

SPONSOR'S AFFIDAVIT OF FREE ROOM AND BOARD AND PROOF OF FINANCIAL CAPABILITY

WHAT DOES THIS AFFIDAVIT MEAN?

By completing this affidavit, you are swearing to the U.S. government that this student will live with you free of any charge for room and food *for every year* he or she is studying and living in the U.S. (The student cannot be required to provide you with any services such as baby-sitting, cleaning, etc., in exchange for the room and board, as that is *employment*). You are also proving that you are the person who owns or rents the property and can afford the support you are promising with the documents you have attached.

Before signing it, you must understand that you are making a financial commitment to the student that should not be broken. Sponsors who fail to provide the promised support force students to drop out of school and cause pain and suffering. Do not expect that the student will be able to help support the costs through employment. Employment is strictly controlled by the Immigration Service and very limited.

HOW TO COMPLETE THIS FORM:

- Fill this form out completely in English.
- Attach the documentary evidence of support as explained below.
- Sign the affidavit in front of a notary public or other licensed official in your country.

PROVE THAT YOU ARE CAPABLE OF PROVIDING THIS SUPPORT FOR EVERY YEAR OF THE STUDENT'S PROGRAM BY ATTACHING: (*Documents must be: Photocopies or faxes, Current (less than two months old)*)

PROOF OF INCOME (*any of the following*)

- Employer's salary statement on letterhead stationery with most recent pay stub, or
- If self-employed, salary estimate from private accountant or bank, or
- Income tax returns or receipts with most recent pay stub, or
- Pay stubs for last six months, or
- Documentation of investments

PHOTOCOPY OF YOUR DEED, LEASE, CURRENT RENT RECEIPTS OR CURRENT PHONE BILL to prove that you are the person who owns or rents the property.

THIS IS MY SWORN PROMISE OF FREE ROOM AND BOARD

I, _____ *My Name* _____ *promise that for each year of his/her*
program of study, _____ *Full name of student*
will live free of any charge with me in my home at:

Number, street

City, State _____ *Phone* _____

I own rent this property.

If presently in the U.S., does the student currently live with you? _____

I will not require any type of service to be performed in exchange for this benefit.

My relationship to the student is _____
Parent, Spouse, brother/sister, friend

My proof of income and deed or lease are attached: Yes No

I swear that the information I have provided above is true and correct.

Signature of Sponsor

Sworn and subscribed before me this day: _____

Signature of Notary

EVALUATION OF FINANCIAL SUPPORT AND CAPABILITY

STUDENT'S NAME: _____
Last *First*

MINIMUM ANNUAL EXPENSES (Student/Dependant(s)): _____

NUMBER OF YEARS IN PROGRAM OF STUDY: _____

PERSONAL FUNDS

BANK STATEMENT: Current Balance: _____ Average Balances: _____

Divided by: _____ Years in Program: _____

Name on Statement: _____

INCOME: Type: _____ Amount: _____

AMOUNT OF SUPPORT FOR EACH YEAR OF STUDY

SPONSOR #1 (CASH ONLY)

NAME: _____ Number of Dependents: _____
Last *First*

Country: _____ Relationship to Student: _____

Employment Income: _____

Other Income: _____ Type: _____

TOTAL U.S. Income: _____ % _____ = Capability _____

TOTAL FOREIGN Income: _____ Minus per Capita _____ = Capability _____

BANK STATEMENT(s)

Name(s) on Account(s): _____

Total U.S. Statements: _____ Disposable: _____ = _____

Divided by _____ years in program = _____ Capability _____

Total Foreign Statements: _____ Minus per Capita _____ = _____

Divided by _____ years in program = _____ Capability _____

AFFIDAVIT AMOUNT: _____ TOTAL CAPABILITY: _____

AMOUNT OF SUPPORT:

Enter either affidavit amount or capability amount, whichever is LESS.

SCHOOL RENEWABLE FUNDS (SUPPORT FOR EACH YEAR)

Type: _____

SPONSOR #2 (CASH ONLY)

NAME: _____
Last *First* Number of Dependents: _____

Country: _____ Relationship to Student: _____

Employment Income: _____

Other Income: _____ Type: _____

TOTAL U.S. Income: _____ % _____ = Capability _____

TOTAL FOREIGN Income: _____ Minus per capita _____ = Capability _____

BANK STATEMENT(S)

Name(s) on Account(s): _____

Total U.S. Statements: _____ Disposable: _____ = _____

Divided by _____ years in program = _____ Capability _____

Total Foreign Statements: _____ Minus per Capita _____ = _____

Divided by _____ years in program = _____ Capability _____

AFFIDAVIT AMOUNT: _____ TOTAL CAPABILITY: _____

AMOUNT OF SUPPORT:

Enter either affidavit amount or capability amount, whichever is LESS.

SPONSOR OF FREE ROOM AND FOOD (ONLY):

NAME: _____
Last *First*

Relationship to Student: _____ Affidavit Lease, Deed, Rent Receipts

EMPLOYMENT INCOME: _____

OTHER INCOME: _____ Type: _____

TOTAL U.S. INCOME: _____ Disposable: _____ = Capability _____

Note: If Capability is less than estimated cost of food, I-20 may not be issued.

AMOUNT OF CASH VALUE SUPPORT

SPONSOR OF CASH AND FREE ROOM/FOOD

NAME: _____ Number of Dependents: _____
Last *First*

City of Residence of Sponsor: _____ Relationship to Student: _____

Employment Income: _____

Other Income: _____ Type: _____

TOTAL U.S. Income: _____ % _____ = Capability _____

BANK STATEMENT(s)

Name(s) on Account(s): _____

Total U.S. Statements: _____ Disposable: _____ = _____

Divided by _____ years in program = _____ Capability _____

TOTAL CASH CAPABILITY: _____

PROMISED FINANCIAL SUPPORT:

Affidavit of Cash Support Amount: _____

Cash Value of Food: _____

Subtotal of Promised Cash Support: _____

If subtotal of promised cash support exceeds total cash capability, subtract capability from subtotal to determine additional funds needed: _____. Enter either the subtotal or the amount of cash support capability, whichever is less, on the subtotal line.

Free Room Value: _____

TOTAL CASH AND FREE ROOM AND FOOD SPONSOR SUPPORT:

TOTAL OF ALL TYPES OF ANNUAL SUPPORT:

THIS IS MY SWORN PROMISE OF FINANCIAL SUPPORT

I, _____ *My Name* _____ *promise that for each year of his/her*
program of study, _____ *Full name of student*
will life free of any charge with me in my home at:

Number, street

City, State _____ *Phone* _____

I will not require any type of service to be performed in exchange for this benefit.

My relationship to the student is _____
Parent, Spouse, brother/sister, friend

My proof of income and deed or lease are attached: Yes No

I swear that the information I have provided above is true and correct.

Signature of Sponsor

Sworn and subscribed before me this day: _____

Signature of Notary