## California State University, Sacramento

Affidavit of Financial Support for International Students (F-1)

The Immigration and Naturalization Service requires that all students provided evidence of adequate funds to meet the financial obligations of enrollment at a U.S. university. Thus, you must complete all areas of this affidavit that apply, including original signatures. The combined U.S. dollar amount from your sponsor(s) must equal or exceed the minimum listed on the instruction sheet. Bank verification of funds must not be older than six months. PLEASE NOTE YOUR APPLICATION FOR ADMISSION WILL NOT BE PROCESSED WITHOUT THIS FORM AND A BANK VERIFICATION FROM YOUR FUNDING SOURCE STATED IN U.S. DOLLARS.

Family/Lost Norma (Norma on massurert)					B					
Family/Last Name (Name on passport)  SALUZA		First Name (Name on passport)  JAGJEET SINGH								
Country of Birth	INDI	Country of Citizenship INDIAN			Date of Birth (month/day/year) [2-08-2000					
Term applying for Fall Spring	Year 202	23	Email Address	Email Address Isalujaindie 2000 a mail- Com						
SELF, SPONSOR, OR GOVERNMENT FU	UNDING									
Please check all appropriate boxes:		Assured amount in U.S. Dollars								
Self	• • • • • • • • • • • • • • • • • • • •		In US Dollars							
Sponsor (Parents, Relative, others)* \$	In USDollars	In USDollars 20495								
I, BALBIR SINGH SALUJA Sponsor's Name	certify that I wil	ll assume full financia	al responsibility	, including	educational and liv	ing expenses for				
JAGJEET SINGH SALUJA (Name of Student)		while he/she	is enrolled at C	alifornia Sta	te University, Sacr	amento.				
Signature of Sponsor Bollow Smgh		Relationship to applicant GRAND SON								
Address WARD NO. 22, DIWAN PARA, RAJNAND	SACN City/Country RAJNANDSACN	VINDIA 491441	Telephone Num	Telephone Number +91 8770 0 59 9 6 6						
* If a sponsor other than a parent is providing a terms of the support, the U.S. dollar amount to	all or partial financial as	ssistance, a letter sign	ed by the spons	or must acc	omnany this form t	hat specifies the				
Government or other Organization Scholars	Source of Scholarship		U.S. Dollars	ion of the sh	onsorsmp.					
*This includes embassies, government loan age non-resident tuition waivers. Please send an ori support, the U.S. dollar amounts to be covered <b>Additional Funding from another source:</b> If s Signature of Sponsor	iginal signed copy of the for tuition and/or living	e award letter on orga g expenses and the du n and board at no expe	nizational lette ration of the sp	rhead that sp onsorship.	pecifies in English	the terms of the				
	a	Sponsor's Name				8				
Address	City/country	Zipcode	Telephone Numl	Telephone Number						
F-2 DEPENDENT INFORMATION										
Applicants who plan to bring dependents ple	ase complete the follow	ving:			× 0					
If you are married and plan to have your dependinclude in your calculation of academic years co	dent(s) live in the U.S. v	while you are attendin	g California St	ate Universi	ty, Sacramento, yo	u will need to				
Family / Last Name	First Name	Middle Name	Gender	Date of Birth	Country of Birth	Country of Citronobia				
Spouse NA	E		Gender	Date of Biltin	Country of Birth	Country of Citzenship				
Child	*									
Child					*					
Child					7					
I certify that the statements made above are true	14 1	Y 1 1 1 1 1				1.				
I certify that the statements made above are true of my application, or if admitted in my disenroll	lment for California Sta	e. I understand that protect the University and / or	oviding false of deportation fro	r misleading om the Unite	information can red States.	sult in the denial				
Applicant's signature: Daluje				Date: 19-AUG-2022						

## California State University, Sacramento

PERSONAL INFORMATION

Affidavit of Financial Support for International Students (F-1)

The Immigration and Naturalization Service requires that all students provided evidence of adequate funds to meet the financial obligations of enrollment at a U.S. university. Thus, you must complete all areas of this affidavit that apply, including original signatures. The combined U.S. dollar amount from your sponsor(s) must equal or exceed the minimum listed on the instruction sheet. Bank verification of funds must not be older than six months. PLEASE NOTE YOUR APPLICATION FOR ADMISSION WILL NOT BE PROCESSED WITHOUT THIS FORM AND A BANK VERIFICATION FROM YOUR FUNDING SOURCE STATED IN U.S. DOLLARS.

CA1:170				First Name (Name						
SALUJA					JAGJEET SINGH					
Country of Birth INDIA		Citizenship NDIAN		Date of Birth (mo	nth/day/year) L-08	-2000				
Term applying for Fall Spring		.023		12-08-2000 Email Address jsalijaindia 2010 gmail. Com						
SELF, SPONSOR, OR GOVERNMENT	FUNDING									
Please check all appropriate boxes:				Assured amo	unt in U.S	. Dollars				
Self	• • • • • • • • • • • • • • • • • • • •		• • •	In US Dollars						
Sponsor (Parents, Relative, others)*FATHER					In USDollars 11073					
I, BHUPENDRA SINGH SALUJA Sponsor's Name	certify tha	t I will assume full finar	ncial res	ponsibility, i	ncluding	educational and liv	ving expenses for			
JAGJEET SINGH SALUJA (Name of Student)	-	while he/s	she is en	rolled at Cali	fornia Sta	te University, Sac	ramento.			
Signature of Changar	7000		ī	Relationship to app	licant					
Shupendre Singh					SON					
Address HNO 89/1, WARD NO. 22, DEVAN RAJNANDGAON	עשותאונאא	GAON/INDIA 49144	u []	Telephone Number +918770059966						
* If a sponsor other than a parent is providing terms of the support the LLS, dollar amount	g all or partial financ	cial assistance, a letter si	igned by	, the anonce		41.0	hat specifies the			
terms of the support, the U.S. dollar amount	to be covered for tul	tion and/or living exper	nses, and	the duration	of the sp	onsorship.	and specifies the			
Government or other Organization Schola	Carres - CC-1	nolarship		U.S. Dollars						
*This includes embassies, government loan a	gencies, governmen	t contract agencies, CSU	U school	s and depart	ments ath	letic scholarshing	and annuarial			
non-resident tuition waivers. Please send and support, the U.S. dollar amounts to be covered	migmai signed copy	of the award letter on o	rganizat	ional letterh	and that ar	pecifies in English	the terms of the			
Additional Funding from another source: I Signature of Sponsor	f someone provides	room and board at no e	expense t	to you, list th	sorsnip. at person's	s name and addres	s.			
Signature of Sponsor		Sponsor's Nam	ne							
Address	City/country	Zipcode	Т	elephone Number						
	Δ.			•						
F-2 DEPENDENT INFORMATION										
Applicants who plan to bring dependents p										
If you are married and plan to have your depe include in your calculation of academic years	ndent(s) live in the I costs, the amounts o	J.S. while you are atten of \$3,000.00 for your sp	iding Ca ouse and	lifornia State d \$3,000.00	Universite ach child	ty, Sacramento, yo	u will need to			
Family / Last Name Spouse	First Name	Middle Name		~ .	Date of Birth	Country of Birth	Country of Citzenship			
NA	•		e.			g.	County of Citzensinp			
Child										
Child			-		1					
Child			+							
I certify that the statements made above are true of my application, or if admitted in my discussed	ie, complete and acc	urate. I understand that	providi	ng false or m	isleading	information con ==	gult in the desire			
or my approaction, or it admitted in my discinc	Ilment for Californi	a State University and /	or depo	rtation from	the United	d States.	suit iii tiie denial			
Applicant's signature:		. " .	Da	ite.	709-2					