



Naturalization Eligibility

1. Last Name: _____ 2. First Name: _____

A-Number: _____ 3. Date of Birth: _____ Age: _____

4. Place of birth: _____

5. Address: _____ City: _____ State: _____

6. Zipcode: _____

7. Phone Number: _____

If any of the following situations are "True" for you then we cannot help you but we recommend you get assistance from a private attorney

If you ever:

- **Falsely claimed to be a U.S. citizen Yes / No**
- **Been convicted of committing domestic violence or related crime Yes / No**
- **Voted or registered to vote in a U.S. election Yes / No**
- **Admitted to or been convicted of illegal drug charges (unless 30 grams of marijuana or less) Yes / No**
- **Convicted of a Felony Yes / No**
- **Currently in removal proceedings Yes / No**

8. What is the status under which you arrived in the U.S. _____

9. Date you received your Green Card: _____ 7. Expiration Date: _____

8. If 5 years have NOT passed since becoming a resident, have you been married to a U.S. Citizen for at least 3 years?

Yes No

8A. Have you lived with your spouse for 3 years? Yes No

9. If you are not married to a U.S. Citizen: Have you served in the military? Yes No

10. Are you married to someone in the military? Yes No

11. Have you been physically present in the U.S. for at least half of the 5 years (3 years if married to U.S. Citizen) since you became a Lawful Permanent Resident? Yes No If No, explain: _____

12. Have you lived in the State of Nebraska for the last 3 months? Yes No

13. Since coming to the US, have you been arrested, cited, convicted or fined for breaking or violating any law Yes No If Yes, explain: _____

14. Have you ever been in removal proceedings? Yes No If yes, explain: _____

15. Have you previously submitted a N-400 application? Yes No If yes, what was the result? _____

16. Do you have or believe you have a learning disability or mental impairment that prevents you from learning English or taking the civics test? Yes No

17. If you are a male, do you have a selective service number? Yes No
Selective Service# _____ Date registered: _____

*If you are a male and live in the U.S. between the ages of 18-26, you are required to register for the selective service. Unless you have a non-immigrant visa (student, temporary legal status) or nonimmigrant status during that that age period you do not have to register

CLIA Intake Worksheet Information for the N-400

Please fill out the worksheet completely. You will not be seen if this form is not completed

The information must match your birth certificate and passport. If the information is different, please explain why.

LEGAL NAME _____ DATE OF BIRTH _____ USCIS NUMBER / A# _____ SOCIAL SECURITY NUMBER _____	HOME PHONE _____ CELL PHONE _____ EMAIL ADDRESS _____
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ADDRESS HISTORY FOR THE LAST 5 YEARS (with Apartment #)

Current Address:							/ /	/ /
	Street	City	State	Country	Zip Code	Move in Date	Move out Date	
Previous Address:							/ /	/ /
	Street	City	State	Country	Zip Code	Move in Date	Move out Date	
Previous Address:							/ /	/ /
	Street	City	State	Country	Zip Code	Move in Date	Move out Date	
Previous Address:							/ /	/ /
	Street	City	State	Country	Zip Code	Move in Date	Move out Date	
Previous Address:							/ /	/ /
	Street	City	State	Country	Zip Code	Move in Date	Move out Date	

EMPLOYMENT & SCHOOL HISTORY FOR THE LAST 5 YEARS (with job title)

Current Employer:							/ /	/ /
	Name	Street	City	State	Country	Zip Code	Start Date	End Date
Previous Employer:							/ /	/ /
	Name	Street	City	State	Country	Zip Code	Start Date	End Date
Previous Employer:							/ /	/ /
	Name	Street	City	State	Country	Zip Code	Start Date	End Date
Previous Employer:							/ /	/ /
	Name	Street	City	State	Country	Zip Code	Start Date	End Date
Previous Employer:							/ /	/ /
	Name	Street	City	State	Country	Zip Code	Start Date	End Date

TIME SPENT OUTSIDE OF THE US IN THE LAST 5 YEARS

Trip: / /	/ /	
Date Left the US	Date Returned to the US	Countries Visited
Trip: / /	/ /	
Date Left the US	Date Returned to the US	Countries Visited
Trip: / /	/ /	
Date Left the US	Date Returned to the US	Countries Visited

Trip: / /	/ /	
Date Left the US	Date Returned to the US	Countries Visited
Trip: / /	/ /	
Date Left the US	Date Returned to the US	Countries Visited
Trip: / /	/ /	
Date Left the US	Date Returned to the US	Countries Visited

ALL CHILDREN (biological, adopted, stepchild, children who have passed away, and children in different countries)

NAME: _____
Date of birth _____
Country of birth _____
SSN _____
A#: _____

NAME: _____
Date of birth _____
Country of birth _____
SSN _____
A#: _____

NAME: _____
Date of birth _____
Country of birth _____
SSN _____
A#: _____

NAME: _____
Date of birth _____
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A#: _____

NAME: _____
Date of birth _____
Country of birth _____
SSN _____
A#: _____

NAME: _____
Date of birth _____
Country of birth _____
SSN _____
A#: _____

CURRENT SPOUSE

Name: _____
Date of birth: _____
Country of birth: _____
Date of marriage: _____
Date of divorce: _____
Place of Marriage: _____

Previous Spouse

Name: _____
Date of birth: _____
Country of birth: _____
Date of marriage: _____
Date of divorce: _____
Place of Marriage _____
Place of Divorce: _____

CRIMINAL HISTORY (includes arrest, citations, speeding tickets, etc)

Crime / citation: _____
Date: _____
location cited: _____
Result: _____

Crime / citation: _____
Date: _____
location cited: _____
Result: _____

Crime / citation: _____
Date: _____
location cited: _____
Result: _____

Crime / citation: _____
Date: _____
location cited: _____
Result: _____

Crime / citation: _____
Date: _____
location cited: _____
Result: _____

Crime / citation: _____
Date: _____
location cited: _____
Result: _____



FEE WAIVER APPLICATION

Does **NOT** include the \$60 administrative fee.

The following documents MUST be attached to this packet: the most recently filed taxes AND the most recent pay stub received. If this is not available, provide proof of a notice of action for benefits such as Medicaid, SNAP, and social security income.

Full Name _____ Birth Date _____
 Address _____
 City _____ State _____ Zip code _____
 Phone _____ Time to call (M-F 9AM-4:30PM) _____

<p>Yes, I want to apply.</p> <p>To apply; read, complete both pages of this application, provide proof of income and sign below. This allows our office to determine whether or not your fees will be waived. I understand that if CLIA cannot make a determination due to an incomplete application, I may be charged the full fee for legal services.</p> <p>Signature: _____ Date: _____</p>	<p>No, I do not want to apply.</p> <p>I do not wish to participate in the Fee Waiver Program. I understand that any charges for which I am responsible will be billed to me and will not be waived. This applies to me and to the household members listed.</p> <p>Signature: _____ Date: _____</p>
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Family Size: Family size is defined as all household and/or family members who depend on the same income. **Please list your household and/or family members:**

	First Name	Last Name	Date of Birth	Monthly Income
1				
2				
3				
4				
5				
6				
7				
8				

Certification of Income

I hereby certify that the income for my household (including all household/ family members) for the coming twelve months is as follows: (Before Tax and Deductions)

Wages, salaries, commissions, tips	\$
Social Security Benefits	\$
Public Assistance (Food Stamps, TANF, etc.)	\$
Unemployment/ Workers Compensations	\$
VA Benefits/ Military Retirement	\$
Pensions and/or IRA Distributions	\$
Rental	\$
Dividend and/or Interest Income	\$
Other income (specify source)	\$
Total Annual Household Income	\$

ZERO INCOME HOUSEHOLD ONLY - Please complete if you have NO source of income:

Please describe how your basic needs have been met:

Food: _____ Shelter: _____

Utilities: _____

Other (clothing, soap, etc.): _____

I, _____, certify that I have had no source of income since _____

Name of last employer: _____ Date of last employment: _____

All Applicants: PLEASE READ THE FOLLOWING STATEMENT AND SIGN BELOW.

I agree to be responsible for my CLIA legal services bills. I also agree to inform CLIA if I have income change. I understand if I provide false or incomplete information, I may no longer be considered for a discount and certify that the information I have given on this application is complete and true.

Signature: _____ Date: _____

Center for Legal Immigration Assistance (CLIA) believes that immigration legal services should be accessible to those who need them, regardless of their ability to pay. CLIA further believes that individuals should pay as their means permit, discounting fees when applicable.