CITIZENSHIP

IMPORTANT:

You must have this form completed by the day of your appointment. We don’t want to delay your process. Thank you for your cooperation!

Appointment Date: _____________
Time: ___________
Date/Fecha________________________

Income Reporting Sheet/ Treatment Plan

Beneficiary or Applicant/Beneficiario o Solicitante:

First Name/Primer Nombre ____________________________ Middle Name/Segundo Nombre ____________________________

Last Name/Apellido__________________________ A#:__________________________

Phone #/Número de teléfono________________________________________

Address/Dirección________________________________________________________

Email/Correo electrónico____________________________________________________

Date of Birth/Fecha de Nacimiento__________________________________________ Age/Edad__________________________

Gender/Género__________________________________________________________ Years of School/Años de Educación___________

Country of Origin/País de Origen__________________________________________ Race/Raza____________________________

Language of Service/Idioma de Servicio____________________________________

Household Size (Including Children)/Tamaño del Hogar (incluyendo niños) ______________

Total Gross Annual Household Income/Total de ingresos anuales antes de recortes ______________

<table>
<thead>
<tr>
<th>2019 Federal Poverty Level Chart</th>
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<tr>
<td>Household Size</td>
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STOP For Internal Use Only: Counselor:__________________________________________

Case #:__________________________ A#:__________________________

Identified Problem/Service Need:______________________________________________

Client’s Objective:____________________________________________________________

Steps taken to Meet Objectives:__________________________________________________

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<tr>
<th>Date</th>
<th>Services</th>
<th>Fees</th>
<th>Amount Paid</th>
<th>Balance</th>
<th>Receipt #/ Funding Source</th>
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CITIZENSHIP APPLICATION INFORMATION SHEET

To apply for Citizenship, you must be at least 18 years old, and meet the following requirements:

1) Be a Legal Permanent Resident for at least 5 years, or.
2) If married to a U.S. citizen, you must be a Legal Permanent Resident for at least 3 years,
   a. Living with your U.S. citizen spouse at least 3 years, and
   b. Your spouse must have been a U.S. citizen for at least 3 years

**ALL 3 REQUIREMENTS MUST BE MET TO QUALIFY UNDER THE 3 YEAR RULE**

3) A lawful permanent resident who has served in the U.S. Armed Forces for at least 3 years in active duty, or
   a. Has been honorably discharged within 6 months before applying; or
   b. A person who has served during a period of recognized hostilities (war) and enlisted or re-enlisted in the United States (you don’t have a lawful permanent residence).

Bring the following to your appointment:

1. Alien Resident card (Green card)
2. California Driver's License or California I.D
3. Social Security number
4. Selective Service Registration number (this only applies to 18-31 yr old males) https://www.sss.gov/
5. Dates and addresses of residences where you have lived in the last five years.
6. Dates and addresses of places where you have worked in the last five years. If you are unemployed retired/disabled please provide the date you became unemployed/retired/disabled.
7. Dates that you traveled outside the U.S. in the last five years for all trips lasting 24 hours or more
8. If you have ever been arrested, please provide the certified copy from the court where your case was decided (Final Court Disposition/record search)
9. If married, please provide spouse’s full name and other names your spouse has used in the past, DOB, date of marriage, home address, employer’s name (if working)
10. Spouse’s immigration status, if your spouse is a U.S. Citizen, please provide the date he/she became U.S. Citizen or if your spouse is a Legal Permanent Resident, please provide resident card number
11. If you have been married one or more times, please provide your ex-spouse’s full name, DOB, date of marriage, country of origin, nationality, date marriage ended and their Legal Status in the U.S.
12. If your spouse has been married before, please provide his/her ex-spouse’s name, DOB, date of marriage, date marriage ended, country of birth, immigration status at the time of termination
13. Please provide each child’s full name, date of birth, country of birth, immigration status (alien number if Legal Permanent Resident or work permit number), and home address if different from yours.
14. You must be up to date with your income taxes or have arranged a payment plan if you owe.

Processing fees:

(1) $725.00 Check or money order payable to: U.S. DEPARTMENT OF HOMELAND SECURITY (this includes the fingerprints) or credit card payment is acceptable.

(2) If over 75 years of age $640.00 Check or money order payable to: U.S. DEPARTMENT OF HOMELAND SECURITY

Fee waiver for eligible individual.

NOTE: If you bring all the documents and information above-mentioned and the Citizenship Application Information sheet filled out, your appointment will take approximately 2 hours. If you don’t have it complete, your appointment may be cancelled or you may be required to schedule another appointment and pay an extra fee.

If you are 55 years of age and have lived as a Legal permanent Residents for 15 years, or if you are 50 years old and have lived as a Legal Permanent Resident in the United States for 20 years, you are eligible to take the American History test in your own language. Furthermore, if you are 65 years or more and have lived as a Legal Permanent Resident in the United States for 20 years you are eligible to take the exam in your own language and only have to study 20 questions.

If you have a medical disability or impairment and you believe qualifies you for a waiver of the English and/or U.S. government and history test, attach properly completed N-648 form. If you ask for this waiver, it does not guarantee that you will be excused from the testing requirements.

Please call us to schedule an appointment: (714) 347-9610

Citizenship Classes: Catholic charities of Orange County offers free Citizenship classes. We also offer special preparation classes for the interview with Immigration.
U.S. Citizenship Screening Questionnaire

Check the appropriate response to the following questions.

1. Have you made trips out of the U.S. lasting 6 months or more? .................................................Yes ☐ No ☐
2. Have you moved to another country since getting your green card?..........................................Yes ☐ No ☐
3. Are you in deportation or removal proceedings .................................................................Yes ☐ No ☐
4. Have you ever been deported or removed? ........................................................................Yes ☐ No ☐
5. Have you ever failed to file federal, state of local taxes or do you owe taxes? ....................Yes ☐ No ☐
6. Have you failed to support your children or do you owe child support?..............................Yes ☐ No ☐
7. Are you on probation or parole for a criminal conviction? ......................................................Yes ☐ No ☐
8. Have you lied or committed fraud to get your green card?.......................................................Yes ☐ No ☐
9. Have you lied or committed fraud to receive or to continue to receive public benefits? ..........Yes ☐ No ☐
10. Have you helped someone enter the U.S. illegally, even if it was a relative? .........................Yes ☐ No ☐
11. Have you ever claimed to be a U.S. citizen but weren’t?..........................................................Yes ☐ No ☐
12. Have you have voted illegally in the U.S. or registered to vote in the U.S. and weren’t eligible to?......................................................................................................................................................Yes ☐ No ☐
13. Have you made a living by illegal gambling? ...........................................................................Yes ☐ No ☐
14. Have you have been involved in or procured prostitution? .....................................................Yes ☐ No ☐
15. Have you have been a habitual drunkard, a drug abuser or a drug addict? .................................Yes ☐ No ☐
16. Have you been arrested or convicted of a crime or have committed a crime? ..........................Yes ☐ No ☐

       If Yes, please obtain Final Court Disposition and bring to your consultation.
17. Have you been charged with committing domestic violence, child neglect, child and/or elderly abuse or abuse of a disable person? ......................................................................................................................................................................................Yes ☐ No ☐

       If Yes, please obtain Final Court Disposition and bring to your consultation.

If you checked “No” to ALL the above questions, please proceed to schedule an appointment and fill out the U.S. Citizenship Application Packet.

If you checked a “Yes” to ANY of the above questions, please contact Catholic Charities Immigration Services prior to scheduling your appointment as additional information may be needed. Please sign up to attend of our Informational Session for further assessment of your case.
Applicant’s Information:

First Name: ___________________________ Middle Name: ___________________________ Last Name: ___________________________

Street Address: ____________________________________________________________

City: ___________________________ State: _______ Zip: ______________

Cell Phone: ___________________________ Home Phone: ___________________________ Other Phone: ___________________________

Email Address: ___________________________

A#: ___________________________ Sex: □ M □ F Social Security #: ___________________________

Date of Birth: ___________________________ Age: ______ Place of Birth (City & Country): ___________________________

Other Names Used (e.g. Maiden Name, Nickname): ___________________________

If you would like to change your name, print the new name you would like to use.

Name Change: ___________________________

Marital Status: ___________________________

Marriage Date: ___________________________ City and Country of Marriage: ___________________________

II. Current Spouse Information

First Name: ___________________________ Middle Name: ___________________________ Last Name: ___________________________

Date of Birth: ___________________________ Age: ______ Place of Birth (City & Country): ___________________________

Immigration Status: □ U.S. Citizen □ Lawful LPR □ Other: ___________________________

If Spouse is a Permanent Resident, has a Work Permit or is a US Citizen, please provide the following:

A#: ___________________________ Date of Citizenship: ______________ Location of Citizenship (City & State): ___________________________

Spouse Employer Name: ___________________________

III. Matrial History:

Applicant’s Prior Spouse Information:

First Name: ___________________________ Middle Name: ___________________________ Last Name: ___________________________

Date of Birth: ___________________________ Age: ______ Place of Birth (City & Country): ___________________________

Immigration Status (prior to termination): □ U.S. Citizen □ Lawful LPR □ Other: ___________________________

Date of Marriage: ___________________________ Date of Marriage Termination: ___________________________
IV. Spouse Marital History
If your current spouse has been married before, please provide the marital history of your current spouse:

Current Spouse Prior Spouse Information:
First Name: __________________ Middle Name: __________________ Last Name: __________________
Date of Birth: ___________ Age: _____ Place of Birth (City & Country): __________________________

Immigration Status: ☐ U.S. Citizen ☐ Lawful LPR ☐ Other: ________________________________
Date of Marriage: _______________ Date of Marriage Termination: _________________________

V. If any other marriages please attach additional pages with the same information as necessary. Information about ALL OF YOUR Children (Adult children, missing, dead, alive):

How many children do you have? _____
Please list below the names of your children: Please attach additional sheets if necessary.

<table>
<thead>
<tr>
<th>Name: First, Last</th>
<th>Date of Birth (M, D, Y)</th>
<th>Country of Birth</th>
<th>A #</th>
<th>Address (if different from yours)</th>
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Please use a separate sheet if you need extra space to write down your children’s information.

If your parents were married before you turned 18 and are U.S. citizens, please provide the following information:
Mother’s Name: __________________ Date of Birth (M/D/Y): __________________
Place Birth (City & Country): __________________ Date of Citizenship: __________________
Father’s Name: __________________ Date of Birth (M/D/Y): __________________
Place Birth: __________________ Date of Citizenship: __________________

VI. Additional Information:

Have you ever been arrested, detained or cited (including traffic tickets)? ☐ Yes ☐ No
Have you ever been convicted of a crime? ☐ Yes ☐ No
If you answered “YES” to any of the above, provide the following information:

<table>
<thead>
<tr>
<th>Date</th>
<th>Location (City/State/Country)</th>
<th>Nature of Offense</th>
<th>Outcome</th>
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</table>
Have you ever been **deported or excluded** from the U.S.?  ☐ Yes  ☐ No

*If you answered “YES”, please include the following:*

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<tr>
<th>Date</th>
<th>Location (City/State)</th>
<th>Outcome</th>
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If you answered “YES” to the above:

Was this information disclosed at the time of the interview for your residency?  ☐ Yes  ☐ No

Have you ever entered as a Nonimmigrant Visitor, Student or Worker and **overstayed** your visa?  ☐ Yes  ☐ No

How did you obtain your residence card?

Date of First Entry to the U.S before becoming an LPR:

Date of Last Entry to the U.S. before becoming an LPR:

**VII. Applicant History:**

List where have you lived during the last 5 years:

<table>
<thead>
<tr>
<th>Address: Street #, Name, Apt.#, City, State, Zip Code, Country</th>
<th>Date: From – To (Month/Year)</th>
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List where have you **Worked or Studied** during the last 5 years?

If you are **unemployed**, please provide dates when you became unemployed.

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<tr>
<th>Employer or School</th>
<th>Address</th>
<th>Dates: From – To (Month/Year)</th>
<th>Occupation</th>
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List all trips made outside the United States that were 24 hours or more in the last 5 years. If you don’t remember the exact dates, please provide the month, year and total days out of the country.

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<th>Date left the U.S.</th>
<th>Date returned to the U.S.</th>
<th>Six months or More?</th>
<th>Country or Countries Visited</th>
<th>Total Days outside of the U.S.</th>
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Notes: