

SPONSOR'S AFFIDAVIT OF  
ANNUAL FINANCIAL SUPPORT

WHAT DOES THIS AFFIDAVIT MEAN?

By completing this affidavit, you are swearing to the U.S. government that you will provide this student with a specific amount of money *for the first year* he or she is going to study at Monmouth University and live in the U.S. You are also proving that you can afford the support you are promising with the documents you have attached and the ability to pay for the remaining years of study at Monmouth University.

Before signing it, you must understand that the financial commitment you are making to the student should not be broken. Sponsors who fail to provide the promised support cause pain and suffering and may even force students to drop out of school. Do not expect that the student will be able to help support the costs through employment. Employment is strictly controlled by the immigration service and is very limited.

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HOW TO COMPLETE THIS FORM:

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- Fill out this form completely in English. Promise only the amount of money you are able to give. The most common reason we reject affidavits is that we do not believe a sponsor can afford to give as much as promised.
- Attach the required, signed financial documents.

Prove that you are financially capable of providing this cash support for the first year of the student's program and the ability to pay for subsequent semesters by attaching proof of income and bank statements (if these documents are not attached, your support will not be considered). **All documents submitted must be less than six months old, written in English, and financial information must be in U.S. currency.**

**Affidavit of Annual Financial Support**

THIS IS MY SWORN PROMISE OF CASH SUPPORT.

I, \_\_\_\_\_ promise that I can and will give no less than  
[My name-Please Print]

USD \$ \_\_\_\_\_ in cash FOR THE FIRST YEAR of study at MONMOUTH UNIVERSITY

To \_\_\_\_\_  
[Student's Full Name – Please Print]

My relationship to the student \_\_\_\_\_  
[Parent, Spouse, Friend, Relative – Please Print]

My address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail: \_\_\_\_\_

The following persons are fully or partially dependent upon me for their support:

*(Do not include student named above)*

<i>Name</i>	<i>Relation</i>	<i>Age</i>

Name of my Employer \_\_\_\_\_

Annual salary \$ \_\_\_\_\_ (USD) Other income \$ \_\_\_\_\_ (USD)

Proof of income must be attached.

**Affidavit of Annual Financial Support**

THIS IS MY SWORN PROMISE OF CASH SUPPORT.

I swear the information I have provided above is true and correct.

\_\_\_\_\_  
Signature of Sponsor

Sworn and subscribed before me this \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary