

## **Application for Naturalization**

## **Department of Homeland Security**

U.S. Citizenship and Immigration Services

USCIS Form N-400 OMB No. 1615-0052 Expires 02/28/2027

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For			•				
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Rem	arks						
				rint in black ink. If you do S) to process your Form N-	-	estions, it may ta	ke longer for U.S. Citizenship
you n	nay n	ot ne	ed to file Form N		a U.S. citizen. Before y	ou file this appli	u reached your 18th birthday, cation, please visit the USCIS
				ut Your Eligibility (Se or your Form N-400 n	•	identity	er Your 9 Digit A-Number:
				•		,	
	A.	son re	•	ee Instructions for eligibilition. See Instructions: <b>List</b>	•	•	
	A. В.			Citizen. See Instructions:		-	Citizen
	<b>С.</b>		-				U.S. Citizen under the Violence
			Against Women			· · · · · · · · · · · · · · · · · · ·	
	D.		_	Citizen in Qualified Emple . <i>Citizen Working for a Qu</i>	•		Instructions: <i>Eligibility for the tes</i>
			(INA) section 31		d office where you would		gration and Nationality Act ur naturalization interview. You
	Е.		•	e During Period of Hostili U.S. Armed Forces	ties. See Instructions: E	ligibility and Ev	idence for Current and Former
	F.			ear of Honorable Military rmer Members of the U.S.		See Instructions:	Eligibility and Evidence for
	G.		Other Reason f	or Filing Not Listed Abov	e		
Par	t 2.	Info	ormation Abo	ut You (Person applyin	ng for naturalization)		
1.	You	r Cur	rent Legal Name	(do not provide a nickname	e)		
	Fam	ily N	ame (Last Name)		Given Name (First Name	2)	Middle Name (if applicable)
		er Na clude		sed Since Birth (see the Inst	ructions for this Item Nu	imber for more	information about which names
			ame (Last Name)		Given Name (First Name	·)	Middle Name (if applicable)
			. ,		,		

Par	<b>t 2. Information About You</b> (Person applying for naturalization) (continued) <b>A-</b>
Nam	e Change (Optional)
Read	the Instructions for this Item Number before you decide whether you would like to legally change your name.
3.	Would you like to legally change your name?   Yes No (skip to <b>Item Number 4.</b> )
	If you answered "Yes," type or print the new name you would like to use:
	Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)
4.	USCIS Online Account Number (if any)  5. Gender
	► Male Female Another Gender Identity
6.	Date of Birth (mm/dd/yyyy)
	In addition to your actual date of birth, include any other dates of birth you have ever used, including dates used in connection with any legal names or non-legal names, in the space provided in <b>Part 14. Additional Information</b> .
7.	If you are a lawful permanent resident, provide the date you became a lawful permanent resident (mm/dd/yyyy).
8.	Country of Birth
9.	Country of Citizenship or Nationality
	If you are a citizen or national of more than one country, list additional countries of nationality in the space provided in <b>Part 14. Additional Information</b> .
10.	Was one of your parents (including adoptive parents) a U.S. citizen before your 18th birthday?  Yes No
	If you answered "Yes," you may already be a U.S. citizen. If you are a U.S. citizen, you should not complete Form N-400.
11.	Do you have a physical or developmental disability or mental impairment that prevents you from demonstrating your knowledge and understanding of the English language or civics requirements for naturalization?
	If you answered "Yes," submit a completed Form N-648, Medical Certification for Disability Exceptions, when you file your Form N-400. See the <i>Naturalization Testing and Exceptions</i> section of the Instructions for additional information about exceptions from the English language test, including exceptions based on age and years as a lawful permanent resident.
Soc	ial Security Update
12.a.	Do you want the Social Security Administration (SSA) to issue you an original or replacement Social Security card and update your immigration status with the SSA if and when you are naturalized?
	Yes (Complete Item Numbers 12.b 12.c.)
	No (Go to Part 3.)
12.b.	Provide your Social Security number (SSN) (if any). ▶
12.c.	Consent for Disclosure: I authorize disclosure of information from this application and USCIS systems to the SSA as required for the purpose of assigning me an SSN, issuing me an original or replacement Social Security card, and updating my immigration status with the SSA.
	NOTE: If you answered "Yes" to Item Number 12.a., you must also answer "Yes" to Item Number 12.c., Consent for Disclosure, to receive a card

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Pai	rt 3. Biographic Information					<b>A-</b>						
	<b>E:</b> USCIS requires you to complete the cinformation.)	categories below	to conduct ba	ackground chec	eks. (See t	he <b>F</b>	orm	N-400	) Inst	ructi	ons for	
1.	Ethnicity (Select <b>only one</b> box)  Hispanic or Latino Not Hisp	anic or Latino										
2.	Race (Select <b>all applicable</b> boxes)  American Indian Asian or Alaska Native	Black or African Am		Native Hawaii Other Pacific I			Whi	te				
3.	Height Feet Inches	4.	Weight	Pounds								
5.	Eye color (Select <b>only one</b> box)  Black Blue Brown	Gray	Green	Hazel	Maroon		Pink		Un Oth	know ner	n/	
6.	Hair color (Select <b>only one</b> box)  Bald Black Blond (No hair)	Brown	Gray [	Red	Sandy		Whi	te 🗌		know	n/	
Pai	rt 4. Information About Your Re	esidence										
1.	Physical Addresses											
	Item Number 1.a. If you are filing base Item Number section of the Instructions need extra space, use the space provided Current Physical Address In Care Of Name (if any)	for the applicab	ole period of t	ime for which								
	Street Number and Name					Apt	t. Ste	e. Fli	r. N	umbe	r	
							L					
	City or Town					Sta	te		$\neg Z$	IP Co	de	
	D	D (-1 C- 1-		G. artis								
	Province	Postal Code		Country								
	Dates of Residence: From (mm/dd/yyyy	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Date	es of Residence	· To (mm/	/dd/x	,,,,,,,,)		DDE	SEN	r	
	Dates of Residence. From (ming day)	<u> </u>		The state of the s	. 10 (11111)	T		ates of				
	Physical Address (Street Number and Name)	City or Town	State / Province	ZIP Code / Postal Code	Country		Fro			To		
2.	Is your current physical address also you  Yes (If you answered "Yes," skip to l			1	l	1			ı			

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Part 4. Information About Your Residence (continued)  3. Current Mailing Address (Safe Mailing Address, if applicable)  In Care Of Name (if ann)	A-								
In Care Of Name (if any)									
in care of rvanie (if any)									
Street Number and Name	Apt. Ste. Flr. Number								
City or Town	State ZIP Code								
Province Postal Code Country									
Part 5. Information About Your Marital History									
1. What is your current marital status?									
Single, Never Married Married Divorced Widowed Separated	d Marriage Annulled								
If you are single and have never married, go to Part 6. Information About Your Childs	ren.								
2. If you are currently married, is your spouse a current member of the U.S. armed forces?	Yes No								
How many times have you been married? (See the <b>Specific Instructions by Item Number</b> section of the Instructions for more information about which marriages to include.)									
Provide current marriage certificate and any divorce decree, annulment decree, or death certificate showing that your prior marriages were terminated (if applicable).									
<ul> <li>If you are filing under one of the categories below, answer Item Numbers 4.a 8.:</li> <li>Spouse of U.S. Citizen, Part 1., Item Number 1.b.; or;</li> <li>Spouse of U.S. Citizen in Qualified Employment Outside the United States, Part 1., Item Number 1.d.</li> </ul>									
If you are not filing under one of the categories above, skip to Part 6.									
Your Current Marriage									
If you are currently married, including if you are legally separated, provide the following inform	nation about your current spouse.								
<b>4.a.</b> Current Spouse's Legal Name									
Family Name (Last Name) Given Name (First Name)	Middle Name (if applicable)								
4.b. Current Spouse's Date of Birth (mm/dd/yyyy)  4.c. Date You Entered into Marriage with Current Spouse (mm/dd/yyyy)									
<b>4.d.</b> Is your current spouse's present physical address the same as your physical address?									
Yes									
No (If you answered "No," provide address in <b>Part 14. Additional Information</b> .)									
<b>5.a.</b> When did your current spouse become a U.S. citizen?									
By Birth in the United States - Go to <b>Item Number 7.</b>									
Other - Complete Item Number 5.b.									

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Pa	rt 5. Information About Your Ma	rital History	(continued)	A-	
6.	Current Spouse's Alien Registration Num	ber (A-Number)	(if any) ► A-		
7.	How many times has your current spouse <b>Number</b> section of the Instructions for more	,	_	•	
	Provide divorce decrees, annulment decre terminated (if applicable).	es, or death certi	ficates showing that all of y	our spouse's prior marri	ages were
8.	Current Spouse's Current Employer or Co	ompany			
	Only answer <b>Item Number 8.</b> if you are find <b>Employment Outside the United States</b> .		1., Item Number 1.d., Spo	ouse of U.S. Citizen in (	Qualified
Pa	rt 6. Information About Your Ch	ildren			
1.	Indicate your total number of children und	der 18 years of ag	ge.		
2.	Provide the following information about y columns, you must type or print one of the address(es) where those children live in P provided in Part 14. Additional Informa	e valid options li <b>'art 14. Additio</b> r	sted. If any of your childre	n do not reside with you	, provide the
	Child's Name (First Name and Family Name)	Date of Birth (mm/dd/yyyy)	Residence (Valid options include: resides with me, does not reside with me, or unknown/ missing)	Relationship (Valid options include: biological child, stepchild, legally adopted child)	Are you providing support for this child?
					Yes No
					Yes No
					Yes No
Pa	rt 7. Information About Your Em	ployment an	d Schools You Attend	led	

1. List where you have worked or attended school full time or part time during the last 5 years if you are filing based on the general provision under Part 1., Item Number 1.a. If you are filing based on other naturalization eligibility options, see Part 7. in the Specific Instructions by Item Number section of the Instructions for the applicable period of time for which you must enter this information. Provide information for the complete time period for all employment, including foreign government employment such as military, police, and intelligence services. Begin by providing information about your most recent or current employment, studies, or unemployment. Provide the locations and dates where you worked, were self-employed, were unemployed, or have studied. If you worked for yourself and not for a specific employer, type or print "self-employed" for the employer name. If you were unemployed, type or print "unemployed." If you are retired, type or print "retired." If you need extra space to complete Part 7., use the space provided in Part 14. Additional Information.

	Employer o	Employer or School			Employment	School Dates	Occupation or
Name	City/Town	State/ Province	ZIP Code/ Postal Code	Country	From (mm/dd/yyyy)	To (mm/dd/yyyy)	Occupation or Field of Study
						PRESENT	

-	40 m 0 411 4	. T 1.C				
Pa	rt 8. Time Outside t	the United States	A-			
1.	provision under Part 1., Specific Instructions b this information. Start v completed within 24 hor see the Required Evide	, Item Number 1.a. If y y Item Number section with your most recent triurs) in the table. If you lence - Continuous Residence	de the United States during the last 5 years if you are frou are filing based on other naturalization eligibility of of the Instructions for the applicable period of time for p and work backwards. Do not include day trips (when have taken any trips outside the United States that lasted lence section of the Instructions for evidence you should be provided in Part 14. Additional Information.	ptions, see r which you re the entire ed more tha	Part 8.  I must e  trip wa  n 6 mon	in the enter us
	Date You Left the United States (mm/dd/yyyy)	Date You Returned to the United States (mm/dd/yyyy)	Countries to Which You Traveled			
Do	rt 9. Additional Info	armatian About Va	**			
					_	
anyv Nun	where in the world at any	y time, unless the questic tem Numbers 1 14., p	st provide information about any of your actions or cor on specifies otherwise. If you answer "Yes" to any of t rovide explanations and any additional information in	the question	ns in <b>Ite</b>	m
1.	Have you <b>EVER</b> claime	ed to be a U.S. citizen (ir	n writing or any other way)?		Yes [	No
2.	•		ny Federal, state, or local election in the United ction where noncitizens are eligible to vote, you may		Yes [	No
3.	Do you currently owe as	ny overdue Federal, state	e, or local taxes in the United States?		Yes [	No
4.			have you called yourself a "nonresident alien" on a to file a tax return because you considered yourself to		Yes [	No
Hav	e you EVER:					
5.a.	Been a member of, invo		ssociated with any Communist or totalitarian party		Yes [	] No
5.b.	` 11		following, or been a member of, involved in, or in any world that advocated any of the following:	7	Yes [	No
	Opposition to all org	anized government;				
	• World communism;					
	• The establishment in	the United States of a to	otalitarian dictatorship;			
	• The overthrow by for United States or all for		inconstitutional means of the Government of the			
			cer or officers of the Government of the United States e of their official character;			
	The unlawful damage	e, injury, or destruction of	of property; or			
	• Sabotage?					

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Par	t 9. Additional Information About You (continued)	<b>A</b> -						
	you <b>EVER</b> been a member of, involved in, or in any way associated with, or have you <b>EVER</b> job services or labor, or any other assistance or support to a group that:	orov	ide	d mo	ney, a	thing	g of	
6.a.	Used a weapon or explosive with intent to harm another person or cause damage to property?					Yes		No
6.b.	Engaged (participated) in kidnapping, assassination, or hijacking or sabotage of an airplane, shi vehicle, or other mode of transportation?	p,				Yes		No
6.c.	Threatened, attempted (tried), conspired (planned with others), prepared, planned, advocated for incited (encouraged) others to commit any of the acts listed in <b>Item Numbers 6.a.</b> or <b>6.b.</b> ?	r, o	ſ			Yes		No
Have	you EVER ordered, incited, called for, committed, assisted, helped with, or otherwise participa	ted	in a	ny of	the f	ollow	ing:	
7.a.	Torture?					Yes		No
7.b.	Genocide?					Yes		No
7.c.	Killing or trying to kill any person?					Yes		No
7.d.	Intentionally and severely injuring or trying to injure any person?					Yes		No
7.e.	Any kind of sexual contact or activity with any person who did not consent (did not agree) or wunable to consent (could not agree), or was being forced or threatened by you or by someone el					Yes		No
7.f.	Not letting someone practice their religion?					Yes		No
7.g.	Causing harm or suffering to any person because of their race, religion, national origin, membe a particular social group, or political opinion?	rshi	p ir	1		Yes		No
8.a.	Have you <b>EVER</b> served in, been a member of, assisted (helped), or participated in any military police unit?	or				Yes		No
8.b.	Have you <b>EVER</b> served in, been a member of, assisted (helped), or participated in any armed g group that carries weapons), for example: paramilitary unit (a group of people who act like a m group but are not part of the official military), self-defense unit, vigilante unit, rebel group, or g group?	ilita	ıry			Yes		No
	If you answered "Yes" to <b>Item Number 8.a.</b> or <b>Item Number 8.b.</b> , include the name of the courthename of the military unit or armed group, your rank or position, and your dates of involvem your explanation in <b>Part 14. Additional Information</b> .							
9.	Have you <b>EVER</b> worked, volunteered, or otherwise served in a place where people were detain (forced to stay), for example, a prison, jail, prison camp (a camp where prisoners of war or poliprisoners are kept), detention facility, or labor camp, or have you <b>EVER</b> directed or participated other activity that involved detaining people?	tical		ý		Yes		No
10.a.	Were you <b>EVER</b> a part of any group, or did you <b>EVER</b> help any group, unit, or organization that weapon against any person, or threatened to do so?	ıat u	sec	l		Yes		No
10.b.	If you answered "Yes" to <b>Item Number 10.a.</b> , when you were part of this group, or when you this group, did you ever use a weapon against another person?	help	ed			Yes		No
10.c.	If you answered "Yes" to <b>Item Number 10.a.</b> , when you were part of this group, or when you this group, did you ever threaten another person that you would use a weapon against that person		ed			Yes		No
11.	Have you <b>EVER</b> sold, provided, or transported weapons, or assisted any person in selling, provor transporting weapons, which you knew or believed would be used against another person?	idin	ıg,			Yes		No
12.	Have you <b>EVER</b> received any weapons training, paramilitary training, or other military-type training.	aini	ng?			Yes		No
13.	Have you <b>EVER</b> recruited (asked), enlisted (signed up), conscripted (required to join), or used person under 15 years of age to serve in or help an armed group, or attempted or worked with o do so?	•		)		Yes		No
14.	Have you <b>EVER</b> used any person under 15 years of age to take part in hostilities or attempted of worked with others to do so? This could include participating in combat or providing services to combat (such as serving as a messenger or transporting supplies).		ed			Yes		No

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Part 9. Additional Info		`	<u>'</u>	A-						
If you answer "Yes" to any part of Item Number 15. below, complete the table below with each crime or offense even if your records have been sealed, expunged, or otherwise cleared. You must disclose this information even if someone, including a judge, law enforcement officer, or attorney, told you that it is no longer on your record, or told you that you do not have to disclose the information. If you need extra space, use the space provided in <b>Part 14. Additional Information</b> . Submit evidence to support your answers with your Form N-400.										
Include all the crimes and offenses in the United States or <b>anywhere in the world</b> (including domestic violence, driving under the influence of drugs or alcohol, and crimes and offenses while you were under 18 years of age) which you <b>EVER</b> :										
Committed, agreed to commit, or asked someone else to commit;										
<ul> <li>Were arrested, cited, detained, or confined by any law enforcement officer, military official (in the U.S. or elsewhere), or immigration official;</li> </ul>										
• Were charged with commi	tting, helping comm	it, or trying to com	ımit;							
• Pled guilty to;										
• Were convicted of;										
• Were placed in alternative adjudication, or deferred as	•	bilitative program	for (for example, diver	rsion, deferred	prosecution,	withheld				
Received a suspended sent	ence, clemency, am	nesty, or pardon fo	r, or were placed on pr	obation or par	oled for.					
<b>15.a.</b> Have you <b>EVER</b> community tried to commit a crime	-		-	ed commit, or		Yes No				
<b>15.b.</b> Have you <b>EVER</b> been a official (in the U.S. or e or offense?		•	•		-	Yes No				
What was the crime or offense? (If convicted, provide crime of conviction. If not convicted, provide crime or offense listed in arrest, citation, charging document, or crime committed.)	Date of the Crime or Offense (mm/dd/yyyy)	Date of your conviction or guilty plea (if applicable) (mm/dd/yyyy)	Place of Crime or Offense (City or Town, State, Country)	disposition of citation charge? (	of the arrest, on, or no charges eted, charges detention,	What was your sentence (if applicable)? (For example, 90 days in jail, 90 days on probation)				

If you answer "Yes" to any of the questions in **Item Numbers 17.a. - 19.**, provide an explanation in the space provided in **Part 14. Additional Information**. Submit evidence to support your answers.

If you received a suspended sentence, were placed on probation, or were paroled, have you completed

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your suspended sentence, probation, or parole?

Yes No

Par	et 9. Additional Information About You (continued)				
Have	you EVER:				
17.a.	Engaged in prostitution, attempted to procure or import prostitutes or persons for the purpose of prostitution, or received any proceeds or money from prostitution?		Yes		No
17.b.	Manufactured, cultivated, produced, distributed, dispensed, sold, or smuggled (trafficked) any controlled substances, illegal drugs, narcotics, or drug paraphernalia in violation of any law or regulation of a U.S. state, the United States, or a foreign country?		Yes		No
17.c.	Been married to more than one person at the same time?		Yes		No
17.d.	Married someone in order to obtain an immigration benefit?		Yes		No
17.e.	Helped anyone to enter, or try to enter, the United States illegally?		Yes		No
17.f.	Gambled illegally or received income from illegal gambling?		Yes		No
17.g.	Failed to support your dependents (pay child support) or to pay alimony (court-ordered financial support after divorce or separation)?		Yes		No
17.h.	Made any misrepresentation to obtain any public benefit in the United States?		Yes		No
18.	Have you <b>EVER</b> given any U.S. Government officials <b>any</b> information or documentation that was false, fraudulent, or misleading?		Yes		No
19.	Have you <b>EVER</b> lied to any U.S. Government officials to gain entry or admission into the United States or to gain immigration benefits while in the United States?		Yes		No
Infor	a answer "Yes" to <b>Item Numbers 20 21.</b> below, provide an explanation in the space provided in <b>Part 14. mation</b> and see the <b>Specific Instructions by Item Number</b> , <b>Part 9. Additional Information About You</b> information.				ns for
20.	Have you <b>EVER</b> been placed in removal, rescission, or deportation proceedings?		Yes		No
21.	Have you <b>EVER</b> been removed or deported from the United States?		Yes		No
	ral Law requires nearly all people born as male who are either U.S. citizens or immigrants, 18 through 25 ye Selective Service. See <a href="https://www.sss.gov">www.sss.gov</a> .	ars of	age,	to reg	gister
22.a.	Are you a person born as a male who lived in the United States at any time between your 18th and 26th birthdays? (Do not select "Yes" if you were a lawful nonimmigrant for all of that time period.)		Yes		No
22.b.	If you answered "Yes," to Item Number 22.a., did you register for the Selective Service?		Yes		No
22.c.	If you answered "Yes," to Item Number 22.b., provide information about your registration.				
	Date Registered (mm/dd/yyyy) Selective Service Number				
-	a answered "No," to Item Number 22.b. see the Specific Instructions by Item Number, Part 9. Addition at You of the Instructions for more information.	al Inf	orma	tion	
If you	a answer "Yes" to Item Numbers 23 24., provide an explanation in the space provided in Part 14. Additi	onal l	Infor	matio	on.
23.	Have you <b>EVER</b> left the United States to avoid being drafted in the U.S. armed forces?		Yes		No
24.	Have you <b>EVER</b> applied for any kind of exemption from military service in the U.S. armed forces?		Yes		No
25.	Have you <b>EVER</b> served in the U.S. armed forces?		Yes		No

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Par	et 9. Additional Information About You (continued)	
	a answered "No" to Item Number 25., go to Item Number 30.a.	
•	•	□ Vaa □ Na
	Are you <b>currently</b> a member of the U.S. armed forces?	☐ Yes ☐ No
26.b.	If you answered "Yes" to <b>Item Number 26.a.</b> , are you scheduled to deploy outside the United States, including to a vessel, within the next 3 months? (Call the Military Help Line at <b>877-247-4645</b> if you transfer to a new duty station after you file your Form N-400, including if you are deployed outside the United States or to a vessel.)	Yes No
26.c.	If you answered "Yes," to Item Number 26.a., are you currently stationed outside the United States?	Yes No
26.d.	If you answered "No" to <b>Item Number 26.a.</b> , are you a former U.S. military service member who is currently residing outside of the U.S.?	Yes No
If yo	a answer "Yes" to Item Numbers 27 29., provide an explanation in the space provided in Part 14. Addit	ional Information.
27.	Have you <b>EVER</b> been court-martialed or have you received a discharge characterized as other than honorable, bad conduct, or dishonorable, while in the U.S. armed forces?	Yes No
28.	Have you <b>EVER</b> been discharged from training or service in the U.S. armed forces because you were an alien?	Yes No
29.	Have you <b>EVER</b> deserted from the U.S. armed forces?	Yes No
	tem Numbers 30.a 37. see Specific Instructions by Item Number, Part 9. Additional Information Aber "Yes" to Item Number 30.a., provide an explanation in the space provided in Part 14. Additional Information	
30.a.	Do you now have, or did you <b>EVER</b> have, a hereditary title or an order of nobility in any foreign country?	to Item Number 31.)
30.b.	If you answered "Yes," to <b>Item Number 30.a.</b> , are you willing to give up any inherited titles or orders	Yes No
	of nobility, (list titles), that you have in a	
	foreign country at your naturalization ceremony?	
•	a answer "No" to any question except <b>Item Number 33.</b> , see the <i>Oath of Allegiance</i> section of the Instruct mation.	ions for more
31.	Do you support the Constitution and form of Government of the United States?	Yes No
32.	Do you understand the full Oath of Allegiance to the United States (see <b>Part 16. Oath of Allegiance</b> )?	Yes No
33.	Are you unable to take the Oath of Allegiance because of a physical or developmental disability or mental impairment? If you answer "Yes," skip <b>Item Numbers 34 37.</b> and see the <b>Legal Guardian</b> , <b>Surrogate</b> , <b>or Designated Representative</b> section in the <b>Instructions</b> .	Yes No
34.	Are you willing to take the full Oath of Allegiance to the United States?	Yes No
35.	If the law requires it, are you willing to bear arms (carry weapons) on behalf of the United States?	Yes No
36.	If the law requires it, are you willing to perform noncombatant services (do something that does not include fighting in a war) in the U.S. armed forces?	Yes No
37.	If the law requires it, are you willing to perform work of national importance under civilian direction (do non-military work that the U.S. Government says is important to the country)?	Yes No

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Par	t 10. Request for a Fee Reduction	<b>A-</b>				
	formation about fees, fee waivers, and reduced fees, see Form G-1055, Fee Schedule, at <a <b="" href="https://www.ned.ncbi.nlm.new.new.new.ncbi.nlm.new.new.ncbi.nlm.new.new.ncbi.nlm.new.ncbi.nlm.new.ncbi.nlm.new.ncbi.nlm.new.ncbi.nlm.new.ncbi.nlm.new.ncbi.nlm.new.ncbi.nlm.new.ncbi.nlm.new.ncbi.nlm.new.ncbi.nlm.new.ncbi.nlm.new.ncbi.nlm.new.ncbi.nlm.new.ncbi.nlm.new.ncbi.nlm.new.ncbi.nlm.new.ncbi.nlm.new.ncbi.nlm.new.ncbi.nl&lt;/th&gt;&lt;th&gt;&lt;/th&gt;&lt;th&gt;&lt;/th&gt;&lt;th&gt;&lt;/th&gt;&lt;th&gt;&lt;/th&gt;&lt;th&gt;-&lt;/th&gt;&lt;/tr&gt;&lt;tr&gt;&lt;th&gt;&lt;/th&gt;&lt;th&gt;My household income is less than or equal to 400% of the Federal Poverty Guidelines (see Inst documentation).&lt;/th&gt;&lt;th&gt;tructi&lt;/th&gt;&lt;th&gt;ons foi&lt;/th&gt;&lt;th&gt;r require&lt;/th&gt;&lt;th&gt;d&lt;/th&gt;&lt;th&gt;&lt;/th&gt;&lt;/tr&gt;&lt;tr&gt;&lt;th&gt;&lt;/th&gt;&lt;th&gt;Yes (complete &lt;b&gt;Item Numbers 2 5.b.&lt;/b&gt;)&lt;/th&gt;&lt;th&gt;&lt;/th&gt;&lt;th&gt;&lt;/th&gt;&lt;th&gt;&lt;/th&gt;&lt;th&gt;&lt;/th&gt;&lt;th&gt;&lt;/th&gt;&lt;/tr&gt;&lt;tr&gt;&lt;th&gt;&lt;/th&gt;&lt;th&gt;No (skip to &lt;b&gt;Part 11.&lt;/b&gt;)&lt;/th&gt;&lt;th&gt;&lt;/th&gt;&lt;th&gt;&lt;/th&gt;&lt;th&gt;&lt;/th&gt;&lt;th&gt;&lt;/th&gt;&lt;th&gt;&lt;/th&gt;&lt;/tr&gt;&lt;tr&gt;&lt;th&gt;2.&lt;/th&gt;&lt;th&gt;Total household income:&lt;/th&gt;&lt;th&gt;&lt;/th&gt;&lt;th&gt;&lt;/th&gt;&lt;th&gt;&lt;/th&gt;&lt;th&gt;&lt;/th&gt;&lt;th&gt;&lt;/th&gt;&lt;/tr&gt;&lt;tr&gt;&lt;th&gt;3.&lt;/th&gt;&lt;th&gt;My household size is:&lt;/th&gt;&lt;th&gt;&lt;/th&gt;&lt;th&gt;&lt;/th&gt;&lt;th&gt;&lt;/th&gt;&lt;th&gt;&lt;/th&gt;&lt;th&gt;&lt;/th&gt;&lt;/tr&gt;&lt;tr&gt;&lt;th&gt;4.&lt;/th&gt;&lt;th&gt;Total number of household members earning income including yourself:&lt;/th&gt;&lt;th&gt;&lt;/th&gt;&lt;th&gt;&lt;/th&gt;&lt;th&gt;&lt;/th&gt;&lt;th&gt;&lt;/th&gt;&lt;th&gt;&lt;/th&gt;&lt;/tr&gt;&lt;tr&gt;&lt;th&gt;5.a.&lt;/th&gt;&lt;th&gt;I am the head of household.&lt;/th&gt;&lt;th&gt;&lt;/th&gt;&lt;th&gt;&lt;/th&gt;&lt;th&gt;&lt;/th&gt;&lt;th&gt;Yes [&lt;/th&gt;&lt;th&gt;No&lt;/th&gt;&lt;/tr&gt;&lt;tr&gt;&lt;th&gt;5.b.&lt;/th&gt;&lt;th&gt;Name of head of household (if you selected " in="" no"="">Item Number 5.a.):</a>					
	t 11. Applicant's Contact Information, Certification, and Signature  licant's Contact Information					
Provi	de your daytime telephone number, mobile telephone number (if any), and email address (if any	y).				
1.	Applicant's Daytime Telephone Number  2. Applicant's Mobile Telephone	hone	Numb	er (if an	y)	
3.	Applicant's Email Address (if any)					
App	licant's Certification and Signature					
my apunder informathat U	fy, under penalty of perjury, that I provided or authorized all of the responses and information opplication, I read and understand or, if interpreted to me in a language in which I am fluent by the stood, all of the responses and information contained in, and submitted with, my application, an anation are complete, true, and correct. Furthermore, I authorize the release of any information of ISCIS may need to determine my eligibility for an immigration request and to other entities and distration and enforcement of U.S. immigration law.	he int nd tha from I pers	erprete at all of any an ons wh	er listed:  f the resp d all of the nere neces	in <b>Part</b> conses my reco	12., and the ords
	Applicant's Signature (or signature of a legal guardian, surrogate, or designated representative, if applicable)		e of Sign/dd/yy	gnature yyy)		

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Pa	art 12. Interpreter's Contact Information, Certif	ication, and Signature A-
Int	terpreter's Full Name	
1.	Interpreter's Family Name (Last Name)	Interpreter's Given Name (First Name)
2.	Interpreter's Business or Organization Name	
Int	terpreter's Contact Information	
3.	Interpreter's Daytime Telephone Number	4. Interpreter's Mobile Telephone Number (if any)
5.	Interpreter's Email Address (if any)	
Int	terpreter's Certification and Signature	
I cei	rtify, under penalty of perjury, that I am fluent in English and	],
and		uctions and interpreted the applicant's answers to the questions in that ery instruction, question, and answer on the application.
	Interpreter's Signature	Date of Signature (mm/dd/yyyy)
6.		
6.	art 13. Contact Information, Certification, and S	ignature of the Person Preparing this Application, if
6. Pa	art 13. Contact Information, Certification, and Sther Than the Applicant	ignature of the Person Preparing this Application, if
6. Pa	ther Than the Applicant	Preparer's Given Name (First Name)
6. Pa Ot	ther Than the Applicant reparer's Full Name	
6. Pa Ot Pro 1.	ther Than the Applicant  teparer's Full Name  Preparer's Family Name (Last Name)	
6. Pa Ot Pro 1.	Preparer's Family Name (Last Name)  Preparer's Business or Organization Name	
6. Pa Ot Pro 1. Pro 2.	Preparer's Family Name (Last Name)  Preparer's Business or Organization Name  Preparer's Contact Information	Preparer's Given Name (First Name)
6. Pa Ot Pro 1. 2. Pro 3.	Preparer's Family Name (Last Name)  Preparer's Business or Organization Name  Preparer's Contact Information  Preparer's Daytime Telephone Number	Preparer's Given Name (First Name)
Prof. 1.  Prof. 3.  Prof. I cerall of information information information.	Preparer's Family Name (Last Name)  Preparer's Family Name (Last Name)  Preparer's Business or Organization Name  Preparer's Contact Information  Preparer's Daytime Telephone Number  Preparer's Email Address (if any)  Preparer's Certification and Signature  Preparer's Certification contained in and submitted we have the responses and information contained in and submitted we have the responses and information contained in and submitted we have the responses and information contained in and submitted we have the response to the response	Preparer's Given Name (First Name)  4. Preparer's Mobile Telephone Number (if any)  for the applicant at their request and with express consent and that with the application are complete, true, and correct and reflects only he responses and information and informed me that they understand

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Pa	rt 14. Addition:	al Information	l		A-			
than Typ	what is provided, y	ou may make cope and A-Number a	ies of this page to t the top of each	ton within this application, use the span complete and file with this application sheet; indicate the <b>Page Number</b> , <b>Page Num</b>	on or atta	ach a separate	e sheet of p	paper.
1.	Family Name (Last Name) Given Name (First Name)			Middle (if applicable)				
2.	Page Number	Part Number	Item Number					
3.	Page Number	Part Number	Item Number					
4.	Page Number	Part Number	Item Number					
5.	Page Number	Part Number	Item Number					
	Do not samul	lata Davis 15 s	nr 16 um4:1 4h	e USCIS officer instructs you	to do s	o at the im	toppiov	

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Part 15. Signature at Interview	A-						
swear (affirm) and certify under penalty of perjury under the laws of the United States of America that I know that the contents of his Form N-400, Application for Naturalization, subscribed by me, including corrections, are complete, true, and correct. The evidence submitted by me are complete, true, and correct.							
Subscribed to and sworn to (affirmed) before me							
USCIS Officer's Printed Name or Stamp	Date of Signature (mm/dd/yyyy)						
Applicant's Signature	USCIS Officer's Signature						
Part 16. Oath of Allegiance							
f your application is approved, you will be scheduled for a naturalization ceremony at which time you will be required to take the following Oath of Allegiance immediately prior to becoming a naturalized citizen. By signing below you acknowledge your willingness to take this Oath:							
hereby declare on oath, that I absolutely and entirely renounce and abjure all allegiance and fidelity to any foreign prince, potentate, tate, or sovereignty, of whom or which I have heretofore been a subject or citizen;							
hat I will support and defend the Constitution and laws of the United States of America against all enemies, foreign, and domestic;							
hat I will bear true faith and allegiance to the same;							
hat I will bear arms on behalf of the United States when required by the law;							
hat I will perform noncombatant service in the armed forces of the United States when required by the law;							
hat I will perform work of national importance under civilian direction	on when required by the law; and						
hat I take this obligation freely, without any mental reservation or pu	rpose of evasion; so help me God.						
Applicant's Signature	Date of Signature (mm/dd/yyyy)						

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