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.

PERSONAL INFORMATION

F			
Family/Last Name (Name on passport) FNU			First Name (Name on passport)
Country of Birth			DAVINDER SINGH
INDIA	Country of Citizenship		Date of Birth (month/day/year)
2112211	INDI	LA	06/29/2002
Term applying for Fall Spring	2023	2	Email Address
)	davinder purpos 68 2@gmail-Can
SELF, SPONSOR, OR GOVERNMENT FUND	ING		
Please check all appropriate boxes:			Assured amount in U.S. Dollars
Self	• • • • • • • • • • • • • • • • • • • •		In US Dollars
Sponsor (Parents, Relative, others)*	RELATION		In USDollars
Sponsor (1 arents, Relative, others)"	S.C. L. C. C. L. C.		\$ 190/7.4
RAMA KAN T	certify that I will ass	sume full financia	l responsibility, including educational and living expenses for
DAVINDER CINGH		while he/she is	s enrolled at California State University, Sacramento.
Signature of Sponsor			Relationship to applicant
Rama Kant			UNCLE
Address	City/Gountry	Zipcode	Telephone Number
SEC. 29, JINDALGLOBAL.CITY	KURUKSHET	RA 136/18	+91 981594/263.
If a sponsor other than a parent is providing all or	partial financial assista	ance, a letter signe	ed by the sponsor must accompany this form that specifies the
erms of the support, the U.S. dollar amount to be co	overed for tuition and/o	or living expenses	a, and the duration of the sponsorship.
	Source of Scholarship		U.S. Dollars
Government or other Organization Scholarship*			
This includes embassies, government loan agencie	s, government contract	agencies, CSU sc	chools and departments, athletic scholarships, and approved
non-resident tuition waivers. Please send an origina	l signed copy of the aw	ard letter on organ	nizational letterhead that specifies in English the terms of the
upport, the U.S. dollar amounts to be covered for to			
Additional Funding from another source: If some	one provides room and		nse to you, list that person's name and address.
gomento or Sportson		Sponsor's Name	
ddress	City/country	7:1	
	City/country	Zipcode	Telephone Number
2 DEDENDENIE INFORMATION			
2-2 DEPENDENT INFORMATION applicants who plan to bring dependents please c			
you are married and plan to have your dependent(s) live in the U.S. while	e you are attendin	g California State University, Sacramento, you will need to
nclude in your calculation of academic years costs, Family / Last Name			
pouse Panny / Last Panne	First Name	Middle Name	Gender Date of Birth Country of Birth Country of Citzenship
nild east			
ild			
ild			
certify that the statements made above are true, con	nnlete and accurate I	nderstand that	oviding false or misleading information can result in the denia
f my application, or if admitted in my disenrollmen	t for California State II	niversity and / or	deportation from the United States
oplicant's signature:	- 101 Camorina State O	mreisity and / Of	Dete:
Davinder Singh			09/10/2022

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.

PERSONAL INFORMATION			First Name (Name	on passport)		
Family/Last Name (Name on passport)			A CONTRACTOR OF THE CONTRACTOR		SINGH	
FNU	Country of Citizenship		Date of Birth (mon		02. 7.	
Country of Birth				9/200	2	
INDIA	INDIA		Email Address	() ~		
Term applying for Fall Spring	2023			spunj.	rb 683@ gn	noil Con
SELF, SPONSOR, OR GOVERNMENT FUNDING	G					
Please check all appropriate boxes:			Assured amo	unt in U.S. D	ollars	
Self			III OS DOMAIS			
Sponsor (Parents, Relative, others)*	LATIVE		In USDollars			
I, KANUPRIYA Sponsor's Name	certify that I will assum	e full financial	responsibility, i	including ed	ucational and livin	ig expenses for
DAVINDER SINGH		while he/she is	enrolled at Cal	ifornia State	University, Sacra	mento.
(Name of Student) Signature of Sponsor			Relationship to ap	plicant		
			Col	SIN		
Kanupeiya	City/Country	Zipcode	Telephone Number	er		
HOUSE NO 608, SEC. 5 WE	KURUKSHETA	136118	1 4-919	81594	1263	
* IC other than a parent is providing all or n	artial financial assistanc	e, a letter signed	by the sponso	r must accor	mpany this form th	at specifies the
terms of the support, the U.S. dollar amount to be con-	rered for tuition and/or	iving expenses,	and the duration	on of the spo	nsorship.	
	Source of Scholarship		U.S. Dollars			
Government or other Organization Scholarship*						
*This includes embassies, government loan agencies,	government contract ag	gencies, CSU scl	nools and depar	rtments, athl	etic scholarships,	and approved
non regident tuition waivers. Please send an original	signed copy of the awar	d letter on organ	iizationai iettei	nead that sp	ecines in English	ine terms of the
support, the U.S. dollar amounts to be covered for tu	tion and/or living exper	ises and the dura	ation of the spe	that managen's	name and address	
Additional Funding from another source: If some	ne provides room and b	Sponsor's Name	nse to you, list	mai person s	s name and address	
Signature of Sponsor						
/	City/country	Zipcode	Telephone Numb	er		
Address	Chylcountry					
F-2 DEPENDENT INFORMATION	late the following:					
Applicants who plan to bring dependents please c	omplete the following.		~ California St	ote Universi	ty Sacramento vo	nu will need to
If you are married and plan to have your dependent(s	e) live in the U.S. while	you are attending	g California St	00 each child	l.	, a will need to
include in your calculation of academic years costs,		Middle Name	Gender	Date of Birth	Country of Birth	Country of Citzenship
Family / Last Name	First Name	Wilddie Name	Conde	Date of Date		
Spouse						
Child						
Child						
Child						
I certify that the statements made above are true, cor of my application, or if admitted in my disenrollmen	nplete and accurate. I un t for California State Un	nderstand that pr niversity and / or	roviding false or r deportation fr	or misleading com the Unit	g information can be d States.	result in the denial
Applicant's signature:				10/202		
Orai de Cinoda			0(1	1/200		

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	FND		DAVINDERSING	
PERMANENT ADDRESS STREET VILLAGE IN HOME COUNTRY:	E PATEH JI	ALAL, POPATTI	AR KALAN,	
CITY JALANDHAR PR	ROVINCE, IF APPLICABLE OR	R STATE PUNJAB	COUNTRY INDIA POSTAL CODE	806
davinderhenjab 683@gmail. Com			1815941263	
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	BACHELOR	2	BUINESS ADMINISTRAT	Jon
DEPENDENTS:		FUNDING:		
I plan to come without dependents		Does your country res	rict dollar exchange?	No
The following dependents will accompany me		What is the maximum do	ollar amount permitted for a student? \$	
(list names and relationships):		AT THE RESIDENCE AND ADDRESS OF THE PARTY OF	within the U.S. for emergency	No
¥		If YES, name source_		
		Amount available in U.	S.: \$	

SOURCE OF FUNDS	YEAR 1	S. Dollars. These funds, plus expected increases, are e/sponsor. REQUIRED VERIFICATION
ERSONAL SAVINGS:		
		Bank Statement/Letter from Bank on official bank letterhead.
ame of Bank:	\$	2. Complete (A) and (C).
ccount Holder:		
AMILY/RELATIVE/SPONSOR:		1. Bank Statement/Letter from Bank on official bank
	\$ 19017.4	letterhead with sponsor's full name and address.
ame:RAMA KANT		2. Complete (A), (B), and (C).
CHOLARSHIP/LOAN:		1. Official award letter. See instructions on page 1.
	\$	2. Loan approval letter. See instructions on page 1.
warded by:		3. Complete (C).
OVERNMENT/EMPLOYER/OTHER:		1. Official letter of support. See instructions on page 1
ame of Sponsor:		2. Bank statements, affidavits, or sworn statements.
		3. Complete (C).
ther (specify source and type of support):	\$	
The state of the state indicated above are on deno	TOTAL: \$ 0 /9017+5	of the account holder listed above, family members, or
. This is to certify that the funds indicated above are on deposition of sponsors (named above) at the savings institution named be Attach separate statement of accounts on official bank letter.	osit or are being held in the name elow. Verification of amounts is w erhead or with official signature/se	of the account holder listed above, family members, or ithout liability for the bank or its officials.
. This is to certify that the funds indicated above are on deposition of sponsors (named above) at the savings institution named be Attach separate statement of accounts on official bank letter.	osit or are being held in the name elow. Verification of amounts is w erhead or with official signature/se	of the account holder listed above, family members, or ithout liability for the bank or its officials.
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Name of Bank:Bank Official's Name:	osit or are being held in the name elow. Verification of amounts is w erhead or with official signature/se Date: Email:	of the account holder listed above, family members, or ithout liability for the bank or its officials.
This is to certify that the funds indicated above are on deposition of sponsors (named above) at the savings institution named by Attach separate statement of accounts on official bank letter Name of Bank: Bank Official's Name: Bank Official's Title: This is certify that I the undersigned have agreed to provide University Campus listed above and that I am submitting by University cannot provide ANY financial assistance to the all the commitment is not met, the student may be subject the please provide the names, signatures and relationship informations.	posit or are being held in the name elow. Verification of amounts is werhead or with official signature/se Date: Email: Bank Off e the funds indicated above to the enk statements indicating the avail pplicant and that I must provide the odismissal from the University formation on a separate page.	of the account holder listed above, family members, or ithout liability for the bank or its officials. eal. cial's Signature/Seal: applicant for the purpose of full-time study at the State ability of these funds. I further understand that the State ese funds for the duration of the applicant's course of study. In non-payment. If the student has more than one sponsor,
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INTERNATIONAL STUDENT FINANCIAL STATEMENT

The State University of New York

	YEAR 1	. Dollars. These funds, plus expected increases, are /sponsor. REQUIRED VERIFICATION
JRCE OF FUNDS	TEAR	
SONAL SAVINGS:		1. Bank Statement/Letter from Bank on official bank
me of Bank:	_{\$}	letterhead.
		2. Complete (A) and (C).
count Holder:		Bank Statement/Letter from Bank on official bank
MILY/RELATIVE/SPONSOR:		Bank Statement/Letter from Bank on official bank letterhead with sponsor's full name and address.
	\$ 12688.7	2. Complete (A), (B), and (C).
me: KANUPRIYA		
HOLARSHIP/LOAN:		1. Official award letter. See instructions on page 1.
	\$	2. Loan approval letter. See instructions on page 1.
varded by:		3. Complete (C).
		1. Official letter of support. See instructions on page 1.
VERNMENT/EMPLOYER/OTHER:		Bank statements, affidavits, or sworn statements.
ame of Sponsor:		3. Complete (C).
her (specify source and type of support):	\$	3. Complete Co.
ther (specify source and type of support).	The second second	
,		76.00
ERIFICATION:	TOTAL: \$ 0 12688.7	of the account holder listed above, family members, or
sponsors (named above) at the savings institution named bet Attach separate statement of accounts on official bank letter	it or are being held in the name of low. Verification of amounts is w head or with official signature/se	of the account holder listed above, family members, or without liability for the bank or its officials. eal.
sponsors (named above) at the savings institution named bet Attach separate statement of accounts on official bank letter	it or are being held in the name of low. Verification of amounts is w head or with official signature/se	of the account holder listed above, family members, or without liability for the bank or its officials. eal.
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Attach separate statement of accounts on official bank letter! Name of Bank:	it or are being held in the name of low. Verification of amounts is w head or with official signature/se Date: Email:	of the account holder listed above, family members, or vithout liability for the bank or its officials. eal.
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Name of Bank: Bank Official's Name: Bank Official's Title: B. This is certify that I the undersigned have agreed to provide University Campus listed above and that I am submitting bar University cannot provide ANY financial assistance to the ap If the commitment is not met, the student may be subject to please provide the names, signatures and relationship inform Sponsor's Name: KANUKTYA Sponsor Signature: KANUKTYA C. This is to certify that the information given on this form is contact the design of admission of	it or are being held in the name of low. Verification of amounts is whead or with official signature/se	of the account holder listed above, family members, or rithout liability for the bank or its officials. eal. eapplicant for the purpose of full-time study at the State lability of these funds. I further understand that the State ese funds for the duration of the applicant's course of study. In non-payment. If the student has more than one sponsor, ship to Applicant: Duting Date Output Date Output Date Output Outp

ART II. Complete all that apply. Enter amount of assured support for expected to be available for each year of study in the U.S. by the stu	dent's funding source/s	ponsor.
OURCE OF FUNDS	YEAR 1	REQUIRED VERIFICATION
ERSONAL SAVINGS:		Bank Statement/Letter from Bank on official bank
ame of Bank:	\$	letterhead.
ccount Holder:	•	2. Complete (A) and (C).
MILY/RELATIVE/SPONSOR:		 Bank Statement/Letter from Bank on official bank letterhead with sponsor's full name and address.
ame: HARVINDER SINGH MANN	\$ 23730.3.	2. Complete (A), (B), and (C).
CHOLARSHIP/LOAN:		1. Official award letter. See instructions on page 1.
	\$	2. Loan approval letter. See instructions on page 1.
warded by:	. 19	3. Complete (C).
OVERNMENT/EMPLOYER/OTHER:		1. Official letter of support. See instructions on page 1
ame of Sponsor:		2. Bank statements, affidavits, or sworn statements.
ther (specify source and type of support):	\$	3. Complete (C).
(inc. (spesily see 1)		
	2	
	- 6000	
VEDICICATION.	\$ 0 2 3730.3	
ERIFICATION: This is to certify that the funds indicated above are on deposit or are be sponsors (named above) at the savings institution named below. Verific Attach separate statement of accounts on official bank letterhead or wi	eing held in the name of t eation of amounts is without th official signature/seal.	he account holder listed above, family members, or but liability for the bank or its officials.
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