

1800 E. 17TH STREET, SANTA ANA, CA 92701 TEL. 714-347-9610

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:_____

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

2020 Federal Poverty Level Chart								
Household	100%	> 138%	150%	200%	250%	300%	400%	
Size								
1	\$12,760	\$16,971	\$19,140	\$25,520	\$31,900	\$38,280	\$51,040	
2	\$17,420	\$22,791	\$25,860	\$34,480	\$43,100	\$51,720	\$68,960	
3	\$21,720	\$29,974	\$32,580	\$43,440	\$54,300	\$65,160	\$86,880	
4	\$26,200	\$36,156	\$39,300	\$52,400	\$65,500	\$78,600	\$104,800	
5	\$30,680	\$42,338	\$46,020	\$61,360	\$76,700	\$92,040	\$122,720	
6	\$35,160	\$48,521	\$52,740	\$70,320	\$87,900	\$105,480	\$140,640	
7	\$39,640	\$54,703	\$59,460	\$79,280	\$99,100	\$118,920	\$158,560	
8	\$44,120	\$60,886	\$66,180	\$88,240	\$110,300	\$132,360	\$176,480	



For Internal Use Only:

Counselor:

Case #:____

A#:

Identified Problem/Service Need:_____

Client's Objective:

Steps taken to Meet Objectives:

Date	Services	Fees	Amount Paid	Balance	Receipt #/ Funding Source



Citizenship Application Information Sheet and Requirements

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

5 Year Rule:

1. Be a legal Permanent Resident for at least 5 years

3 year Rule (*if you are married to a U.S. Citizen*):

- 1. Be a Legal Permanent Resident for at least 3 years, and
- 2. Living with your U.S. citizen spouse at least 3 years, and
- 3. Your spouse must have been a U.S. citizen for at least 3 years

If you have served in the U.S. Armed Forces:

- 1. Have served for 3 years in active duty, or
- 2. Have been honorably discharged within 6 months before applying, or
- 3. A person who has served during a period of recognized hostilities (war) and enlisted or reenlisted in the U.S. (you do not have a lawful permanent residence).

The following information is required:

- 1. Copy of Legal Permanent Resident Card
- 2. Copy of California Driver's License or CA ID
- 3. Social Security Number
- 4. This intake filled out COMPLETELY

Interview Language Exemption:

I am _____ years old and have had my green card for _____ years.

	Categories to take interview in your own language						
Age Years of Residency Amount of Questions to Amount of Questions							
	Study answered correctly to pas						
1	50 years or older	15 years or more	128	12			
2	50 years or older	20 years or more	128	12			
3	65 years or older	20 years or more	20	6			

English Interview and Civic Exemption:

1. If you have a medical disability or impairment and you believe qualify 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.

Fees:

For United States of Immigration Services

- 1. Money Order, Personal Check or Credit Card accepted. Payable to the U.S. Department of Homeland Security
 - a. If you are 18 to 74 years old \$725.00
 - b. If you are 75 years or older \$640.00
- 2. Fee waiver is available to those who qualify.

Note: These fees will change in the future but is unknown when.

For Catholic Charities there is No Cost!



U.S. Citizenship Screening Questionnaire:

Check the appropriate response to the following questions.

1.	Have you made any trips outside of the U.S. in the last 5 years that lasted 6 months or more? \Box Yes \Box No
2.	Since becoming a Legal Permanent Resident have you moved to another country? \square Yes \square No
3.	Are you in deportation proceedings? \Box Yes \Box No
4.	Have you ever been deported or removed? \Box Yes \Box No
5.	Since becoming a Legal Permanent Resident have you ever failed to file a federal, state or local tax, or do have
	any taxes that are overdue? \Box Yes \Box No
6.	Have you failed to support your children, or do you owe child support? \square Yes \square No
7.	Are you on probation or parole for a criminal conviction?
8.	Have you ever given false or misleading information to any U.S. Government official while applying for any
	immigration benefit or to prevent deportation, exclusion, or removal? D Yes \Box No
9.	Have you lied to any U.S. Government official to gain entry or admission into the U.S.? \square Yes \square No
10.	Have you lied or committed fraud to receive or to continue to receive public benefits? \square Yes \square No
11.	. Have you helped someone enter the U.S. illegally, even if it was a relative?
12.	. Have you claimed to be a U.S. citizen? \Box Yes \Box No
13.	. Have you voted illegally or registered to vote in the U.S.?
14.	. Have you made a living by illegal gambling? No
15.	. Have you been a habitual drunkard, drug abuser or drug addict?
16.	Have you ever been arrested, cited (tickets) or detained by any law enforcement offer (including USCIS or
	former INS and military officers) for any reason? \Box Yes \Box No
17.	. Have you ever been charged or convicted of a crime or offense?

If you have marked "Yes" to any of the questions, we will need more information from you.

Selective Service Information:

Are you a male who lived in the U.S. at any time between your 18^{th} and 26^{th} birthdays? \Box Yes \Box No

If you answered "Yes," when did you register for the Selective Service?

Date Registered: _____ Selective Service Number: _____



Applicant Intake

I.Applicant's Information:

Resident Since:	L	PR Category (next to US	SCIS#):
Other names used:			
Marital Status:			
If you would like to char	• /	•	
First Name:	Middle Name:	Last N	ame:
Is your mailing address	the same as your physi	cal address? 🗆 Yes [□ No
If not, what is your mail			
Street Address:	0		
			Zip:
City Urrent Spouse's Info	ormation:	State:	Zip:
City urrent Spouse's Info First Name:	r: prmation: Middle N	State:	Zip: Last Name:
City urrent Spouse's Info First Name: Other Names Used:	prmation: Middle N	State:ame:	Zip: Last Name:
City urrent Spouse's Info First Name: Other Names Used: Date of Birth:	r: Drmation: Middle N Country of	State:ame:	Zip: Last Name:
City urrent Spouse's Info First Name: Other Names Used: Date of Birth: Date of Marriage:	r: Drmation: Middle N Country o	State: ame: of Birth:	Zip: Last Name:
City urrent Spouse's Info First Name: Other Names Used: Date of Birth: Date of Marriage: Immigration Status:	/: Middle N	State: ame: of Birth: LPR □Other:	Zip: Last Name:
City First Name: Other Names Used: Date of Birth: Date of Marriage: Immigration Status: If spouse is a Legal Pern	/: Middle N Middle N Country o Country o U.S. Citizen	State: ame: of Birth: UPR □Other: work permit or is a L	Zip: Last Name: J.S. Citizen, please provide the following
City urrent Spouse's Info First Name: Other Names Used: Date of Birth: Date of Marriage: Immigration Status:	/: Middle N Country o Country o Country o DU.S. Citizen nanent Resident, has a Date of Citizensh	State: ame: of Birth: Df Birth: UPR □Other: work permit or is a U ip:	Zip: Last Name: J.S. Citizen, please provide the following

First Name:	Middle Name:		Last Name:
Other Names Used:			
Date of Birth:	Country of Bir	th:	
Date of Marriage:	Date of Marria	age Termination:	
Immigration Status (at time marriage ende	d): 🛛 U.S. Citizen	\Box LPR \Box Other:	
How did Marriage end?	ce 🗆 Death	□Annulment	

IV.Spouse's Marital History

First Name:	Midd	lle Name:		Last Name:	
Other Names Used:					
Date of Birth:		Country of Bir	rth:		
Date of Marriage:		Date of Marri	age Termination:		
Immigration Status (at time m	arriage ended):	□U.S. Citizen	□LPR □Othe	: <u> </u>	
How did Marriage end?	Divorce	\Box Death	□Annulment		



V.Address History:

List where you have lived in the last 5 years (from most recent to the oldest):

Address: Street, Apt #, City, State, Zip Code, Country	From: (Month/Year)	To: (Month/Year)

VI.Employment and School History:

List where have you worked or gone to school in the last 5 years (from the most recent to the oldest):

1	Employer or School:	Address:	
	From: (Month/Year)	To: (Month/Year)	Title or Occupation:
2	Employer or School:	Address:	
	From: (Month/Year)	To: (Month/Year)	Title or Occupation:
3	Employer or School:	Address:	
	From: (Month/Year)	To: (Month/Year)	Title or Occupation:
4	Employer or School:	Address:	
	From: (Month/Year)	To: (Month/Year)	Title or Occupation:

VII.Exits and Entries:

List your exits and entries outside the U.S. that were 24 hours or more in the last 5 years (from the most recent to the oldest). If you don't remember the exact dates, please provide the month and year and total amount of days outside.

Date you left the U.S. (mm/dd/yy)	Date retuned to the U.S. (mm/dd/yy)	Country or Countries Visited	Total Days Outside of U.S.



VIII.Children Information:

List all your children *(including stepchildren, deceased, missing, alive, living abroad)*. How many children do you have?

1	Name:	Address:					
	Date of Birth:	Country of Birth:	USCIS# or A#:	Biological Child?	Yes	No	
2	Name:	Address:					
	Date of Birth:	Country of Birth:	USCIS# or A#:	Biological Child?	Yes	No	
3	Name:	Address:	·	<u></u>			
	Date of Birth:	Country of Birth:	USCIS# or A#:	Biological Child?	Yes	No	
4	Name:	Address:	·	<u></u>			
	Date of Birth:	Country of Birth:	USCIS# or A#:	Biological Child?	Yes	No	
5	Name:	Address:					
	Date of Birth:	Country of Birth:	USCIS# or A#:	Biological Child?	Yes	No	

*If you need additional space, please write information at the end of this packet.

IX.Parent Information:

Are any of your parents U.S.	citizens?	□Yes	□No
If you marked yes, please fill	out the follow	ing information:	

Mother's Name:		
Date of Birth:	Country of Birth:	Date of Citizenship:
Father's Name:		
Date of Birth:	Country of Birth:	Date of Citizenship:



X.Traffic and Criminal Information:

Have you been arrested, detained or cited (including traffic tickets)?

Have you been convicted of a crime?

If you answered "Yes" to any of the above, provide the following information:

Date	Location (City, State, Country)	Nature of Offense	Outcome

□No

*Note: We will need certified court records to mail with the application.

XI.Removal Proceedings Information:

Have you ever been removal proceedings?	□Yes	□No		
Have you ever been deported, removed or excluded	from the U.S.?		□Yes	□No
If you answered "Yes" to any of the above, provide the following information:				

Date	Location (City, State, Country)	Outcome

XII.Additional Space: