



Verification Request

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

USCIS
Form G-845
OMB No. 1615-0101
Expires 04/30/2024

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

Part 1. Information From the Registered Agency

NOTE: Only the Registered Agency should complete this information.

To: U.S. Citizenship and Immigration Services (USCIS)
Attn: USCIS SAVE Program Status Verification Office

Stamp, type, or print the name, address, and ZIP Code of the Registered Agency. (Print clearly since USCIS may use agency address below with a No. 10 window envelope.)

From:

Applicant Information

Immigration Document Number

- 1.a. Alien Registration Number (A-Number)
A- ▶
- 1.b. Form I-94 Number (Arrival-Departure Record)
▶
- 1.c. Other Immigration Number
- 1.d. Name or Form Number of Document Containing the Other Immigration Number

Applicant's Full Name as Shown on the Immigration Document

- 2.a. Last Name
- 2.b. First Name
- 2.c. Middle Name

- 3. Case Verification Number
- 4. Date of Birth (mm/dd/yyyy)
- 5. Social Security Number ▶
- 6. Student and Exchange Visitor Information System (SEVIS) Number
- 7. Citizenship or Nationality

Documents Attached (Select all that apply)

- 8.a. Photocopy of most recently issued immigration document attached. Ensure copies are legible and made from an original document. If the immigration document is printed on both sides, attach a copy of the front **and** back.
- 8.b. Other Information Attached (Specify Documents)

Benefits Sought

- 9.a. Background Check
- 9.b. Driver's License/ID
- 9.c. Education Grant/Loan/Work Study
- 9.d. Employment Authorization
- 9.e. Food Stamps
- 9.f. Housing Assistance
- 9.g. Medicaid/Medical Assistance
- 9.h. Social Security Number
- 9.i. SSI or RSDI
- 9.j. TANF
- 9.k. Unemployment Insurance
- 9.l. Other (Specify)

