



**AFFIDAVIT OF FINANCIAL SUPPORT**

To obtain an I-20, the applicant must submit documentation ensuring their ability to manage the education related expenses of the applicant and handle the living expenses of any dependents. Concordia's International Student Advisor can give the applicant the dollar amount necessary to prove accountability based on the applicant's personal situation.

**To be completed by the applicant:**

Applicant's name \_\_\_\_\_ Date of birth \_\_\_\_\_

Please complete the following if your spouse or children will accompany you to the United States in F-2 status while you are enrolled at Concordia University. Additional support will be required for each dependent.

Family name	First name	Date of birth (mm/dd/yy)	Country of birth	Country of citizenship	Relationship to applicant	Gender
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F

**To be completed by the responsible financial party:**

The responsible party is:

Applicant  Parent  Other \_\_\_\_\_

This is to certify that I assume financial responsibility for the education related expenses of the above named applicant and dependents during their attendance at Concordia University. I have reviewed the International Student Budget from Concordia and am able to cover the expenses.

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**This form must be accompanied by the responsible financial party's current bank statement, a letter from the sponsor's bank, the completed Certificate of Bank Balance on the back of this form or other appropriate financial statement.**

**Office Use Only:**

I have reviewed the financial documents submitted to me for certification of responsibility and find them to be satisfactory to meet the needs of the education related expenses for this applicant and his or her dependents.

Signature of DSO \_\_\_\_\_ Date \_\_\_\_\_