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							
Family/Last Name (Name on passport) FNU				GURJEET KAUR			
Country of Birth TND TA	Country of Citizenship	IA	Date of Birth (month/day/year) 12/29/200				
Term applying for Fall Spring	Year 2023		guyeetkaur 97 india @gmail Can				
SELF, SPONSOR, OR GOVERNMENT FUNDIN Please check all appropriate boxes:	IG		Assured am	ount in U.S. D	Oollars		
Self	ATTUE		In USDollars -	1 2720	1 2		
Sponsor (Parents, Relative, others)* REL	certify that I will as	ssume full financial	and the same of th	\$ 37390 including ed		ng expenses for	
I, A JAY KOMAR Sphonsor's Name GURJEET KAUR					University, Sacra		
Signature of Sponsor				Relationship to applicant			
Agas Kunar	Ajay Kunar City/Country Zipcode			Telephone Number			
* If a sponsor other than a parent is providing all or p	KATTHAL	136021	+9182	or must accor	mpany this form the	nat specifies the	
terms of the support, the U.S. dollar amount to be co	vered for tuition and	l/or living expenses	s, and the durat	ion of the spo	onsorship.		
*This includes embassies, government loan agencies, government contract agencies, CSU sch			shools and dan	le and deportments of hlatic scholarships, and annroyed			
*This includes embassies, government foan agencies non-resident tuition waivers. Please send an original support, the U.S. dollar amounts to be covered for tu	signed copy of the a	iward letter on orga	anizational lette	ernead that sp	ecifies in English	the terms of the	
Additional Funding from another source: If some Signature of Sponsor	one provides room a	Sponsor's Name	ense to you, lis	that person's	name and addres	S.	
Address	City/country	Zipcode	Telephone Nun	Telephone Number			
F-2 DEPENDENT INFORMATION	nomplate the followi	ng:					
Applicants who plan to bring dependents please of If you are married and plan to have your dependent	s) live in the U.S. w	hile you are attendi	ng California S	State Universi	ty, Sacramento, yo	ou will need to	
include in your calculation of academic years costs,	First Name	00.00 for your spot Middle Name	Gender	Date of Birth	Country of Birth	Country of Citzenship	
Spouse Spouse							
Child							
Child							
Child					information and	result in the denial	
I certify that the statements made above are true, co of my application, or if admitted in my disensollment	mplete and accurate. nt for California Stat	I understand that performed that performed in the control of the c	or deportation f	or misleading from the Unite	ed States.	result in the demar	
Applicant's signature:			Date	Date: 10/28/2022			



Section 1: Must be filled out and signed by the student

Instructions:

FINANCIAL GUARANTEE FORM

IMPORTANT: This form must be filled out completely. Please include a bank letter and bank statement that indicate the required funds are available. Banking documents must be printed on bank letterhead and signed and stamped by a bank official.

1.	Personal Funds
	Please write the amount of personal funds available for at least 9 months, while you will be studying in the U.S. If your sponsor will be providing all of your funding, enter \$0 in the space provided.
	AMOUNT AVAILABLE: \$USD (Attach original bank letter and statement)
	I certify that the information provided here is correct and complete.
	Print name of student:
	Signature of student: Date:
2.	Sponsor or Family Funds
	Please fill in the required information below, including your signature and date. Sponsor amount should
	show the amount that will be available to fund at least 9 months of the student's education in the U.S.
	Student Name: GURJEET KAUR
	Print name of sponsor: AJAY KUMAR
	Sponsor Amount: \$ 37392.3. USD (Attach original bank letter and statement
	Relationship to student:
	Sponsor Address: NPO KAUL, DISTY KATTHAL, 136021, HARYANA, INDEF
,	Telephone: +9/826465384/ E-mail: guyutkaus 97 inde: @gmail: Com.
	I certify that the information provided here is correct and complete.
	Signature of sponsor: Guijeet kay Date: 10/28/2022
	NOTE: If you require a dependent I-20, please fill out the Dependent I-20 request form and add an additional \$5,500 for spouse and \$3,000 per child to the required amount on this form. Bank documents must also reflect the additional amounts available for dependents