOL INCOME . . . . . 0.00  
 OTHER . . . . . 0.00  
 TOTAL . . . . . 4821.00

ALLOWABLE EXPENSES/DEDUCTIONS:

RENT/MORTGAGE . . . . . 1276.37  
 HEAT/AIR . . . . . 402.00  
 LIGHTS . . . . . 0.00  
 PHONE . . . . . 0.00  
 WATER/GARBAGE . . . . . 0.00  
 OTHER . . . . . 0.00  
 MEDICAL . . . . . 0.00  
 DEPENDENT CARE . . . . . 0.00  
 CHILD SUPPORT . . . . . 0.00

FOOD SUPPORT ALLOTMENT . . . . . 257.00  
 PRORATED AMOUNT . . . . . 0.00  
 DRUG FELON SANCTION . . . . . 0.00  
 RECOUPMENT AMOUNT . . . . . 0.00  
 AMOUNT ALREADY ISSUED . . . . . 0.00  
 BENEFIT AMT TO BE ISSUED . . . . . 257.00

\*\*\*\*\* IMPORTANT APPEAL RIGHTS! READ THIS NOW! \*\*\*\*\*

If you don't agree with the action taken on your case, you can appeal. To keep your benefits until the appeal, you must appeal:

- \* Within 10 days or
- \* Before the first day of the month when the action takes place.

If you miss the 10 day deadline, you can appeal within 30 days from the date you get this notice (90 days for Food Support), but your benefits will not start again unless you win the appeal. To find out more, read the back of the first page of this notice.

WORKER: [REDACTED]

TELEPHONE: [REDACTED]



# Application to Replace Permanent Resident Card

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

USCIS  
Form I-90  
OMB No. 1615-0082  
Expires 12/31/2015

<b>For USCIS Use Only</b>	<input type="checkbox"/> Applicant Interviewed	<b>Receipt</b>	<b>Action Block</b>
	Date: _____		
	<b>Class of Admission</b>	<b>Remarks</b>	

▶ **START HERE - Type or print in black ink.**

## Part 1. Information About You

1. Alien Registration Number (A-Number)

▶ A- [REDACTED]

### Your Full Name

**NOTE:** Your card will be issued in this name.

2.a. Family Name (Last Name) [REDACTED]

2.b. Given Name (First Name) [REDACTED]

2.c. Middle Name [REDACTED]

3. Has your name legally changed since the issuance of your Permanent Resident Card?

Yes (Proceed to **number 4.a. - number 4.c.**)

No (Proceed to **number 5.a. - number 5.f.**)

N/A - I never received my previous card.  
(Proceed to **number 5.a. - number 5.f.**)

### Your name exactly as reflected on your Permanent Resident Card

**NOTE:** Attach all evidence of your legal name change with this application.

4.a. Family Name (Last Name) [REDACTED]

4.b. Given Name (First Name) [REDACTED]

4.c. Middle Name [REDACTED]

### Mailing Address

5.a. In Care of Name [REDACTED]

5.b. Street Number and Name [REDACTED]

5.c. Apt.  Ste.  Flr.  [REDACTED]

5.d. City or Town [REDACTED]

5.e. State [REDACTED] 5.f. Zip Code [REDACTED]

5.g. Postal Code [REDACTED]

5.h. Province [REDACTED]

5.i. Country  
United States

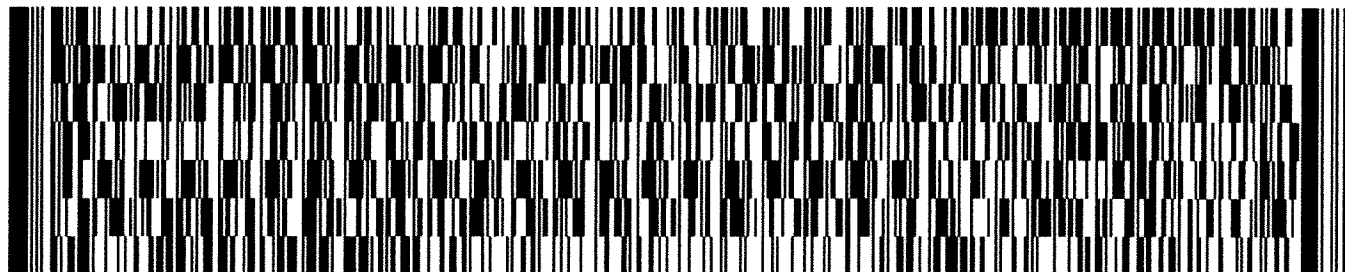
### U.S. Physical Address

6.a. Street Number and Name [REDACTED]

6.b. Apt.  Ste.  Flr.  [REDACTED]

6.c. City or Town [REDACTED]

6.d. State [REDACTED] 6.e. Zip Code [REDACTED]



**Part 1. Information About You** (continued)

7. Gender  Male  Female

8. Date of Birth (mm/dd/yyyy) ▶ [REDACTED]

9. City/Town/Village of Birth  
Xieng Khouang

10. Country of Birth  
Laos

11. Class of Admission  
RE6 - REFUGEE

12. Date of Admission (mm/dd/yyyy) ▶ [REDACTED]/1989

13. U.S. Social Security Number (if any) ▶ [REDACTED]

**Part 2. Application Type**

**NOTE:** If your conditional status is expiring within the next 90 days, then do **not** file this application. (See Form I-90 instructions for further information.)

**My status is** (Select **only one** box):

- 1.a.  Permanent Resident (Proceed to **Section A**)
- 1.b.  Permanent Resident - In Commuter Status (Proceed to **Section A**)
- 1.c.  Conditional Permanent Resident (Proceed to **Section B**)

**Reason for Application** (select **only one** box)

**Section A.** (To be used **only** by a permanent resident or a permanent resident in commuter status.)

- 2.a.  My previous card has been lost, stolen, or destroyed.
- 2.b.  My previous card was issued but never received.
- 2.c.  My existing card has been mutilated.
- 2.d.  My existing card has incorrect data because of USCIS error. (Attach existing card with incorrect data along with this application.)
- 2.e.  My name or other biographic information has been legally changed since issuance of my existing card.
- 2.f.  My existing card will expire in 6 months or has already expired.
- 2.g1.  I have reached my 14th birthday and am registering as required. My existing card will expire after my 16th birthday. (If you are filing this form before your 14th birthday, or more than 30 days after your 14th birthday, do not select 2.g1. You must select 2.j.)

2.g2.  I have reached my 14th birthday and am registering as required. My existing card will expire before my 16th birthday. (If you are filing this form before your 14th birthday, or more than 30 days after your 14th birthday, do not select 2.g.2. You must select 2.j.)

2.h1.  I am a permanent resident who is taking up commuter status.

**My port of entry (POE) into the United States will be:**

2.h1.1. City and State  
[REDACTED]

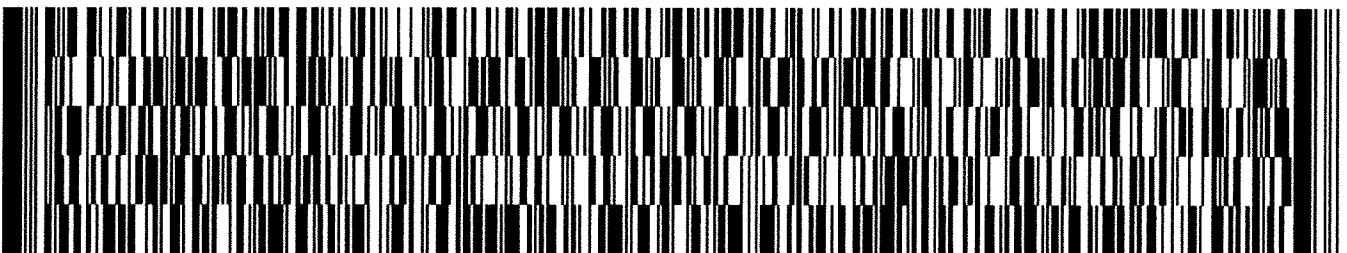
2.h2.  I am a commuter who is taking up actual residence in the United States.

2.i.  I have been automatically converted to permanent resident status.

2.j.  I have a prior edition of the Alien Registration Card, or I am applying to replace my current Permanent Resident Card for a reason that is not specified above.

**Section B.** (To be used **only** by a conditional permanent resident.)

- 3.a.  My previous card has been lost, stolen, or destroyed.
- 3.b.  My previous card was issued but never received.
- 3.c.  My existing card has been mutilated.
- 3.d.  My existing card has incorrect data because of USCIS error. (Attach existing permanent resident card with incorrect data along with this application.)
- 3.e.  My name or other biographical information has been legally changed since the issuance of my existing card.



**Part 3. Processing Information**

**Mother's Name**

1. Given Name (First Name)

**Father's Name**

2. Given Name (First Name)

**Additional Information**

3. Location where you applied for an immigrant visa or adjustment of status:

4. Location where immigrant visa was issued or USCIS office where adjustment of status was granted:

Did you enter the United States with an immigrant visa? Complete **number 5.a.** and **number 5.a1.** (If you were granted adjustment of status, proceed to **number 6.**)

5.a. Destination in United States at time of admission

**Port of entry where admitted to United States:**

5.a1. City and State

6. Have you ever been ordered removed from the United States?  Yes  No

7. Since you were granted permanent residence, have you ever filed Form I-407, Abandonment by Alien of Status as Lawful Permanent Resident, or otherwise been judged to have abandoned your status?  Yes  No

**NOTE:** If you answered "Yes" to **number 6** or **number 7** above, provide a detailed explanation on a separate sheet of paper. You must include your Name and A-Number on the top of each sheet.

**Part 4. Accommodations for Individuals With Disabilities and Impairments** (Read the information in Form I-90 instructions before completing this Part.)

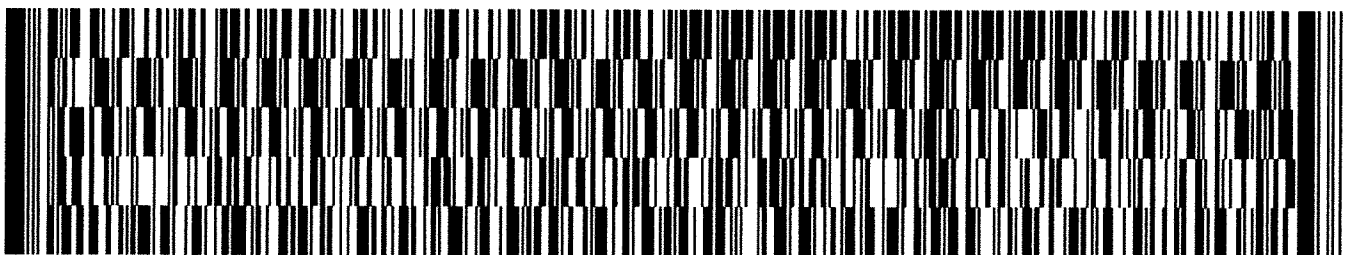
1. Are you requesting an accommodation because of a disability and/or impairment?  Yes  No

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

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

1.b.  I am blind or sight-impaired and request the following accommodation:

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



**Part 5. Signature of Applicant** (Read the information on penalties in the Form I-90 instructions before completing this part. You must file Form I-90 while in the United States.)

I certify, under penalty of perjury under the laws of the United States of America, that this application 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.

1.a. Signature of Applicant

[Redacted Signature]

1.b. Date of Signature (mm/dd/yyyy) ▶ [Redacted]

2. Daytime Phone Number ( [Redacted] ) [Redacted]

**NOTE:** If you do not completely fill out this form or fail to submit required documents listed in the instructions, your application may be denied.

**Part 6. Signature of Person Preparing This Application, If Other Than the Applicant**

**NOTE:** If you are an attorney or representative, you must submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, along with this application.

**Preparer's Full Name**

Provide the following information concerning the preparer:

1.a. Preparer's Family Name (Last Name)

Applebaum

1.b. Preparer's Given Name (First Name)

Anne

2. Preparer's Business or Organization Name

Immigrant Law Center of MN

**Preparer's Mailing Address**

3.a. Street Number and Name 450 North Syndicate Stree

3.b. Apt.  Ste.  Fl.  175

3.c. City or Town Saint Paul

3.d. State MN 3.e. Zip Code 55104

3.f. Postal Code

3.g. Province

3.h. Country United States

**Preparer's Contact Information**

4. Preparer's Daytime Phone Number Extension

( 651 ) 641 - 1011 209

5. Preparer's E-mail Address (if any)

probono@ilcm.org

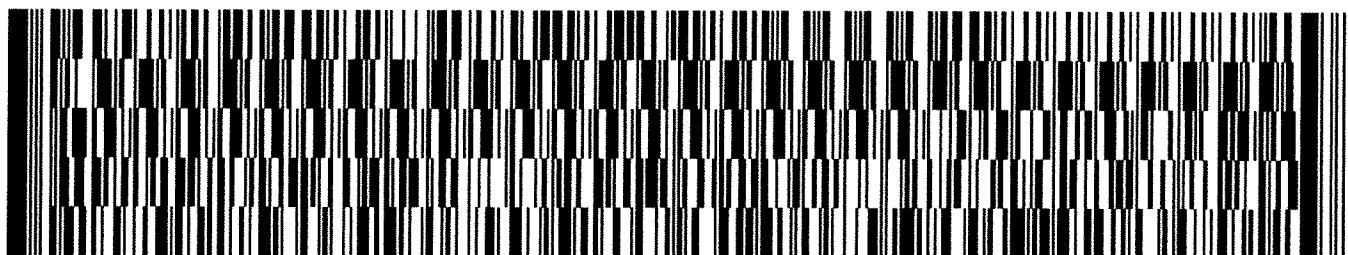
**Declaration**

To be completed by all preparers, including attorneys and authorized representatives: I declare that I prepared this benefit request at the request of the applicant, that it is based on all the information of which I have knowledge, and that the information is true to the best of my knowledge.

6.a. Signature of Preparer [Handwritten Signature]

6.b. Date of Signature (mm/dd/yyyy) ▶ 04/20/2013

**NOTE:** If you require more space to provide any additional information, use a separate sheet of paper. You must include your Name and A-Number on the top of each sheet.







U.S. DEPARTMENT OF JUSTICE Immigration and Naturalization Service  
**PERMANENT RESIDENT CARD**

This card is the official verification of your Social Security number. Please sign it right away. Keep it in a safe place. Improper use of this card or number by anyone is punishable by fine, imprisonment or both.

This card belongs to the Social Security Administration and you must return it if we ask for it.

If you find a card that isn't yours, please return it to:  
Social Security Administration  
P.O. Box 33008, Baltimore, MD 21290-3008

For any other Social Security business/information, contact your local Social Security office. If you write to the above address for any business other than returning a found card, it will take longer for us to answer your letter.

Social Security Administration  
Form SSA-3000 (6-99)