



# 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)

\_\_\_\_\_  
(City of Birth) (Country of Birth) (Country of Citizenship) (Country of Permanent Residence)

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

## Part I. Sponsor Information and Oath/Affirmation

1. Name: \_\_\_\_\_  
(family name) (first name)

2. Relationship to applicant: \_\_\_\_\_

3. Address \_\_\_\_\_

4. E-mail \_\_\_\_\_

5. Telephone: \_\_\_\_\_  
(include country and area codes)

6. Country of permanent residence: \_\_\_\_\_

7. Country of citizenship: \_\_\_\_\_

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: \_\_\_\_\_

## Part II. Bank Certification

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: \_\_\_\_\_