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)			Haveiment kaver				
FNU	Country of Citizenship		Date of Birth (mor				
Country of Birth	India		01/13	10007			
India	Year		Email Address	6	11	•	
Term applying for Fall 202 Spring	2025		mar	umo	Haur331	160gmarko	
SELF, SPONSOR, OR GOVERNMENT FUN	DING			the HC D	ollowė		
Please check all appropriate boxes:			Assured amount in U.S. Dollars In US Dollars				
Self							
Sponsor (Parents, Relative, others)* Relative			In USDollars 43564				
i, kamlesh kumari	certify that I will as	sume full financia	al responsibility,	including ed	ucational and livin	g expenses for	
Sponsor's Name					University, Sacrar		
mansimeat	Kaur	while he/she	is enrolled at Ca.	morma State	Omversity, bacras		
(Name of Student)			Relationship to applicant				
Signature of Sponsor			Aunt				
Alus	City/Country	Zipcode	Telephone Numb	er			
Address Sector To SASN agar Moh	ali Indio	1 16007	11				
* If a sponsor other than a parent is providing al	l or partial financial assist	tance a letter sign	ned by the sponso	or must accor	npany this form th	at specifies the	
* If a sponsor other than a parent is providing at terms of the support, the U.S. dollar amount to be	be covered for tuition and	or living expense	es, and the duration	on of the spo	nsorship.		
terms of the support, the 0.3. donar amount to	Source of Scholarship		U.S. Dollars	,			
Government or other Organization Scholarsh	ip*						
*This includes embassies, government loan ager non-resident tuition waivers. Please send an ori support, the U.S. dollar amounts to be covered to Additional Funding from another source: If s Signature of Sponsor	ginal signed copy of the a for tuition and/or living ex	xpenses and the d	uration of the spe	onsorship.			
Address	City/country	Zipcode	Telephone Num	ber			
F-2 DEPENDENT INFORMATION Applicants who plan to bring dependents ple If you are married and plan to have your dependent include in your calculation of academic years of Family / Last Name	dent(s) live in the IIS wh	nile vou are attend	buse and \$5,000.	tate Universi 00 each child	ty, Sacramento, yo	ou will need to	
Spouse		1					
Child							
Child							
Child				*			
I certify that the statements made above are tru	e, complete and accurate.	I understand that	providing false	or misleading	g information can	result in the denial	
of my application, or if admitted in my disenro	llment for California Stat	e University and	or deportation i	Tom the one	04 0111101		
Applicant's signature:			Date:	1 toh	12025		
Mansivian kaut				1120	1 /0/-		