

**START HERE - Please Type or Print**

**Part 1. Information about you.**

Family Name		Given Name	Middle Initial
<b>Address - In</b> Care of:			
Street # and Name		Apt. #	
City or town		State or Province	
Country		Zip or Postal Code	
Date of Birth (month/day/year)		Country of Birth	
Social Security #		A#	
If in the U.S.	Date of Arrival (month/day/year)	I-94#	
	Current Nonimmigrant Status	Expires on (month/day/year)	

**Part 2. Application Type (check one).**

- a.  This petition is based on an investment in a commercial enterprise in a targeted employment area for which the required amount of capital invested has been adjusted downward.
- b.  This petition is based on an investment in a commercial enterprise in an area for which the required amount of capital invested has been adjusted upward.
- c.  This petition is based on an investment in a commercial enterprise which is not in either a targeted area or in an upward adjustment area.

**Part 3. Information about your investment.**

Name of Commercial Enterprise Invested in	
Street Address	
Phone #	Business Organized as (Corporation, partnership, etc...)
Kind of Business <i>(Example: Furniture Manufacturer)</i>	
Date established (month/day/year)	IRS Tax #
Date of your initial Investment (month/day/year)	Amount of your Initial Investment \$
Your total Capital Investment in Enterprise to date \$	% of Enterprise you own

If you are not the sole investor in the new commercial enterprise, list on separate paper the names of all other parties (natural and non-natural) who hold a percentage share of ownership of the new enterprise and indicate whether any of these parties is seeking classifications as an alien entrepreneur. Include the name, percentage of ownership and whether or not the person is seeking classification under section 203(b)(5).

If you indicated in Part 2 that the enterprise was in a targeted employment area or in an upward adjustment area, give the location at right. County State

**FOR INS USE ONLY**

Returned	Receipt
Resubmitted	
Reloc Sent	
Reloc Rec'd	
<input type="checkbox"/> Applicant Interviewed	

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<b>Action Block</b>

<p><b>To Be Completed by Attorney or Representative, if any</b></p> <p><input type="checkbox"/> Fill in box if G-28 is attached to represent the applicant</p>
VOLAG#
ATTY State License #

## Part 4. Additional information about the enterprise.

Type of enterprise (check one):

- new commercial enterprise resulting from the creation of a new business.  
 new commercial enterprise resulting from the reorganization of an existing business.  
 new commercial enterprise resulting from a capital investment in an existing business.

<b>Assets:</b>	Total amount in U.S. bank account				\$	_____
	Total value of all assets purchased for use in the enterprise				\$	_____
	Total value of all property transferred from abroad to the new enterprise				\$	_____
	Total of all debt financing				\$	_____
	Total stock purchases				\$	_____
	Other (explain on separate paper)				\$	_____
	Total				\$	_____

<b>Income:</b>	When you made investment	Gross	\$	_____	Net	\$	_____
	Now	Gross	\$	_____	Net	\$	_____
<b>Net Worth:</b>	When you made investment	\$	_____	Now	\$	_____	

## Part 5. Employment creation information.

**# of full-time employees in Enterprise in U.S.** (excluding you, spouse, sons & daughters)

When you made your initial investment	_____	Now	_____	Difference	_____
How many of these new jobs were created by your investment?	_____	How many additional new jobs will be created by your additional investment?	_____		_____

What is your position, office or title with the new commercial enterprise?

Briefly describe your duties, activities and responsibilities.

Your Salary \_\_\_\_\_ Cost of Benefits \_\_\_\_\_

## Part 6. Processing information.

Below give the U.S. Consulate you want notified if this petition is approved and if any requested adjustment of status cannot be granted.

American Consulate: **City** \_\_\_\_\_ **Country** \_\_\_\_\_

If you gave a U.S. address in Part 1, print your foreign address below. If your native alphabet does not use Roman letters, print your name and foreign address in the native alphabet.

Name	Foreign Address
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Is an application for adjustment of status attached to this petition?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Are you in exclusion or deportation proceedings?	<input type="checkbox"/> yes (If yes, explain on separate paper)	<input type="checkbox"/> no
Have you ever worked in the U.S. without permission?	<input type="checkbox"/> yes (explain on separate paper)	<input type="checkbox"/> no

## Part 7. Signature. *Read the information on penalties in the instructions before completing this section.*

I certify under penalty of perjury under the laws of the United States of America that this petition, and the evidence submitted with it, is all true and correct. I authorize the release of any information from my records which the Immigration and Naturalization Service needs to determine eligibility for the benefit I am seeking.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please Note:** If you do not completely fill out this form, or fail to submit required documents listed in the instructions, you may not be found eligible for the requested document and this application may be denied.

## Part 8. Signature of person preparing form if other than above. (Sign below)

I declare that I prepared this application at the request of the above person and it is based on all information of which I have knowledge.

Signature \_\_\_\_\_ Print Your Name \_\_\_\_\_ Date \_\_\_\_\_

Firm Name  
and Address