

# California State University, Sacramento

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

The Immigration and Naturalization Service requires that all students provide 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.

### PERSONAL INFORMATION

Family/Last Name (Name on passport) <b>FNU</b>		First Name (Name on passport) <b>DAVINDER SINGH</b>	
Country of Birth <b>INDIA</b>	Country of Citizenship <b>INDIA</b>	Date of Birth (month/day/year) <b>06/29/2002</b>	
Term applying for Fall <input type="checkbox"/> Spring <input checked="" type="checkbox"/>	Year <b>2023</b>	Email Address <b>davinderpurjab683@gmail.com</b>	

### SELF, SPONSOR, OR GOVERNMENT FUNDING

Please check all appropriate boxes:

Self .....

Sponsor (Parents, Relative, others)\* ..... **RELATIVE** .....

#### Assured amount in U.S. Dollars

In US Dollars

In USDollars

**\$ 19017.4**

I, **RAMA KANT** certify that I will assume full financial responsibility, including educational and living expenses for

Sponsor's Name

**DAVINDER SINGH**

(Name of Student)

while he/she is enrolled at California State University, Sacramento.

Signature of Sponsor

**Rama Kant**

Relationship to applicant

**UNCLE**

Address <b>SEC. 29, JINDAL GLOBAL CITY</b>	City/Country <b>KURUKSHETRA</b>	Zipcode <b>136118</b>	Telephone Number <b>+91 9815941263</b>
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\* If a sponsor other than a parent is providing all or partial financial assistance, a letter signed by the sponsor must accompany this form that specifies the terms of the support, the U.S. dollar amount to be covered for tuition and/or living expenses, and the duration of the sponsorship.

### Government or other Organization Scholarship\*

Source of Scholarship

U.S. Dollars

\*This includes embassies, government loan agencies, government contract agencies, CSU schools and departments, athletic scholarships, and approved non-resident tuition waivers. Please send an original signed copy of the award letter on organizational letterhead that specifies in English the terms of the support, the U.S. dollar amounts to be covered for tuition and/or living expenses and the duration of the sponsorship.

**Additional Funding from another source:** If someone provides room and board at no expense to you, list that person's name and address.

Signature of Sponsor

Sponsor's Name

Address	City/country	Zipcode	Telephone Number
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### F-2 DEPENDENT INFORMATION

Applicants who plan to bring dependents please complete the following:

If you are married and plan to have your dependent(s) live in the U.S. while you are attending California State University, Sacramento, you will need to include in your calculation of academic years costs, the amounts of \$3,000.00 for your spouse and \$3,000.00 each child.

	Family / Last Name	First Name	Middle Name	Gender	Date of Birth	Country of Birth	Country of Citizenship
Spouse							
Child							
Child							
Child							

I certify that the statements made above are true, complete and accurate. I understand that providing false or misleading information can result in the denial of my application, or if admitted in my disenrollment for California State University and / or deportation from the United States.

Applicant's signature: <b>Davinder Singh</b>	Date: <b>09/10/2022</b>
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# California State University, Sacramento

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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.

### PERSONAL INFORMATION

Family/Last Name (Name on passport) <b>FNU</b>		First Name (Name on passport) <b>DAVINDER SINGH</b>	
Country of Birth <b>INDIA</b>	Country of Citizenship <b>INDIA</b>	Date of Birth (month/day/year) <b>06/29/2002</b>	
Term applying for Fall <input type="checkbox"/> Spring <input checked="" type="checkbox"/>	Year <b>2023</b>	Email Address <b>davinderpunjab683@gmail.com</b>	

### SELF, SPONSOR, OR GOVERNMENT FUNDING

Please check all appropriate boxes:

Self .....

Sponsor (Parents, Relative, others)\* ..... **RELATIVE** .....

#### Assured amount in U.S. Dollars

In US Dollars
In USDollars <b>\$ 12688.7</b>

I, **KANUPRIYA** certify that I will assume full financial responsibility, including educational and living expenses for **DAVINDER SINGH** while he/she is enrolled at California State University, Sacramento.

Signature of Sponsor <b>Kanupriya</b>	Relationship to applicant <b>COUSIN</b>
Address <b>HOUSE No 608, SEC. 5 UE</b>	Telephone Number <b>91981594263</b>
City/Country <b>KURUKSHETRA</b>	Zipcode <b>136118</b>

\* If a sponsor other than a parent is providing all or partial financial assistance, a letter signed by the sponsor must accompany this form that specifies the terms of the support, the U.S. dollar amount to be covered for tuition and/or living expenses, and the duration of the sponsorship.

### Government or other Organization Scholarship\*

Source of Scholarship	U.S. Dollars
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\*This includes embassies, government loan agencies, government contract agencies, CSU schools and departments, athletic scholarships, and approved non-resident tuition waivers. Please send an original signed copy of the award letter on organizational letterhead that specifies in English the terms of the support, the U.S. dollar amounts to be covered for tuition and/or living expenses and the duration of the sponsorship.

**Additional Funding from another source:** If someone provides room and board at no expense to you, list that person's name and address.

Signature of Sponsor	Sponsor's Name
Address	Telephone Number
City/country	Zipcode

### F-2 DEPENDENT INFORMATION

Applicants who plan to bring dependents please complete the following:

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Family / Last Name	First Name	Middle Name	Gender	Date of Birth	Country of Birth	Country of Citizenship
Spouse						
Child						
Child						
Child						

I certify that the statements made above are true, complete and accurate. I understand that providing false or misleading information can result in the denial of my application, or if admitted in my disenrollment for California State University and / or deportation from the United States.

Applicant's signature: <b>Davinder Singh</b>	Date: <b>09/10/2022</b>
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# INTERNATIONAL STUDENT FINANCIAL STATEMENT

The State University of New York

This is a two-page form. Be sure to read all information before completing this form.

International students must document their ability to meet all educational and living expenses for the first year of their intended study before this University can issue a Certificate of Visa Eligibility (form I-20 or DS-2019) per immigration regulations. Although you must only show proof for the first year of study, funding must be available for your entire course of study from your personal or sponsored funding sources. International students are NOT eligible for financial aid and U.S. Federal immigration regulations severely restrict international student employment so students should not expect to subsidize their studies by earning income in the United States.

## INSTRUCTIONS:

**Part I:** Answer all questions in Part I completely.

**Part II:** In the first column, indicate the source(s) of your funding. In the column headed Year 1, indicate the amount (in U.S. dollars) available for each year of study. Each sponsor must verify these amounts by signing the form. Be sure to include supplementary documents as indicated and provide official documentation of funding. Please note that if you send originals by mail, you must retain a set of originals for your visa interview. The originals sent to the campus will not be returned.

All documentation must be dated within six (6) months of the date of initial enrollment at the SUNY campus to which you are applying. A more current version may be requested by the individual SUNY campus to verify funding. The SUNY campus has provided you with an estimate of their annual education and living costs for international students. You must document financial support equal to or greater than this amount. Tuition and fee estimates, as well as cost of living expenses, are subject to change without notice and will usually increase each year. Students must be prepared to meet these increases.

## SOURCE OF FUNDS – REQUIRED DOCUMENTATION: \*\*Please provide in English and in US dollars.

**Personal/Family:** Signatures of sponsors on this form. Bank verification on both this form and in a separate bank statement.

**Scholarship:** Official scholarship letter from the institution awarding the scholarship. The award letter must contain the name of the student, the amount of money available for each year of study, the duration of the award (including beginning and ending dates), the degree and major field of study for the award, and the name of the SUNY campus to which the award is applicable.

**Government or Employer:** Official letter indicating amount of support and containing the same information as for "Scholarship" described above.

**Loans:** Official letter from credit institution indicating approval of the loan and the amount approved.

**Dependent Support:** A student wishing to have his/her family member(s) accompany him/her must document additional funding for each family member per calendar year of intended study. Each campus will provide you with the required spouse/child documentation. The costs may vary based on campus and regional area and are estimated living costs.

The SUNY campus to which you are applying reserves the right to require additional financial documentation and/or pre-payment from students whose countries impose currency exchange restrictions or other obstacles to the transfer of currency. Students from such countries will be notified of specific requirements when they have submitted a completed application.

PART I. (Type directly into the form or print and write clearly in ink)			
NAME OF STUDENT:	FAMILY/LAST NAME	FIRST/GIVEN	MIDDLE
	FNU	DAVINDER SINGH	
PERMANENT ADDRESS IN HOME COUNTRY:	STREET VILLAGE PATEH JALAL, PO PATTAR KALAN,		
CITY	PROVINCE, IF APPLICABLE OR STATE	COUNTRY	POSTAL CODE
JALANDHAR	PUNJAB	INDIA	144806
EMAIL	TELEPHONE NUMBER		
davinderpunjab683@gmail.com	9815941263		
COUNTRY OF CITIZENSHIP	COUNTRY OF BIRTH	DATE OF BIRTH (MONTH/DAY/YEAR)	
INDIA	INDIA	06/29/2002	
CAMPUS TO WHICH YOU ARE APPLYING	DEGREE FOR WHICH YOU ARE APPLYING	MAJOR FIELD/DEPARTMENT	
ALBANY	BACHELORS	BUSINESS ADMINISTRATION	
DEPENDENTS:		FUNDING:	
<input checked="" type="checkbox"/> I plan to come without dependents <input type="checkbox"/> The following dependents will accompany me (list names and relationships): _____ _____		Does your country restrict dollar exchange? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No What is the maximum dollar amount permitted for a student? \$ _____ Do you have a source within the U.S. for emergency funds once you arrive in this country? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, name source _____ Amount available in U.S.: \$ _____	



# INTERNATIONAL STUDENT FINANCIAL STATEMENT

The State University of New York

**PART II. Complete all that apply. Enter amount of assured support for the first year in U.S. Dollars. These funds, plus expected increases, are expected to be available for each year of study in the U.S. by the student's funding source/sponsor.**

SOURCE OF FUNDS	YEAR 1	REQUIRED VERIFICATION
<b>PERSONAL SAVINGS:</b> Name of Bank: _____ Account Holder: _____	\$	1. Bank Statement/Letter from Bank on official bank letterhead. 2. Complete (A) and (C).
<b>FAMILY/RELATIVE/SPONSOR:</b> Name: <u>RAMAKANT</u>	\$ <u>19017.4</u>	1. Bank Statement/Letter from Bank on official bank letterhead with sponsor's full name and address. 2. Complete (A), (B), and (C).
<b>SCHOLARSHIP/LOAN:</b> Awarded by: _____	\$	1. Official award letter. See instructions on page 1. 2. Loan approval letter. See instructions on page 1. 3. Complete (C).
<b>GOVERNMENT/EMPLOYER/OTHER:</b> Name of Sponsor: _____ Other (specify source and type of support): _____ _____ _____	\$	1. Official letter of support. See instructions on page 1. 2. Bank statements, affidavits, or sworn statements. 3. Complete (C).
<b>TOTAL:</b>	\$ <u>0 19017.4</u>	

**VERIFICATION:**

A. This is to certify that the funds indicated above are on deposit or are being held in the name of the account holder listed above, family members, or sponsors (named above) at the savings institution named below. Verification of amounts is without liability for the bank or its officials. Attach separate statement of accounts on official bank letterhead or with official signature/seal.

Name of Bank: \_\_\_\_\_ Date: \_\_\_\_\_  
 Bank Official's Name: \_\_\_\_\_ Email: \_\_\_\_\_  
 Bank Official's Title: \_\_\_\_\_ Bank Official's Signature/Seal: \_\_\_\_\_

B. This is to certify that I the undersigned have agreed to provide the funds indicated above to the applicant for the purpose of full-time study at the State University Campus listed above and that I am submitting bank statements indicating the availability of these funds. I further understand that the State University cannot provide ANY financial assistance to the applicant and that I must provide these funds for the duration of the applicant's course of study. If the commitment is not met, the student may be subject to dismissal from the University for non-payment. If the student has more than one sponsor, please provide the names, signatures and relationship information on a separate page.

Sponsor's Name: RAMA KANT Relationship to Applicant: UNCLE Date: 09/10/2022  
 Sponsor Signature: [Signature] Email: davindupunjab883@gmail.com

C. This is to certify that the information given on this form is complete and accurate to the best of my knowledge. I am fully aware that any false or misleading statement will result in an automatic denial of admission, or cancellation of registration following enrollment.

Applicant's Signature: Davinder Singh Date: 09/10/2022

Return this form with all additional financial documentation directly to the SUNY campus to which you are applying.



# INTERNATIONAL STUDENT FINANCIAL STATEMENT

The State University of New York

**PART II. Complete all that apply. Enter amount of assured support for the first year in U.S. Dollars. These funds, plus expected increases, are expected to be available for each year of study in the U.S. by the student's funding source/sponsor.**

SOURCE OF FUNDS	YEAR 1	REQUIRED VERIFICATION
<b>PERSONAL SAVINGS:</b> Name of Bank: _____ Account Holder: _____	\$	1. Bank Statement/Letter from Bank on official bank letterhead. 2. Complete (A) and (C).
<b>FAMILY/RELATIVE/SPONSOR:</b> Name: <u>KANUPRIYA</u>	\$ <u>12688.7</u>	1. Bank Statement/Letter from Bank on official bank letterhead with sponsor's full name and address. 2. Complete (A), (B), and (C).
<b>SCHOLARSHIP/LOAN:</b> Awarded by: _____	\$	1. Official award letter. See instructions on page 1. 2. Loan approval letter. See instructions on page 1. 3. Complete (C).
<b>GOVERNMENT/EMPLOYER/OTHER:</b> Name of Sponsor: _____ Other (specify source and type of support): _____ _____ _____	\$	1. Official letter of support. See instructions on page 1. 2. Bank statements, affidavits, or sworn statements. 3. Complete (C).
<b>TOTAL:</b>	\$ <u>0 12688.7</u>	

**VERIFICATION:**

A. This is to certify that the funds indicated above are on deposit or are being held in the name of the account holder listed above, family members, or sponsors (named above) at the savings institution named below. Verification of amounts is without liability for the bank or its officials. Attach separate statement of accounts on official bank letterhead or with official signature/seal.

Name of Bank: \_\_\_\_\_ Date: \_\_\_\_\_  
 Bank Official's Name: \_\_\_\_\_ Email: \_\_\_\_\_  
 Bank Official's Title: \_\_\_\_\_ Bank Official's Signature/Seal: \_\_\_\_\_

B. This is certify that I the undersigned have agreed to provide the funds indicated above to the applicant for the purpose of full-time study at the State University Campus listed above and that I am submitting bank statements indicating the availability of these funds. I further understand that the State University cannot provide ANY financial assistance to the applicant and that I must provide these funds for the duration of the applicant's course of study. If the commitment is not met, the student may be subject to dismissal from the University for non-payment. If the student has more than one sponsor, please provide the names, signatures and relationship information on a separate page.

Sponsor's Name: KANUPRIYA Relationship to Applicant: COUSIN Date: 09/10/2022  
 Sponsor Signature: Kanupriya Email: davinderpunjab683@gmail.com

C. This is to certify that the information given on this form is complete and accurate to the best of my knowledge. I am fully aware that any false or misleading statement will result in an automatic denial of admission, or cancellation of registration following enrollment.

Applicant's Signature: Davinder Singh Date: 09/10/2022

Return this form with all additional financial documentation directly to the SUNY campus to which you are applying.



# INTERNATIONAL STUDENT FINANCIAL STATEMENT

The State University of New York

**PART II. Complete all that apply. Enter amount of assured support for the first year in U.S. Dollars. These funds, plus expected increases, are expected to be available for each year of study in the U.S. by the student's funding source/sponsor.**

SOURCE OF FUNDS	YEAR 1	REQUIRED VERIFICATION
<b>PERSONAL SAVINGS:</b> Name of Bank: _____ Account Holder: _____	\$	1. Bank Statement/Letter from Bank on official bank letterhead. 2. Complete (A) and (C).
<b>FAMILY/RELATIVE/SPONSOR:</b> Name: <u>HARVINDER SINGH MANN</u>	\$ <u>23730.3</u>	1. Bank Statement/Letter from Bank on official bank letterhead with sponsor's full name and address. 2. Complete (A), (B), and (C).
<b>SCHOLARSHIP/LOAN:</b> Awarded by: _____	\$	1. Official award letter. See instructions on page 1. 2. Loan approval letter. See instructions on page 1. 3. Complete (C).
<b>GOVERNMENT/EMPLOYER/OTHER:</b> Name of Sponsor: _____ Other (specify source and type of support): _____ _____ _____	\$	1. Official letter of support. See instructions on page 1. 2. Bank statements, affidavits, or sworn statements. 3. Complete (C).
<b>TOTAL:</b>	\$ <u>0 23730.3</u>	

**VERIFICATION:**

A. This is to certify that the funds indicated above are on deposit or are being held in the name of the account holder listed above, family members, or sponsors (named above) at the savings institution named below. Verification of amounts is without liability for the bank or its officials. Attach separate statement of accounts on official bank letterhead or with official signature/seal.

Name of Bank: \_\_\_\_\_ Date: \_\_\_\_\_  
 Bank Official's Name: \_\_\_\_\_ Email: \_\_\_\_\_  
 Bank Official's Title: \_\_\_\_\_ Bank Official's Signature/Seal: \_\_\_\_\_

B. This is certify that I the undersigned have agreed to provide the funds indicated above to the applicant for the purpose of full-time study at the State University Campus-listed above and that I am submitting bank statements indicating the availability of these funds. I further understand that the State University cannot provide ANY financial assistance to the applicant and that I must provide these funds for the duration of the applicant's course of study. If the commitment is not met, the student may be subject to dismissal from the University for non-payment. If the student has more than one sponsor, please provide the names, signatures and relationship information on a separate page.

Sponsor's Name: HARVINDER SINGH MANN Relationship to Applicant: UNCLE Date 09/10/2022  
 Sponsor Signature: Harvinder Singh Email: \_\_\_\_\_

C. This is to certify that the information given on this form is complete and accurate to the best of my knowledge. I am fully aware that any false or misleading statement will result in an automatic denial of admission, or cancellation of registration following enrollment.

Applicant's Signature: Davinder Singh Date: 09/10/2022

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