



AFFIDAVIT OF FINANCIAL SUPPORT AND BANK CERTIFICATION

Instructions

1. The financial sponsor must **fully** and properly **complete** this form. Incomplete *Affidavits* will not satisfy the financial support requirement and thus may cause a delay in the immigration process for the applicant.
2. More than one sponsor is allowable. However, an individual *Affidavit* must be completed by each sponsor.
3. Only an original *Affidavit* or a certified true copy of the original is accepted. No changes, alterations, or modifications may be made to any information on this form. Please type or print clearly in ink.

NAME OF APPLICANT:

(family name) (first name) (middle name) _____

On separate page list name(s), relationship(s), date(s) of birth, and country of birth for dependent(s) expected to accompany applicant.

<p>1. Name: _____ (family name) (first name)</p> <p>3. Address _____</p> <p>4. E-mail _____</p> <p>6. Country of permanent residence: _____</p>	<p>Relationship to applicant: 2. _____</p> <p>5. Telephone: _____ (include country and area codes)</p> <p>7. Country of citizenship: _____</p>
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I make this Affidavit for the purpose of assuring the United States Government that the applicant, as well as the applicant's dependents in the U.S., will not become a public charge while in the United States. By my signature I state that I have the following amount of funds (U.S. dollars) available for the academic year indicated and will make available additional funds in similar amounts for subsequent years of study:

US \$ _____ for one academic year: _____ to _____
(beginning month/year) (ending month/year)

I acknowledge that I am aware of my responsibilities as the sponsor of the applicant. I swear or affirm that (1) I understand the contents of this *Affidavit* signed by me and (2) the statements are true and correct.

Signature of Sponsor: _____ Date: _____

I certify that the total amount of readily available funds in the Sponsor's bank account meets or exceeds the amount specified in Part I above. Further, I certify that the information provided above is, to the best of my knowledge, true and complete.

THIS SPACE IS FOR STAMP/SEAL
OF BANK OR BANK OFFICIAL

Bank Official Signature: _____

Bank Official Name/Title: _____

Bank Name: _____

Bank Address: _____

Bank Telephone: _____

Bank Fax: _____

Date: _____