



# Affidavit of Financial Support for International (F-1) Applicant

(Please print legibly or use typewriter and answer all items below)

1. Name of Sponsor: \_\_\_\_\_ Address: \_\_\_\_\_  
(City) (State) (Zip Code if in U.S.) (Country)

2. This affidavit is executed in behalf of the following person:  
 Name of Student: \_\_\_\_\_ Sex: Male Female  
 Date of Birth: \_\_\_\_\_ Citizen of (Country): \_\_\_\_\_  
 Marital Status: \_\_\_\_\_ Relationship to Sponsor: \_\_\_\_\_  
 Presently Resides At: \_\_\_\_\_  
(Street and Number) (City) (State) (Country)

Name of spouse and children accompanying or following to join student:

Spouse or Child Name	Sex	DOB	Child Name	Sex	DOB

- I make this affidavit for the purpose of assuring Vance-Granville Community College that the person(s) named in item 2 will not become a public charge in the United States.
- I am willing and able to receive, maintain and support the person(s) named in item 2. I am ready and willing to deposit a bond, if necessary, to guarantee that such person(s) will not become a public charge during his or her stay in the United States.
- I understand this affidavit will be binding upon me for the duration of study of the person(s) named in item 2.
- I am employed as, or engaged in the business of \_\_\_\_\_ with \_\_\_\_\_  
 at \_\_\_\_\_  
(Street and Number) (City) (State) (Zip Code)

I derive an annual income of \$ \_\_\_\_\_  
 I have on deposit in savings bank in the United States or \_\_\_\_\_ \$ \_\_\_\_\_  
(Country)

7. The following other persons are dependent upon me for support: (Place an "X" in the appropriate column to indicate whether the person named is **wholly** or **partially** dependent upon you for support.)

Name of Person	Wholly Dependent	Partially Dependent	Age	Relationship to Me

8. I have previously submitted affidavit(s) of support for the following person(s).  
If none, state "**None**".

Name

Date Submitted

9. Please specifically describe what support you intend to provide for the student. (For example: If you live in the Henderson area and are providing room and board, please state this.) Give many details of the level of support you will be providing.

**OATH OR AFFIRMATION OF SPONSOR**  
(Signature must be witnessed by Notary Public, Attorney,  
or other Official authorized to administer oaths.)

*I swear (affirm) that I know the contents of this affidavit signed by me and the statements are true and correct.*

*Signature of Sponsor:* \_\_\_\_\_

*Subscribed and sworn to (affirmed) before me this* \_\_\_\_\_ *day of* \_\_\_\_\_.

*(year:)* \_\_\_\_\_, *at* \_\_\_\_\_.

*My commission expires on* \_\_\_\_\_.

*Signature of Officer Administering Oath:* \_\_\_\_\_

*Title:* \_\_\_\_\_

To complete the financial documentation this affidavit must be accompanied by an original bank letter confirming that the sponsor has the financial means to support the applicant.