

**Sample Fee Waiver (I-192)
for Adjustment of Status**



**Protecting Immigrant
Women and Girls
Fleeing Violence**

VIA US CERTIFIED MAIL; filed with I-485 application.

Department of Homeland Security
U.S. Citizenship and Immigration Services
Dallas Lockbox
P.O. Box 660867
Dallas, TX 75266

October 18, 2013

**Re: I-912 Fee Waiver for I-485 Asylee Application to Adjust Status
(A# [REDACTED])**

Dear Sir/Madam:

Enclosed, please find Form I-912 Request for Fee Waiver. Mr. [REDACTED] is unable to pay the biometrics and filing fee for the I-485 Application to Register Permanent Residence or Adjust Status. The following documents are submitted in support of this fee waiver:

- Declaration of Mr. [REDACTED] in support of fee waiver
- Notice of Action from the County of [REDACTED], Department of Social Services, [REDACTED], informing Mr. [REDACTED] that he is granted full Medicaid coverage as of 11/01/2012
- Copy of Mr. [REDACTED]'s current Medicaid card
- Copies of Mr. [REDACTED]'s most recent pay stubs from Chipotle
- Copies of Ms. [REDACTED]'s (household member and Mr. [REDACTED]'s mother) pay stubs
- Copies of Mr. [REDACTED]'s receipts for English as a Second Language (ESL) classes

Mr. [REDACTED] is a derivative asylee. He arrived to the United States on 10/11/2012. Mr. [REDACTED] and his mother, the principal asylee, live together and both work hard to support their family. Although Mr. [REDACTED] tried to find employment upon his arrival to the United States, he did not find a job until April 2013. In the interim, he enrolled in asylee benefits, such as SNAP, financial assistance, and Medicaid. Mr. [REDACTED] continues to be enrolled in Medicaid.

Mr. [REDACTED] was hired as a Food Preparer by [REDACTED] in April 2013. He and his mother earn about \$2,050 each month. They send approximately \$125 a month to Mr. [REDACTED]'s brother in El Salvador, and use any remaining money for their own rent, utilities, and food. The little bit of money that Mr. [REDACTED] has saved was spent on English as a Second Language (ESL) classes. Mr. [REDACTED] aspires to improve his English and to enroll in a university in the United States.

6402 Arlington Blvd
Suite 300
Falls Church, VA 22042
Tel: 571-282-6161
Fax: 571-282-6162
TDD-VA Relay: 711
justice@tahirih.org
www.tahirih.org

Although both Mr. [REDACTED] and his mother are currently employed, their household income for 2013 will only be \$20,600, given that Mr. [REDACTED] was not employed for the first quarter of the year. This amount is below 150% of the Federal Poverty Guidelines for a household size of two. In addition, Mr. [REDACTED] continues to receive Medicaid, which is a means-tested benefit. Finally, Mr. [REDACTED] routinely sends money to his brother in El Salvador. The small amount of money that Mr. [REDACTED] had saved was used as payment for his English as a Second Language (ESL) classes.

Based on the above explanation and the attached evidence, I respectfully request that you grant Mr. [REDACTED] a fee waiver for his application to become a Lawful Permanent Resident in the United States.

Thank you for your consideration of this application. Please do not hesitate to contact me by telephone at (571) 282-6175 or by e-mail at hillary@tahirih.org if you have any questions or concerns.

Sincerely,



Hillary Mellinger

BIA Accredited Representative

**partial accreditation, limited to DHS only*



Request for Fee Waiver
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-912
 OMB No. 1615-0116
 Expires 05/31/2015

► Before you fill out this form, please read the instructions.

FOR USCIS USE ONLY

Section 1. Information About You *(Provide information about yourself. If you are applying for a minor child, provide information about the minor child.)*

Application Received At
(check only one box):

USCIS Field Office

☐ Fee Waiver Approved

Date: _____

☐ Fee Waiver Denied

Date: _____

USCIS Service Center

☐ Fee Waiver Approved

Date: _____

☐ Fee Waiver Denied

Date: _____

Line 1. a. Family Name (Last Name)

Line 1. b. Given Name (First Name)

Line 1. c. Middle Initial

Line 2. Alien Registration Number

► A-

Line 3. Date of Birth

(mm/dd/yyyy) ►

Line 4. Marital Status ☒ Never Married ☐ Divorced ☐ Marriage Annulled

☐ Married ☐ Widow(er) ☐ Legally Separated

Line 5. Applications and Petitions (Enter the form number(s) of the application(s) and/or petition(s) for which you are requesting a fee waiver.)

Biometrics services fees, where applicable, will be included in the fee waiver request.

I-485

Section 2. Additional Information for Dependent(s)

Line 6. Complete the Table below if applicable. *(If you need more space, attach a separate sheet of paper.)*

Name (First, MI, Last)	A-Number (If applicable)	Is Individual Included in Fee Waiver Request?	Date of Birth (mm/dd/yyyy)	Relationship to You
None	A-	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	A-	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	A-	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	A-	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	A-	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	A-	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	A-	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Section 3. Basis for Your Request *(Check any that apply. For additional information, see the form instructions.)*

- Line 7. a. ☒ I am or a relevant member of my household is currently receiving a means-tested benefit. *(Complete Sections 4 and 7.)*
- Line 7. b. ☒ My household income is at or below 150% of the Federal Poverty Guidelines. *(Complete Sections 5 and 7.)*
- Line 7. c. ☒ I have a financial hardship. *(Complete Sections 5, 6 and 7.)*

Section 4. Means-Tested Benefit

Line 8. Complete the Table Below *(If you need more space, attach a separate sheet of paper.)*

Name of Person Receiving the Benefit	Name of Agency Awarding Benefit	Date Benefit Was Awarded	Is This Benefit Being Received Now?
	Department of Social Services	11/01/2012	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 5. Household Income *(Provide evidence of monthly income or other support.)*

Line 9. Other than you, how many others in your household depend on the stated income?



2

(round to the nearest dollar)

Line 10. Average monthly wage income from household members



\$2050.00

Line 11. Enter other money received each month that is not included in Line 14.
(This could include spousal support, child support, unemployment, etc.)



\$0.00

TOTAL (USCIS will compare this amount to Federal Poverty Guidelines)



\$2050.00

Section 6. Financial Hardship

Line 12. Describe your particular situation. Be sure to include how this situation has caused you to incur costs (and what the costs were) or loss of income that you have experienced (and what that loss was). Complete this section in English; otherwise, provide an accompanying English translation. *(If you need more space, attach a separate sheet of paper.)*

Please see attached declaration.

If you are currently unemployed, you must complete Lines 13 and 14.

Line 13. Date that you became unemployed

(mm/dd/yyyy) ▶

N/A

Line 14. Amount of unemployment compensation (monthly) that you are receiving (enter dollars)

N/A

Line 15. List your assets and the value of your assets. *(If you need more space, attach a separate sheet of paper.)*

Type of Asset	Value (enter dollars)
None	\$0.00
TOTAL Value of Assets	
	\$0.00

Section 6. Financial Hardship (Cont'd)

Line 16. List your average monthly costs, and provide evidence of monthly payments where possible. (If you need more space, attach a separate sheet of paper.)

Type of Cost	Value (Enter Dollars)	Type of Cost	Value (Enter Dollars)
Rent	\$780.00	Loan Payment	\$0.00
Mortgage	\$0.00	Commuting Costs	\$210.00
Food	\$350.00	Medical	\$0.00
Utilities	\$60.00	School	\$0.00
Child/Elder Care	\$125.00	Other Expenses	\$0.00
Insurance	\$0.00	TOTAL Monthly Costs	\$1525.00

Section 7. Your Signature and Authorization

Do not sign your Form I-912 until it is complete and you are ready to file.

I take full responsibility for the accuracy of all the information provided, including all supporting documentation. I authorize the release of any information, including the release of my Federal tax returns, that USCIS needs to determine my eligibility.

Each person applying for a fee waiver request must sign Form I-912. This includes individuals identified in Sections 1 and 2 if 14 years of age or older. (If you need more space, attach a separate sheet of paper.)

Line 17. Your Signature Date (mm/dd/yyyy) ▶ 10/11/2013

Printed Name

Line 17.1. Additional Signature Date (mm/dd/yyyy) ▶

Printed Name

Line 17.2. Additional Signature Date (mm/dd/yyyy) ▶

Printed Name

Line 17.3. Additional Signature Date (mm/dd/yyyy) ▶

Printed Name

Line 17.4. Additional Signature Date (mm/dd/yyyy) ▶

Printed Name

Section 7. Your Signature and Authorization (*continued*)

Line 17.5. Additional Signature **Date (mm/dd/yyyy)**

Printed Name

Line 17.6. Additional Signature **Date (mm/dd/yyyy)**

Printed Name

Line 17.7. Additional Signature **Date (mm/dd/yyyy)**

Printed Name

AFFIDAVIT OF**In support of I-912 Fee Waiver for I-485 Asylee Adjustment of Status Application**

1. My name is _____ . My mother was granted asylum on _____ .
I am a derivative asylee. I traveled to the U.S. on _____ . I am unable to pay the
fee for the I-485 adjustment of status application and I am including this statement
to explain my financial situation.
2. After arriving in the U.S., I applied and qualified for Medicaid. I continue to receive
Medicaid, as the attached Medicaid application approval notice and my Medicaid
card indicate. I cannot afford health insurance at this time.
3. I was unable to find employment in the United States until late April 2013, when I
was hired as a Food Preparer at _____ . I currently earn about \$500 every two
weeks. My mother works as a housekeeper in a nursing home, and she earns about
\$525.00 every two weeks. Our monthly income is about \$2,050.
4. Even if my mother and I both continue working the same number of hours each
week at the same pay rate, we will still be below 150% of the federal poverty
guidelines for this year. That is because I have only been working since April. Since
I earn \$1,000 a month, my earnings for this year (from April to December) will only
be \$8,000. My mother, who earns \$1,050 each month, will have earned \$12,600 by
December. As a result, our total yearly income will only be \$20,600, which is below
150% of the Federal Poverty Guidelines for a household size of two.

	Monthly Income	# Months Worked in 2013	Annual Income for 2013
Applicant:	\$1,000.00	8	\$8,000
Mother & Household Member:	\$1,050.00	12	\$12,600
Total Annual Household Income for 2013			\$20,600

5. The small amount of money I have saved has been spent on English as a Second
Language (ESL) classes. As the attached receipts show, I have spent about \$794 on
ESL classes since my arrival to the United States. I was a graphic designer in El
Salvador, and when my English is improved, I would like to enroll in a university in
the United States.

6. My mother and I also send about \$125.00 to my brother in El Salvador each month.
7. My mother and I continue to struggle financially. I cannot afford health insurance at the moment, and continue to be enrolled in Medicaid. The little bit of money that we are able to save is either sent to my brother in El Salvador, or used for my English classes in the hopes of advancing my education in the United States. I have only been working since April in the United States, and as a result my household income for this year will be below 150% of the Federal Poverty Guidelines.
8. For the reasons listed above, I humbly request that you approve my fee waiver so that I can become a permanent resident.

I swear under penalty of perjury that the foregoing is true and correct to the best of my knowledge, information, and belief.

10/11/2013

Date

NOTICE OF ACTION

Sample Fee Waiver (L-192) for AOS

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES

COUNTY OF _____
DEPARTMENT OF SOCIAL SERVICES _____

(ADDRESS)

Notice Date: December 04, 2012
Case Name: _____
Number: _____
Worker Name: _____
Number: _____
Telephone: _____

Your Medical Assistance application dated
November 16, 2012 was processed.

The following persons are granted full Medicaid
coverage beginning on the following dates:

RECIPIENT NAME	ENROLLEE ID#	BEGIN DATE
		1/01/2012

For Free Legal Advice call 1-866-534-5243

Questions? Ask y
our worker

Appeal rights: If you disagree with the action you may
write or call your worker and ask for a conference or
you may request in writing a fair hearing to appeal the
action. EXCEPTION: FAMIS is not an entitlement program.
Therefore, you cannot appeal a denial when the reason
for the denial is that funding for the program has run
out.

At the hearing you will have the opportunity to explain
why you think a mistake was made in your case and a
Hearing Officer will decide if you are correct. A
request for a hearing must be in writing and sent to:

Appeals Division
Department of Medical Assistance Services
600 East Broad Street, Suite 1300
Richmond, VA 23219-1849

Please see the Fair Hearings brochure for an
explanation of hearings. You must request your hearing
within 30 days of the receipt of this notice.

The Medicaid Eligibility decision was based on information
you gave us on your application. If any of that information
changes, you MUST report it to us within 10 days of the day
the change is known. You are responsible for keeping us
informed about all changes that may affect Medicaid
eligibility. Please read the Virginia Medicaid Handbook
that was given to you for information about Medicaid
services.

In a few days, newly enrolled individuals should receive a
health insurance card from the Department of Medical
Assistance Services.



COMMONWEALTH OF VIRGINIA
Department of Medical Assistance Services

010900

059397947020

DOB:

CARD# 00001

Earnings Statement

Page 001 of 001
09/23/2013 - 10/06/2013
10/11/2013
0002602618
000000000768

Period Beg/End:
Advice Date:
Advice Number:
Batch Number:

MEXICAN GRILL

1401 Wynkoop Street
Suite 500
Denver, CO 80202
303/595-4000

Taxable Marital Status: S
Exemptions/Allowances Add'l
Fed: 00
VA: 00
Hourly Employee paid \$9.000 Hourly
Overtime Rate: \$13.500 Hourly

Earnings	Rate	Hours	Current	YTD
Regular Pay	9.0000	70.11	630.99	6736.95
Gross Pay		70.11	630.99	6736.95

Federal Taxable Wages are \$630.99

Tax Deductions

Fed Withholding	64.79	669.42
Fed MED/EE	9.15	97.69
Fed OASDI/EE	39.12	417.69
VA Withholding	20.78	214.14
Total Tax Deductions:	133.84	1398.94

Additional Deductions

Shoes for Crews	18.65	68.26
Total Additional Deductions:	18.65	68.26
*Excluded from Taxable Wages		
Net Pay	478.50	5269.75

Other Benefits and Information

Pay Distribution Summary

Trans.	Type	Account	Amount
Deposit	Che	XXXXXX5259	478.50
Net Check			0.00

Message

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VERIFY DOCUMENT AUTHENTICITY: COLORED PATTERN MUST CHANGE IN TONE GRADUALLY AND EVENLY FROM DARK AT TOP TO LIGHTER AT BOTTOM

MEXICAN GRILL

1401 WYNKOOP STREET
SUITE 500
DENVER, CO 80202
303/595-4000

Advice Number: 0002602618

Advice Date: 10/11/2013

Deposited to the account of

Account Number XXXXXX5259
Transit ABA
Amount 478.50

THIS IS NOT A CHECK
NON-NEGOTIABLE

Earnings Statement

Page 001 of 001

Period Beg/End:

09/09/2013 - 09/22/2013

Advice Date:

09/27/2013

Advice Number:

0002570116

Batch Number:

000000000766

MEXICAN GRILL

1401 Wynkoop Street
Suite 500
Denver, CO 80202
303/595-4000

Taxable Marital Status: S
Exemptions/Allowances Add'l

Fed: 00

VA: 00

Hourly Employee paid \$9.000 Hourly

Overtime Rate: \$13.500 Hourly

Earnings	Rate	Hours	Current	YTD
Regular Pay	9.0000	73.11	657.99	6105.96
Gross Pay		73.11	657.99	6105.96

Federal Taxable Wages are \$657.99

Tax Deductions

Fed Withholding	68.84	604.63
Fed MED/EE	9.54	88.54
Fed OASDI/EE	40.80	378.57
VA Withholding	22.13	193.36
Total Tax Deductions:	141.31	1265.10

Additional Deductions

Shoes for Crews	18.65	49.61
Total Additional Deductions:	18.65	49.61
*Excluded from Taxable Wages		
Net Pay	498.03	4791.25

Other Benefits and Information**Pay Distribution Summary**

Trans.	Type	Account	Amount
Deposit Che	XXXXXX5259		498.03
Net Check			0.00

Message

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MEXICAN GRILL 1401 Wynkoop Street
Suite 500
Denver, CO 80202
303/595-4000

Advice Number: 0002570116
Advice Date: 09/27/2013

Deposited to the account of XXXXXX5259 Account Number XXXXXX5259 Amount 498.03

THIS IS NOT A CHECK

NON-NEGOTIABLE

TEAR HERE

Earnings Statement

Page 001 of 001

08/12/2013 - 08/25/2013

Period Beg/End:

Advice Date:

Advice Number:

Batch Number:

08/30/2013

0002505666

000000000762

MEXICAN CHILL

1401 Wynkoop Street

Suite 500

Denver, CO 80202

303/595-4000

Taxable Marital Status: S

Exemptions/Allowances Add'l

Fed: 00

VA: 00

Hourly Employee paid \$9.000 Hourly

Overtime Rate: \$13.500 Hourly

Earnings	Rate	Hours	Current	YTD
Regular Pay	9.0000	75.08	675.72	4801.41
Gross Pay		75.08	675.72	4801.41

Federal Taxable Wages are \$675.72

Tax Deductions

Fed Withholding	71.50	468.66
Fed MED/EE	9.80	69.62
Fed OASDI/EE	41.90	297.69
VA Withholding	23.02	149.67
Total Tax Deductions:	146.22	985.64

Additional Deductions

Shoes for Crews	0.00	30.96
Total Additional Deductions:	0.00	30.96
*Excluded from Taxable Wages		
Net Pay	529.50	3781.81

Other Benefits and InformationPay Distribution Summary

Trans.	Type	Account	Amount
Deposit	Che	XXXXXX5259	529.50
Net Check			0.00

Message

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VERIFY DOCUMENT AUTHENTICITY: COLORED AREA MUST CHANGE IN TONE, GRADUALLY AND EVENLY FROM DARK AT TOP TO LIGHTER AT BOTTOM

MEXICAN CHILL

1401 Wynkoop Street

Suite 500

Denver, CO 80202

303/595-4000

Advice Number: 0002505666

Advice Date: 08/30/2013

Deposited to the account of

Account Number
XXXXXX5259

Transit ABA

Amount
529.50THIS IS NOT A CHECK
NON-NEGOTIABLE

Employee Name		Exemptions		Company	Paygroup	Period Beginning	Period Ending	Advice No.	
		Federal	State	HES	106	08/14/2013	08/27/2013	14658025	
Employee ID				BL3 Personal Balance	PTO Balance	Vacation Balance		Sick Balance	
		0 0		0.000	0.000	140.784		24.195	
Hours And Earnings						Taxes And Deductions			
Current						YTD			
Week 1 - 08/14/2013 - 08/20/2013						AS of 08/27/2013			
Description	Hourly Rate	Hours	Earnings	Description	Hours	Earnings	Description	Current	YTD
Regular Non Aut	9.778000	38.17	373.23	Regular Non Aut	1,335.76	13,061.06	Fed Withholding	70.71	1,445.77
Holiday Worked			0.00	Holiday Worked	22.60	220.99	Fed MED/EE	9.72	191.01
Overtime Derive			0.00	Overtime Derive	48.19	235.61	Fed OASD/EE	41.57	816.75
Vacation Non Au			0.00	Vacation Non Au	77.62	758.98	VA Withholding	22.75	468.11
Holiday Non Aut			0.00	Holiday Non Aut	8.00	78.22	Medical	69.00	1,242.00
Retroactive Pay			0.00	Retroactive Pay		98.71	Vision	2.12	38.16
Week 2 - 08/21/2013 - 08/27/2013									
Description	Hourly Rate	Hours	Earnings						
Regular Non Aut	9.778000	37.67	368.34						
Holiday Worked			0.00						
Overtime Derive			0.00						
Vacation Non Au			0.00						
Holiday Non Aut			0.00						
Retroactive Pay			0.00						
Total								215.87	4,201.80
Net Pay Distribution									
						Check		0.01	
						Advice		525.71	
Total								525.71	
Total								741.57	
								14,453.57	
Message:									

REMOVE DOCUMENT ALONG THIS PERFORATION

0159:

249685

THIS DOCUMENT IS PRINTED IN GREEN INK. DO NOT ACCEPT UNLESS GREEN INK IS PRESENT.

Account Type		Amount		DATE: 09/04/2013	
Checking		\$525.70		NO. 14658025	
		\$0.00			
		\$0.00			

PAY TO THE ORDER OF

Falls Church, VA 22041

NON-NEGOTIABLE

Message:

0159

225084

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PAY TO THE ORDER OF	[Redacted]		DATE: 08/21/2013
	Account Type	Amount	NO. 14608428
	Checking	\$524.28 \$0.00 \$0.00	
Falls Church, VA 22041			

NON-NEGOTIABLE

Message:

01614

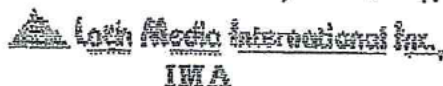
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THIS DOCUMENT IS PRINTED IN GREEN INK. DO NOT ACCEPT UNLESS GREEN INK IS PRESENT.

PAY TO THE ORDER OF	[Redacted]		DATE: 08/07/2013
	Account Type	Amount	No. 14557499
	Checking	\$525.84 \$0.00 \$0.00	
5913 Leesburg Falls Church, VA 22041			

NON-NEGOTIABLE



Receipt Number: 31088

Contract Number: 8726

Customer:

Program: Esl Intensive sale 1 level

Class: 01EB-078-1211

Description:	Price
Class Tuition	\$200.00
Total:	\$200.00
Payment Method	Cash

Representative: Elbag

2/7/2013 9:02:16 AM

BATCH: 303
S-A-L-E-S D-R-A-F-T
75170371
820002844550

REF: 2359
CD TYPE: VISA
TR TYPE: PURCHASE
DATE: DEC 06, 12 16:52:05

TOTAL \$49.00

ACCT: [REDACTED] EXP: **/**
AP: 067366
NAME:
TRAN. 002391/8/253233

CARDMEMBER ACKNOWLEDGES RECEIPT OF GOODS
AND/OR SERVICES IN THE AMOUNT OF THE
TOTAL SHOWN HEREON AND AGREES TO PERFORM
THE OBLIGATIONS SET FORTH BY THE
CARDMEMBER'S AGREEMENT WITH THE ISSUER

THANKS FOR USING VISA

CUSTOMER COPY

Receipt Number: 31379

Contract Number: 8726

Customer:

Program: Esl Intensive sale 1 level

Class: 01EB-073-1211

Description:	Price
Registration	\$49.00
Total:	\$49.00
Payment Method	Credit Card

Representative: Elbag

12/6/2012 4:55:43 PM

BATCH: 307
S-A-L-E-S D-R-A-F-T
75170371
820002844550

REF: 2386
CD TYPE: MASTERCARD
TR TYPE: PURCHASE
DATE: DEC 11, 12 07:31:35

TOTAL \$99.74

ACCT: [REDACTED] EXP: **/**
AP: 652670
NAME:
TRAN. 1211MPC4691W

CARDMEMBER ACKNOWLEDGES RECEIPT OF GOODS
AND/OR SERVICES IN THE AMOUNT OF THE
TOTAL SHOWN HEREON AND AGREES TO PERFORM
THE OBLIGATIONS SET FORTH BY THE
CARDMEMBER'S AGREEMENT WITH THE ISSUER

CUSTOMER COPY



IWA

Receipt Number: 31089

Contract Number: 8726

Customer:

Program: Esl Intensive sale 1 level

Class: 01EB-078-1211

Description:	Price
Class Tuition	\$15.33
Total:	\$15.33
Payment Method	Credit Card

Representative: Elbag

2/7/2013 9:02:46 AM

Receipt Number: 31441

Contract Number: 8726

Customer:

Program: Esl Intensive sale 1 level

Class: 01EB-073-1211

Qty:	Product:	Price/ Unity:	Price/ Extended:
1	side1	\$94.99	\$94.99

Sub Total: \$94.99

Taxes: \$4.75

Grand Total: \$99.74

Payment Method Credit Card

Representative: [REDACTED]

12/11/2013 7:31:04 AM

IMA

Receipt Number: 31624

Contract Number: 8726

Customer:

Program: Rel Intensive sale 1 level

Class: 01KB-073-1211

Description:	Price
Class Tuition	\$100.00
Total:	\$100.00
Payment Method	Cash

Representative:

1/8/2013 9:03:53 AM

IMA
588
ME1

BATCH: 356
S-A-L-E-S D-R-A-F-T
75170371
820002844550

REF: 2732
CD TYPE: MASTERCARD
TR TYPE: PURCHASE
DATE: FEB 07, 13 09:05:05

TOTAL \$15.33

ACCT: *****1981 EXP: **/**
AP: 845712
NAME: [REDACTED]
TRAIL: U207HDP6PW5J

CARDMEMBER ACKNOWLEDGES RECEIPT OF GOODS
AND/OR SERVICES IN THE AMOUNT OF THE
TOTAL SHOWN HEREON AND AGREES TO PERFORM
THE OBLIGATIONS SET FORTH BY THE
CARDMEMBER'S AGREEMENT WITH THE ISSUER

CUSTOMER COPY

IMA

Receipt Number: 31625

Contract Number: 8726

Customer:

Program: Rel Intensive sale 1 level

Class: 01KB-073-1211

Description:	Price
Class Tuition	\$115.33
Total:	\$115.33
Payment Method	Credit Card

Representative:

1/8/2013 9:04:03 AM

IMA

Receipt Number: 31417

Contract Number: 8726

Customer:

Program: Rel Intensive sale 1 level

Class: 01KB-073-1211

Description:	Price
Class Tuition	\$15.33
Total:	\$15.33
Payment Method	Credit Card

Representative:

12/10/2012 7:25:09 AM

IMA

Receipt Number: 31418

Contract Number: 8726

Customer:

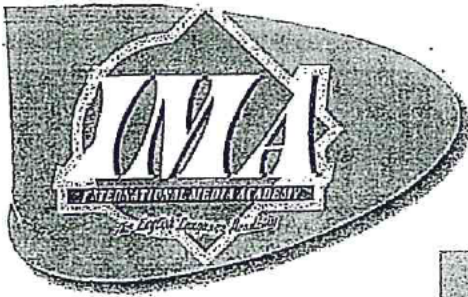
Program: Rel Intensive sale 1 level

Class: 01KB-073-1211

Description:	Price
Class Tuition	\$200.00
Total:	\$200.00
Payment Method	Cash

Representative:

12/10/2012 7:25:21 AM



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Academies

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Welcome!

NAME	STUDENT NUMBER	SCHEDULE
[REDACTED]	8726	7:30 AM - 9:00 AM
START DATE	LEVEL	LOCATION
10 DIC	Beg	[REDACTED]

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