



Bona Fides of Persons Involved with Regional Center Program

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

USCIS
Form I-956H
OMB No. 1615-0159
Expires 07/31/2025

Table with 3 columns: Receipt, Remarks, Action Block. Includes a vertical label 'For USCIS Use Only' on the left side.

Form section for Attorney or Accredited Representative, including checkboxes for Form G-28, Attorney State Bar Number, and USCIS Online Account Number.

Each person involved with a regional center, new commercial enterprise (NCE) or affiliated job-creating entity (JCE) must answer the questions below. A person involved with a JCE that is not an affiliated JCE may, at the Secretary's discretion, be required to answer the questions below.

START HERE - Type or print in black ink. Answer all questions fully and accurately.

Part 1. Filing Type

1. Select whether this is an initial filing of Form I-956H or whether this is an additional filing of Form I-956H:

- Initial Filing of Form I-956H
Additional Filing of Form I-956H

NOTE: If you selected "Initial Filing of Form I-956H," skip to Part 2.

2. If this is an additional filing of Form I-956H, provide the receipt number of your most recent Form I-956H filing:

Empty text box for receipt number.

3. If this is an additional filing of Form I-956H, are your answers to the following parts of this form the same as in the Form I-956H filing indicated in Part 1., Item Number 2.:

A. Part 3., Information About the Person Involved with Regional Center Program

- Yes (Complete only Part 3., Item Number 1. (for individuals) or Item Number 10. (for organizations))
No (Complete all of Part 3.)

B. Part 4., Bona Fides of Person Involved with Regional Center Program

- Yes (Skip Part 4.)
No (Complete all of Part 4.)

C. Part 5., Foreign Involvement in Regional Center Program

- Yes (Skip Part 5.)
No (Complete all of Part 5.)

Part 2. Information About the EB-5 Entity and Your Involvement

Provide the following information in the table below based on the entity(ies) with which you are involved. Based on the entity(ies) you are involved with, complete only the applicable fields below.

Involvement in Entity			
Entity Involved With	Name of Entity	Other Name(s) Entity is Authorize to Use	Entity ID Number
Regional Center			
NCE			
Affiliated JCE			<i>Not Applicable</i>
Non-Affiliated JCE			<i>Not Applicable</i>

Provide the following information in the table below based on your role(s) with the entity(ies). If you have more than one role, complete all role(s) that apply based on the entity(ies) you are involved with. The following information should be provided for each applicable field in the table below:

- **Owner:** Provide the Percentage of Ownership in the Entity
- **Director, Manager, or Similar Position:** Provide Title
- **Executive, Office, or Similar Position:** Provide Title
- **Representative, Fiduciary, Agent, or Similar Position:** Provide Title
- **Other:** If other, describe your involvement in the Entity. If you need additional space, use the space provided in **Part 9. Additional Information.**

Role in the Entity					
Entity Involved With	Owner	Director, Manager, or Similar Position	Executive, Officer, or Similar Position	Representative, Fiduciary, Agent, or Similar Position	Other
Regional Center					
NCE					
Affiliated JCE					
Non-Affiliated JCE					

Part 3. Information About the Person Involved with Regional Center Program

Indicate if you are filing Form I-956H as an Individual or Organization.

Individual Organization

For Individuals

1. Full Legal Name

Family Name (Last Name)

Given Name (First Name)

Middle Name

2. Provide all other names the person has used, including aliases, maiden name, and nicknames.

3. Date of Birth (mm/dd/yyyy)

4. Country of Birth

5. Country(ies) of Citizenship or Nationality (current and relinquished)

Part 3. Information About the Person Involved with Regional Center Program (continued)

6. Passport Number(s) and Countries

7. If not U.S citizen, are you a U.S. national or lawful permanent resident (LPR)?

Yes No

8. Alien Registration Number (A-Number) (if any)

9. U.S. Social Security Number (if any)

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For Organizations

10. Name of the Organization

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11. In Care Of Name (if any)

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12. Date the Organization Was Established

(mm/dd/yyyy)

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13. State or Territory Where the Organization Was Established

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14. Organization Federal Employer Identification Number

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Mailing Address

15. Person's Mailing Address

In Care Of Name (if any)

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Street Number and Name

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Apt. Ste. Flr. Number

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<table border="1"><tr><td></td></tr></table>	

City or Town

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State

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ZIP Code

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Province

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Postal Code

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Country

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Contact Information

16. Person's Contact Information

Telephone Number

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Email Address (if any)

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Part 4. Bona Fides of Person Involved with Regional Center Program

For **Item Numbers 1. - 13.**, you should answer “Yes” to any question that applies, even if the records were sealed or otherwise cleared, or if anyone, including a judge, law enforcement officer, or attorney, told you that you no longer have a record. You should also answer “Yes” to the following questions whether it occurred here in the United States or anywhere else in the world. If you answer “Yes” to **Item Numbers 1. - 13.**, use the space provided in **Part 9. Additional Information** to provide an explanation and include all relevant documentation that includes why you were arrested, cited, detained, or charged; and the outcome or disposition (for example, no charges filed, charges dismissed, jail, probation, community service).

1. Have you committed a criminal or civil offense involving fraud or deceit within the previous 10 years? Yes No
2. Have you ever committed a criminal or civil offense involving fraud or deceit that resulted in a liability in excess of \$1,000,000? Yes No
3. Have you ever committed a criminal or civil offense for which you were convicted and sentenced to a term of imprisonment of more than 1 year? Yes No
4. Are you subject to a final order of a State securities commission (or an agency or officer of a State performing similar functions); a State authority that supervises or examines banks, savings associations, or credit unions; a State insurance commission (or an agency or officer of a State performing similar functions); a Federal banking agency; the Commodities Futures Trading Commission; the Securities and Exchange Commission, a financial self-regulatory organization recognized by the Securities and Exchange Commission, or the National Credit Union Administration? Yes No

If you answered “Yes” to the above, answer the following questions:

A. What is the duration of penalty imposed by the final order?

- B. Is the final order based on a violation of any law or regulation that prohibits fraudulent, manipulative, or deceptive conduct? Yes No
- C. Is the final order based on a violation of any law or regulation that bars you from associating with any entity regulated by such commission, authority, agency, or officer? Yes No
- D. Is the final order based on a violation of any law or regulation that bars you from appearing before such commission, authority, agency, or officer? Yes No
- E. Is the final order based on a violation of any law or regulation that bars you from engaging in the business of securities, insurance, or banking? Yes No
- F. Is the final order based on a violation of any law or regulation that bars you from engaging in savings association or credit union activities? Yes No
5. Are you engaged in, or have you ever been engaged in, or do you seek to engage in any illicit trafficking in any controlled substance or in any listed chemical (as defined in section 102 of the Controlled Substances Act)? Yes No
6. Are you engaged in, or have you ever been engaged in, or do you seek to engage in any activity relating to espionage, sabotage, or theft of intellectual property? Yes No
7. Are you engaged in, or have you ever been engaged in, or do you seek to engage in any activity related to money laundering (as described in section 1956 or 1957 of title 18, United States Code)? Yes No
8. Are you engaged in, or have you ever been engaged in, or do you seek to engage in any terrorist activity (as defined in INA section 212(a)(3)(B))? Yes No
9. Are you engaged in, or have you ever been engaged in, or do you seek to engage in any activity constituting or facilitating human trafficking or a human rights offense? Yes No
10. Are you engaged in, or have you ever been engaged in, or do you seek to engage in any activity described in INA section 212(a)(3)(E) (such as participating in Nazi persecutions or genocide)? Yes No
11. Are you engaged in, or have you ever been engaged in, or do you seek to engage in a violation of any statute, regulations, or Executive order regarding foreign financial transactions or foreign asset control? Yes No

Part 4. Bona Fides of Person Involved with Regional Center Program (continued)

12. Are you, or during the preceding 10 years have you been, included on the Department of Justice’s List of Currently Disciplined Practitioners? Yes No
13. During the preceding 10 years, have you received a reprimand or otherwise been publicly disciplined for conduct related to fraud or deceit by a State bar association of which you are or were a member? Yes No

Part 5. Foreign Involvement in Regional Center Program

For **Item Numbers 1. - 5.**, you should answer “Yes” to any question that applies.

1. If you are a person involved with a regional center, are you the subject of rescission or removal proceedings? Yes No
2. Are you an agency, official, or other similar entity or representative of a foreign government entity? Yes No
3. Have you provided capital to a regional center, new commercial enterprise, or job-creating entity derived from an agency, official, or other similar entity or representative of a foreign government entity? Yes No
4. Is your ownership or administration of a regional center, new commercial enterprise, or job-creating entity subject to the direct or indirect involvement of an agency, official, or other similar entity or representative of a foreign government entity? Yes No
5. Are you a foreign or domestic investment fund or other investment vehicle that is wholly or partially owned, direct or indirectly, by a bona fide foreign sovereign wealth fund or a foreign state-owned enterprise permitted to do business in the United States? Yes No
- A. If answered “Yes,” are you involved only with the ownership, and not the administration, of a job-creating entity that is not an affiliated job-creating entity? Yes No

Part 6. Statement, Contact Information, Declaration, Attestation, and Signature of the Person Involved with the Regional Center Program or Authorized Individual

NOTE: Read the **Penalties** section of the Form I-956H Instructions before completing this part.

Statement by Person Involved with the Regional Center Program or Authorized Individual

Select the appropriate box to indicate whether you read this form yourself or whether you had an interpreter assist you. If someone assisted you in completing the form, select the box indicating that you used a preparer.

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

1. Statement Regarding the Interpreter
- A. I can read and understand English, and I have read and understand every question and instruction on this form, as well as my answer to every question.
- B. The interpreter named in **Part 7.** has read to me every question and instruction on this form and my answer to every question, in , a language in which I am fluent, and I understood everything.
2. Statement Regarding the Preparer
- At my request, the preparer named in **Part 8.**, , prepared this form for me based only upon information I provided or authorized.

Part 6. Statement, Contact Information, Declaration, Attestation, and Signature of the Person Involved with the Regional Center Program or Authorized Individual (continued)

Authorized Individual's Contact Information

If filing this form on behalf of an organization, provide contact information for the individual authorized to complete this form.

3. Authorized Individual's Family Name (Last Name) Authorized Individual's Given Name (First Name)

4. Authorized Individual's Title

Provide the daytime telephone number, mobile telephone number (if any), and email address (if any).

5. Authorized Individual's Daytime Telephone Number 6. Authorized Individual's Mobile Telephone Number (if any)

7. Authorized Individual's Email Address (if any)

Certification by Person Involved with the Regional Center Program or Authorized Individual

Copies of any documents submitted are exact photocopies of unaltered, original documents, and I understand that U.S. Citizenship and Immigration Services (USCIS) may require that I, as the person involved with the regional center program or authorized individual, submit original documents to USCIS at a later date.

Furthermore, I authorize the release of any information from any and all of my records, and the organization's USCIS records, to USCIS where necessary for the administration and enforcement of U.S. immigration law.

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

I recognize the authority of USCIS to conduct audits of this form using publicly available open-source information. I also recognize that any supporting evidence submitted in support of this form may be verified by USCIS through any means determined appropriate by USCIS, including but not limited to, on-site audits, and on-site visits, as authorized by 8 U.S.C. sections 1103, 1155, and 1184; the EB-5, Reform and Integrity Act of 2022, Div. BB of the Consolidated Appropriations Act, 2022 (Pub. L. No. 117-103); and 8 CFR parts 103, 204, 205, and 214.

I understand that USCIS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, I will be required to sign an oath reaffirming that:

- 1) I reviewed and provided or authorized all of the information in my form;
- 2) I understood all of the information contained in, and submitted with, my form; and
- 3) All of this information was complete, true, and correct at the time of filing.

If filing this form on behalf of an organization, I certify that I am authorized to do so by the organization and that I am authorized to make all representations, attestations, declarations, or certifications required of the organization on this form.

I also understand that USCIS may require biometrics, perform criminal record checks, and other background and database checks with respect to this entity, and any individuals involved with this entity.

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

Part 6. Statement, Contact Information, Declaration, Attestation, and Signature of the Person Involved with the Regional Center Program or Authorized Individual (continued)

Signature by Person Involved with Regional Center Program (or Authorized Individual)

You must sign and date your form. Every form **MUST** contain the signature of the person involved with the regional center program (or authorized individual, parent, or legal guardian, if applicable). A stamped or typewritten name in place of a signature is not acceptable.

8. Signature by Person Involved with Regional Center Program (or Authorized Individual) Date of Signature (mm/dd/yyyy)

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NOTE: If you do not completely fill out this form or fail to submit required documents listed in the Instructions, USCIS may deny the underlying form and any related or underlying benefit.

Part 7. Interpreter's Contact Information, Certification, and Signature

If you used anyone as an interpreter to read the Instructions and questions on this form to you in a language in which you are fluent, the interpreter must fill out this section.

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

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)

Part 7. Interpreter's Contact Information, Certification, and Signature (continued)

Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and , which is the same language specified in **Part 6., Item B. in Item Number 1.**, and I have read to the person involved with the regional center program or the authorized individual in the identified language every question and instruction on this form and his or her answer to every question. The person involved with the regional center program or authorized individual informed me that he or she understands every instruction, question, and answer on the form, including the **Certification by Person Involved with the Regional Center Program or Authorized Individual**, and has verified the accuracy of every answer.

Interpreter's Signature

The interpreter must sign and date the form.

7. Interpreter's Signature Date of Signature (mm/dd/yyyy)

Part 8. Contact Information, Declaration, Certification, and Signature of the Person Preparing this Form, if Other Than the Person Involved with Regional Center Program or Authorized Individual

Provide the following information about the preparer. If the same individual acted as your interpreter **and** your preparer, that person should complete both **Part 7.** and **Part 8.**

Preparer's Full Name

1. Preparer's Family Name (Last Name) Preparer's Given Name (First Name)

If the person who completed this form is associated with a business or organization, that person should complete the business or organization name and address information.

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

Preparer's Contact Information

4. Preparer's Daytime Telephone Number 5. Preparer's Mobile Telephone Number (if any)
6. Preparer's Email Address (if any)

Part 8. Contact Information, Declaration, Certification, and Signature of the Person Preparing this Form, if Other Than the Person Involved with Regional Center Program or Authorized Individual (continued)

Preparer's Statement

7. A. I am not an attorney or accredited representative but have prepared this form on behalf of the person involved with the regional center program or authorized individual and with the individual's consent.
- B. I am an attorney or accredited representative and my representation of the person involved with the regional center program or authorized individual in this case extends does not extend beyond the preparation of this form.

NOTE: If you are an attorney or accredited representative, you may also need to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this form.

Preparer's Certification

By my signature, I certify, under penalty of perjury, that I prepared this form at the request of the person involved with the regional center program or the authorized individual. The person involved with the regional center program or authorized individual has reviewed this completed form, including the **Certification by Person Involved with the Regional Center Program or Authorized Individual**, and informed me that all of this information in the form and in the supporting documents is complete, true, and correct.

Preparer's Signature

Anyone who helped you complete this form **MUST** sign and date the form. A stamped or typewritten name in place of a signature is not acceptable.

8. Preparer's Signature Date of Signature (mm/dd/yyyy)
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Part 9. Additional Information

If you need extra space to provide any additional information within this supplement from **Part 4.**, 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 form or attach a separate sheet of paper. Type or print the individual's name 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. A. Page Number B. Part Number C. Item Number

D.

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

D.

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

D.

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

D.
