California State University, Sacramento

Parminder Sin

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							
Family/Last Name (Name on passport) SINGH			First Name (Name on passport) PARMINDER				
Country of Birth INDIA	Country of Citizenship	A	Date of Birth (mg	onth/day/year)	01		
Term applying for Fall Spring	2023		Email Address	Lypain	rindu/26	gmail ca	
SELF, SPONSOR, OR GOVERNMENT FUNDING Please check all appropriate boxes:				ount in U.S. I	Oollars		
Self			In US Dollars				
Sponsor (Parents, Relative, others)* PARENT				In USDollars - 20 [03 · 8 ·			
GURPRIT STNGH	certify that I will assun	ne full financial r	esponsibility,	including ed	lucational and livi	ng expenses for	
PARMINDER SINGH	1	while he/she is e	enrolled at Ca	alifornia State	University, Sacra	mento.	
Signature of Sponsor			Relationship to applicant				
Courport Pinety.			FATHER				
Address VIII, KOTLI DHADIAN, PO PAROW	BATALA BATALA AL GURDASPUR	Zipcode 143602	Telephone Numl	ber 150187	10710		
* If a sponsor other than a parent is providing all or pa	rtial financial assistanc	ce, a letter signed	by the spons	or must acco	mpany this form th	nat specifies the	
terms of the support, the U.S. dollar amount to be cover		living expenses, a	and the durati	on of the spo	nsorship.		
Government or other Organization Scholarship*	Source of Scholarship		U.S. Dollars				
*This includes embassies, government loan agencies, a non-resident tuition waivers. Please send an original si support, the U.S. dollar amounts to be covered for tuit	gned copy of the awar	d letter on organi	izational lette	rhead that sp	etic scholarships, ecifies in English	and approved the terms of the	
Additional Funding from another source: If someon					name and address	3,	
Signature of Sponsor		Sponsor's Name					
				Telephone Number			
Address	City/country	Zipcode	Telephone (van)				
F-2 DEPENDENT INFORMATION Applicants who plan to bring dependents please could go are married and plan to have your dependent(s)		vou are attending	California S	tate Universi	ty, Sacramento, yo	ou will need to	
include in your calculation of academic years costs, th	e amounts of \$3,000.0	0 for your spouse	e and \$3,000.	00 each child			
Family / Last Name Fi	rst Name	Middle Name	Gender	Date of Birth	Country of Birth	Country of Citzenship	
Spouse							
Child						1	
Child	×4.						
Child	v						
I certify that the statements made above are true, comporing application, or if admitted in my disenrollment	olete and accurate. I un for California State Un	iderstand that pro niversity and / or	oviding false of deportation fi	or misleading rom the Unite	information can red States.	esult in the denia	

California State University, Sacramento

PERSONAL INFORMATION

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First Name (Name on passport)

SINGH			PARMIN	PARMINDER				
ountry of Birth INDIA	Country of Citizenship	TA	Date of Birth (month/day/year)	2001				
	Year		Email Address	- /	\ \ \			
erm applying for Fall Spring	2025	5	sunthpart	nurdy 126a	gmail Co			
ELF, SPONSOR, OR GOVERNMENT FU lease check all appropriate boxes:	NDING		Assured amount in U.S	. Dollars	•			
Self			In US Dollars					
Sponsor (Parents, Relative, others)*	RELATIVE		In USDollars					
HARBHAJAN SWGH		sume full financia	l responsibility, including	educational and livi	ng expenses for			
PARMINDER SINGH	,	while he/she i	s enrolled at California Sta	nte University, Sacra	amento.			
gnature of Sponsor (Name of Student)	6-T		Relationship to applicant		-			
74846 141 M			GRAND FATHER					
ddress	City/Country BATALA	Zipcode	Telephone Number +91-950 187	2710				
ALT GURDWARE WALT, MOH A JIT If a sponsor other than a parent is providing a	MACHEM GURDASI	17000			hat specifies the			
erms of the support, the U.S. dollar amount to	be covered for tuition and	or living expenses	s, and the duration of the s	ponsorship.				
Source of Scholarship Source of Scholarship			U.S. Dollars					
This includes embassies, government loan age	encies, government contrac	t agencies, CSU s	chools and departments, at	hletic scholarships,	and approved			
non-resident tuition waivers. Please send an or upport, the U.S. dollar amounts to be covered	iginal signed copy of the ar	ward letter on organismenses and the du	nizational letterhead that ration of the sponsorship.	specifies in English	the terms of the			
Additional Funding from another source: If				n's name and addres	S.			
ignature of Sponsor		Sponsor's Name						
ddress	City/country	Zipcode	Telephone Number	Telephone Number				
F-2 DEPENDENT INFORMATION	1							
Applicants who plan to bring dependents plot f you are married and plan to have your depen			ng California State Univer	sity Sacramento ve	ou will need to			
f you are married and plan to have your depen nelude in your calculation of academic years of	costs, the amounts of \$3,00	0.00 for your spot	use and \$3,000.00 each ch	ld.	74 VIII 11004 V			
Family / Last Name	First Name	Middle Name	Gender Date of Birt		Country of Citzensh			
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hild	224							
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certify that the statements made above are true	ne, complete and accurate.	understand that r	providing false or misleadi	ng information can	result in the deni			
of my application, or if admitted in my disenro	ollment for California State	University and /	or deportation from the Un	ited States.				
Applicant's signature P			Date: 08/24					