



Application to Preserve Residence for Naturalization Purposes

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

USCIS
Form N-470
OMB No. 1615-0056
Expires 11/30/2025

For USCIS Use Only		
Barcode	Date Stamp	Action Block
	Remarks	

To be completed by an attorney or accredited representative (if any).	<input type="checkbox"/> Select this box if Form G-28 is attached.	Attorney State Bar Number (if applicable)	Attorney or Accredited Representative USCIS Online Account Number (if any)
		<input type="text"/>	<input type="text"/>

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

NOTE: Type or print "N/A" if an item is not applicable. Type or print "None" if the answer is none. Failure to answer all of the questions may delay your Form N-470.

Enter Your 9 Digit A-Number:

Part 1. Information About Your Eligibility	▶ A- <input type="text"/>
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My absence from the United States is on behalf of (Select **only one** box):

- The U.S. Government (employed by, or are under contract with, the U.S. Government).
- An American institution of research to perform scientific research.
- An American firm or corporation, or a subsidiary thereof, to engage in the development of foreign trade and commerce of the United States.
- An American firm or corporation to protect the property rights outside the United States of that American firm or corporation engaged in the development of foreign trade and commerce of the United States.
- A public international organization of which the United States is a member. (Your employment must have started after your admission as a lawful permanent resident.)
- A denomination or mission having a bona fide organization in the United States in which I perform ministerial or priestly functions or my sole capacity is of a clergyman or clergywoman, missionary, brother, nun, or sister.

Part 2. Information About You

1. Your Current Legal Name (do not provide a nickname)

Family Name (Last Name)	Given Name (First Name)	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

2. Other Names Used (if any)

List all other names you have ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in **Part 7. Additional Information.**

Family Name (Last Name)	Given Name (First Name)	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Part 2. Information About You (continued) ▶ A-

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3. Your name exactly as it appears on your Permanent Resident Card

Family Name (Last Name)	Given Name (First Name)	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

4. USCIS Online Account Number (if any) ▶ <input type="text"/>	5. U.S. Social Security Number (if any) ▶ <input type="text"/>	6. Date of Birth (mm/dd/yyyy) <input type="text"/>
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7. Country of Birth <input type="text"/>	8. Country of Citizenship or Nationality <input type="text"/>
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9. Physical Address (do **not** provide a PO Box in this space unless it is your only address) [\(USPS ZIP Code Lookup\)](#)

Street Number and Name <input type="text"/>	Apt. <input type="checkbox"/>	Ste. <input type="checkbox"/>	Flr. <input type="checkbox"/>	Number <input type="text"/>
City or Town <input type="text"/>	State <input type="text"/>	ZIP Code <input type="text"/>		
Province <input type="text"/>	Postal Code <input type="text"/>	Country <input type="text"/>		

10. Mailing Address (if different from the address above) [\(USPS ZIP Code Lookup\)](#)

In Care Of Name (if any)

Street Number and Name <input type="text"/>	Apt. <input type="checkbox"/>	Ste. <input type="checkbox"/>	Flr. <input type="checkbox"/>	Number <input type="text"/>
City or Town <input type="text"/>	State <input type="text"/>	ZIP Code <input type="text"/>		
Province <input type="text"/>	Postal Code <input type="text"/>	Country <input type="text"/>		

11. Date You Became a Lawful Permanent Resident (mm/dd/yyyy)

12. Have you resided in and been physically present in the United States for an uninterrupted period of at least Yes No one year **since your admission as a lawful permanent resident**? (If you answer "No," provide an explanation in the space provided in **Part 7. Additional Information.**)

13. **Time Outside the United States** (include trips to Canada, Mexico, and the Caribbean)

Provide all the trips of 24 hours or more that you have taken outside the United States **since you became a lawful permanent resident**. Begin with your most recent trip. If you need extra space to complete this section, use the space provided in **Part 7. Additional Information.**

Date You Left the United States (mm/dd/yyyy)	Date You Returned to the United States (mm/dd/yyyy)	Did Trip Last Six Months or More?	Countries You Traveled To	Total Days Outside the United States
		<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		

Part 2. Information About You (continued)

▶ A-

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14. Explain your employment position requiring your absence from the United States and the intended length of employment.

15. Have you ever filed an income tax return as a nonresident or otherwise claimed or received benefits as a nonresident alien under U.S. Federal, state or local income tax laws **since you became a lawful permanent resident**? Yes No

Part 3. Information About Family Members Who Reside With You

1. Do you have lawful permanent resident family members who reside with you inside the United States? Yes No

2. If you answered "Yes" to **Item Number 1.**, will those family members reside with you outside the United States? Yes No

If you answered "Yes," provide the information below for each lawful permanent resident family member who will be residing with you outside the United States. If you need extra space to complete this section, use the space provided in **Part 7. Additional Information.**

A. Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)

Date of Birth (mm/dd/yyyy) Relationship to You A-Number ▶ A-

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B. Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)

Date of Birth (mm/dd/yyyy) Relationship to You A-Number ▶ A-

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C. Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)

Date of Birth (mm/dd/yyyy) Relationship to You A-Number ▶ A-

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Part 4. Applicant's Statement, Contact Information, Certification, and Signature

NOTE: Read the **Penalties** section of the Form N-470 Instructions before completing this part.

Applicant's Statement

NOTE: Select the box for either **Item A.** or **B.** in **Item Number 1.** If applicable, select the box for **Item Number 2.**

1. Applicant's Statement Regarding the Interpreter

- A. I can read and understand English, and I have read and understand every question and instruction on this application and my answer to every question.
- B. The interpreter named in **Part 5.** has read to me every question and instruction on this application and my answer to every question, in , a language in which I am fluent and I understood everything.

2. Applicant's Statement Regarding the Preparer

At my request, the preparer named in **Part 6.** , prepared this application for me based only upon information I provided or authorized.

Part 4. Applicant's Statement, Contact Information, Certification, and Signature (continued)

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Applicant's Contact Information

3. Applicant's Daytime Telephone Number

4. Applicant's Mobile Telephone Number (if any)

5. Applicant's Email Address (if any)

Applicant's Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any of my records that USCIS may need to determine my eligibility for the immigration benefit I seek.

I further authorize release of information contained in this application, in supporting documents, and in my USCIS records to other entities and persons where necessary for the administration and enforcement of U.S. immigration laws.

I certify, under penalty of perjury, that I provided or authorized all of the information in my application, I understand all of the information contained in, and submitted with, my application, and that all of this information is complete, true, and correct.

Applicant's Signature

6. Applicant's Signature

Date of Signature (mm/dd/yyyy)

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NOTE TO ALL APPLICANTS: If you do not completely fill out this application or fail to submit required documents listed in the Instructions, USCIS may deny your application.

Part 5. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.

Interpreter's Full Name

1. Interpreter's Family Name (Last Name)

Interpreter's Given Name (First Name)

2. Interpreter's Business or Organization Name (if any)

Interpreter's Mailing Address

3. Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

Province

Postal Code

Country

Part 5. Interpreter's Contact Information, Certification, and Signature
(continued)

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Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number

5. Interpreter's Mobile Telephone Number (if any)

6. Interpreter's Email Address (if any)

Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and , which is the same language specified in **Part 4., Item B., in Item Number 1.**; and I have read to this applicant in the identified language every question and instruction on this application and his or her answer to every question. The applicant informed me that he or she understands every instruction, question, and answer on the application, including the **Applicant's Certification**, and has verified the accuracy of every answer.

Interpreter's Signature

7. Interpreter's Signature

Date of Signature (mm/dd/yyyy)

Part 6. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant

Provide the following information about the preparer.

Preparer's Full Name

1. Preparer's Family Name (Last Name)

Preparer's Given Name (First Name)

2. Preparer's Business or Organization Name (if any)

Preparer's Mailing Address

3. Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

Province

Postal Code

Country

**Part 6. Contact Information, Declaration, and Signature of the Person
Preparing this Application, if Other Than the Applicant (continued)**

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Preparer's Contact Information

4. Preparer's Daytime Telephone Number

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5. Preparer's Mobile Telephone Number (if any)

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6. Preparer's Email Address (if any)

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Preparer's Statement

7. A. I am not an attorney or accredited representative but have prepared this application on behalf of the applicant and with the applicant's consent.
- B. I am an attorney or accredited representative and my representation of the applicant in this case
 extends does not extend beyond the preparation of this application.

NOTE: If you are an attorney or accredited representative whose representation extends beyond preparation of this application, you may be obliged to submit a completed Form G-28, Notice of Attorney or Accredited Representative, with this application.

Preparer's Certification

By my signature, I certify, under penalty of perjury, that I prepared this application at the request of the applicant. The applicant then reviewed this completed application and informed me that he or she understands all of the information contained in, and submitted with, his or her application, including the **Applicant's Certification**, and that all of this information is complete, true, and correct. I completed this application based only on information that the applicant provided to me or authorized me to obtain or use.

Preparer's Signature

8. Preparer's Signature

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Date of Signature (mm/dd/yyyy)

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Part 7. Additional Information

If you need extra space to provide any additional information within this application, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this application or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1. Family Name (Last Name) Given Name (First Name) Middle Name

2. A-Number (if any) ▶ A-

3. A. Page Number B. Part Number C. Item Number

D.

4. A. Page Number B. Part Number C. Item Number

D.

5. A. Page Number B. Part Number C. Item Number

D.

6. A. Page Number B. Part Number C. Item Number

D.
