GRADUATE SCHOOL OF PUBLIC HEALTH & HEALTH POLICY

Affidavit of Support

PLEASE READ AND UNDERSTAND THIS ENTIRE AFFIDAVIT BEFORE COMPLETING IT.

This affidavit is for an individual using his/her own income and savings to provide an international student with financial support. Complete this form legibly and have your signature notarized before returning it to the student with all required proof of financial support as indicated below. Note: Other F or J status individuals MAY NOT provide cash support for a student.

SPONSOR INFORMATION – must be completed by all sponsors.

CUNY

1)	Ι,	, citizen of			
	living at				
	(street address)	(city, state/province)	(country)	(postal code)	
2)	IMMEDIATE CASH SUPPORT: Provide bank statements showing the most recent <u>two months of transactions</u> . NOTE: Bank statements only verify the immediate availability of funds. A bank statement by itself will not show the ability to provide continuing support.				
	have current available (checking or savings) \$(U.S.)	with			
(name of bank)					
	located at(full address of bank)				
	(full address of bank)				
3)	PROJECTED FUTURE SUPPORT: Provide letter in English confirming <u>currer</u> proof of <u>annual income</u> . NOTE: Annual income is the only documentation that car			st also provide appropri	
	In addition, I certify that I am employed as				
	(job title)	(name of emplo			
	located at(full address of employer)	I receive an annual income	of \$(U.S.)		
_	I am currently responsible for the financial support (including myself) of	individuals. My total annual expens	es are \$(U.S.)		
CA	SH SUPPORT INFORMATION – must be completed by sponsors providing	ng cash support.			
4)	I certify that I am the student's and that I am	able to and do commit to provide			
	(relationship to student)	·	(name of student	:)	
	with an annual cash amount of \$(U.S.)	to meet his/her expenses each year durin	g study at SPH until	/	
5)	I certify that I will provide				
☐ free room and meals in my home as listed above in #1 (valued at \$18,123 per academic year) while the student follows a program of study at the CUNY SPH.					
DE	PENDENT SUPPORT INFORMATION – must be completed by sponsor p	providing support for the student's depe	ndents in addition to amo	ounts in Item 4.	
6)	I certify that I am able and do commit to provide support for the following indi	viduals who will accompany			
- /	(name of student)				
	to the United States as his/her dependents:				
		with a minimum of \$(U.S.) 7,000 for	student's spouse per acade	emic year.	
	(name of spouse as in passport)				
		with a minimum of \$(U.S.) 6,528 for	each minor child per acad	emic year.	
	(name of each minor child as in passport)		_		
		with a minimum of \$(U.S.) 6,528 for	each minor child per acade	emic year.	
	(name of each minor child as in passport) - use an additional sheet if more childre	n.			
	Total support for all dependents will be \$(U.S.)	each academic year until	/ .		
		month	year		
VE			ining on male 1		
	CRIFICATION OF SPONSOR'S SIGNATURE – this Affidavit must be sign				
	firm that the contents of this affidavit signed by me are true and correct, and I authoriz icial if requested.	ze the release of the documentation presented	to the student and/or U.S. go	overnment	
.110	Mai n requested.				

(name of sponsor signing this affidavit)	(signature of sponsor)

(date)

(date)