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.
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

_____________________________ Phone

_____________________________ City, State

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: __________________________________________________________________________
Name on Statement: _________________________________________________________________

INCOME: Type: _______________ Amount: _______________________________________________

AMOUNT OF SUPPORT FOR EACH YEAR OF STUDY

SPONSOR #1 (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.

Bramson ORT College
SCHOOL RENEWABLE FUNDS (SUPPORT FOR EACH YEAR)

Type: __________________________________________

SPONSOR #2 (CASH ONLY)

NAME: ___________________________ Number of Dependents: _______________________

_Last_ First Relationship to Student: ______________________

Country: ___________________________ 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

Bramson ORT College
SPONSOR OF CASH AND FREE ROOM/FOOD

NAME: ___________________________ Last Name. First Name. Number of Dependents: ___________________________

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: ___________________________
I, ______________________________ 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 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