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 Nama (Name	on passport)		
Family/Last Name (Name on passport) ENU			First Name (Name on passport) AMANDEEP			
Country of Birth	Country of Citizenship		Date of Birth (mor	nth/day/year)		
INDIA	IND	DIA	041	14/200	9	
Ferm applying for Fall Spring	Year .	3	burjah	·singha	mander 63	agmait Cur
SELF, SPONSOR, OR GOVERNMENT FUNDIN	NG		1 1	O D	, llaws	V
Please check all appropriate boxes:			Assured amount in U.S. Dollars			
Self						
Sponsor (Parents, Relative, others)* RE	LAT. I.V.E		In USDollars	325.5		
GURMIT SINGH	certify that I will as					
AMANDEEP		while he/she is	enrolled at Cal	lifornia State	University, Sacran	mento.
Signature of Sponsor (Name of Student) [Control of Sponsor Tipopele Tip			Relationship to applicant			
			UNCLE			
Address	City/Country	Zipcode	Telephone Numb	132000	12	
VILTHAERI TEHSTI SANGKU	A SANGRUR	148026	149190	132000	this forms th	at specifies the
* IC then then a parent is providing all or	partial financial assist	tance, a letter signed	by the sponso	or must accord	npany this form the	at specifies the
terms of the support, the U.S. dollar amount to be co	Source of Scholarship	or living expenses,	U.S. Dollars	on or the spor	nsorsinp.	
Government or other Organization Scholarship*	Source of Scholarship					
	s government contrac	et agencies, CSU scl	nools and depa	rtments, athle	etic scholarships,	and approved
non resident tuition waivers. Please send an origina	I signed copy of the a	ward letter on organ	lizational ictici	medd that spe	ecifies in English t	he terms of the
support the U.S. dollar amounts to be covered for to	uition and/or living ex	xpenses and the dura	ation of the spe	Jusoisinp.		
Additional Funding from another source: If some	one provides room ar	nd board at no expen	nse to you, list	that person's	name and address	3.
Signature of Sponsor		Sponsor's Name				
•			Telephone Num	har		
Address	City/country	Zipcode	Telephone Number			
F-2 DEPENDENT INFORMATION						
Applicants who plan to bring dependents please	complete the following	ng:	0.110 1.0	tata Universit	ty Socramento VC	u will need to
If you are married and plan to have your dependent	(s) live in the U.S. wh	nile you are attendin	g California S	tate Universit 00 each child	ly, Sacramento, ye	d will accuse
include in your calculation of academic years costs,	, the amounts of \$3,00	Middle Name	Gender	Date of Birth	Country of Birth	Country of Citzenship
Family / Last Name	First Name	Wilddle Ivanie	Gender	Daile of Britis		
Spouse						
Child						
Child						
Child				1.1.11	information con	result in the denial
I certify that the statements made above are true, co	omplete and accurate.	I understand that p	roviding false of	or misteading from the Unite	ed States.	esuit in the demai
of my application, or if admitted in my disenrollment for California State University and / or			Date:			
Applicant's signature:			03/18/2023			