## 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.

FAU C			First Name (Name on passport) SHIVERJIT KAUR			
Ferm applying for Fall Spring	Year 20 .	23	Email Address	int/Qm	rait- Com	
ELF, SPONSOR, OR GOVERNMENT FUNDIN	NG			100		
Please check all appropriate boxes:				mount in U.S.	Dollars	
Self			In US Dollars			
Sponsor (Parents, Relative, others)*	CELATIVE		In USDollars	721.1		
SURESH KUMAR, BABITA	certify that I will as	sume full financial	The same of the sa		ducational and livi	ng expenses for
SHIVERIET KAUR		while he/she is	enrolled at C	alifornia State	e University, Sacra	amento.
gnature of Sponsor			Relationship to applicant			
Sureshmer Babita			UNCLE, AUNT			
ddress	City/Country	Zipcode	Telephone Nun	ber		
LOUSENO 5028, SHIV COLONY	KARNAL	132001	628	058158	?2	
If a sponsor other than a parent is providing all or p	artial financial assist	ance, a letter signe	d by the spons	or must acco	mpany this form t	hat specifies the
erms of the support, the U.S. dollar amount to be cov	vered for tuition and/	or living expenses,	and the durat	ion of the spo	onsorship.	
Government or other Organization Scholarship*		U.S. Dollars				
overnment of other Organization Scholarsinp						
This includes embassies, government loan agencies, on-resident tuition waivers. Please send an original apport, the U.S. dollar amounts to be covered for tui	signed copy of the av tion and/or living ex	ward letter on organ penses and the dur	nizational lette ation of the sp	rhead that sp onsorship.	ecifies in English	the terms of the
dditional Funding from another source: If someo	Sponsor's Name	oard at no expense to you, list that person's name and address.  Sponsor's Name				
* * * * * * * * * * * * * * * * * * * *	1					
ddress	City/country	Zipcode	Telephone Number			
-2 DEPENDENT INFORMATION						
pplicants who plan to bring dependents please co		0				
you are married and plan to have your dependent(s						u will need to
clude in your calculation of academic years costs, the		,				
Family / Last Name F	irst Name	Middle Name	Gender	Date of Birth	Country of Birth	Country of Citzenship
ild						
ild						
iild		,		74		
certify that the statements made above are true, com	plete and accurate T	understand that pro	viding false o	r misleading	information can re	egult in the denial
f my application, or if admitted in my disenrollment						boan in the delital
pplicant's signature:		,	Date: 1	1		
VI N/ I-			11 01	761 7 0		
Shiverit Ram			0910	29/202	7	