

**UNIVERSITY AT ALBANY  
INTERNATIONAL STUDENT FINANCIAL AFFIDAVIT**

Please read the appropriate instructions prior to completing this form.

**Part 1**

1. Name of Applicant: Mr./Ms. \_\_\_\_\_
2. Permanent Address: \_\_\_\_\_  
\_\_\_\_\_
3. University ID number (if known): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth (mm/dd/yr) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
4. Department and degree applying to: \_\_\_\_\_
5. Current U.S. visa you hold (if any): \_\_\_\_\_

**Part 2**

Complete each relevant item below. Sign and date the form at (C).

**Enter the amount of assured support available in U.S. dollars for each year of study.**

Source of Funds	Year 1	Year 2	Year 3	Year 4	Required Verification
Personal Savings Name of Bank:	\$	\$	\$	\$	1. Bank Statement 2. Complete (A) and (C) below.
Relative/Sponsor Names:	\$	\$	\$	\$	1. Bank Statement 2. Complete (B) and (C) below.
Scholarship/Grant awarded by:	\$	\$	\$	\$	1. Official award letter. See instructions. 2. Complete (C) below.
<b>TOTALS</b>	\$	\$	\$	\$	

**VERIFICATION**

- A. This is to certify that the funds indicated above are on deposit or are being held in the name of the applicant named above at the savings institution named below. Verification of amounts is without liability for the bank or its officials. Attach separate statement of accounts with official signature/seal.

Name of Bank: \_\_\_\_\_ Date: \_\_\_\_\_

Bank Officer Name and Title: \_\_\_\_\_

Bank Officer Signature: \_\_\_\_\_

- B. This is to certify that the undersigned has agreed to provide the funds indicated above to the applicant for the purpose of full-time study at the University at Albany and is submitting bank statements indicating the availability of these funds. It is further understood that the University might not provide any financial assistance to the applicant and the funds must be provided for the duration of the applicant's course of study. If the commitment is not met, the student may be subject to dismissal.

Sponsor: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_

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

- C. This certifies that the information given on this form is accurate to the best of my knowledge. I am fully aware that false or misleading statements may result in denial of admission or cancellation of registration. By signing below, I fully understand that I might not receive financial assistance from the University at Albany during my first year of study and that the University is under no obligation to provide funds to me for future terms or in the event of an emergency.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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All international students must document their ability to meet all educational and living expenses for the entire period of their intended study before this university can issue a Certificate of Visa Eligibility (form I-20 or IAP-66). **If you do not have a personal source of financial funding and are anticipating departmental support from the University at Albany, please indicate "0" in the boxes, sign the form and submit it to our office. If you have full or partial funding, please read the following instructions and complete and submit the signed form along with requested documentation.**

**INSTRUCTIONS:**   **Part 1:** Answer questions 1-4.

**Part 2:** In the first column, indicate the source(s) of your funding. In the columns headed Year 1, 2, 3, and 4 indicate the amount (in U.S. dollars) available for each year of study. Each sponsor must verify these amounts by signing the form as indicated. Be sure to include supplementary original documents as indicated. Photocopies are not acceptable.

All documentation must be dated within three months of the date of receipt. You have been provided with an estimate of annual education and living costs for international students. You must document financial support equal to or greater than this amount. This estimate is subject to change without notice and will usually increase each year.

**SOURCES OF FUNDS**

**REQUIRED DOCUMENTATION**

**Personal/Family**

Signatures of sponsors on this form. Bank verification on both this form and in a separate statement of account.

**Scholarship or Grant**

Official scholarship letter from the institution or agency awarding the scholarship. The award letter must contain the name of the applicant, the amount of money available for each year of study, the duration of the award (including beginning and ending dates), the degree and major field of study for which the award is valid, and the address of the sponsoring agency.

**Dependents**

If you intend to bring dependent family members (spouse, children) with you to the United States, please complete the attached form and return it with your financial affidavit. Each dependent requires proof of \$4,000 in additional funding to cover their living expenses.

The University at Albany reserves the right to require additional financial documentation and/or prepayment from applicants whose countries impose currency exchange restrictions or other obstacles to the transfer of currency. Applicants from such countries will be notified of specific requirements when they have submitted complete applications.

# Dependents

## Instructions to request an I-20 for dependents

If you plan to bring dependent family members with you to the United States, you must document \$4,000 **per dependent** to cover living expenses on your Financial Affidavit form.

In addition, please submit the following information for each dependent:

Family Name: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Country of Birth: \_\_\_\_\_  
Country of Citizenship: \_\_\_\_\_  
Gender: \_\_\_\_\_  
Relationship to You: \_\_\_\_\_

Family Name: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Country of Birth: \_\_\_\_\_  
Country of Citizenship: \_\_\_\_\_  
Gender: \_\_\_\_\_  
Relationship to You: \_\_\_\_\_

Family Name: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Country of Birth: \_\_\_\_\_  
Country of Citizenship: \_\_\_\_\_  
Gender: \_\_\_\_\_  
Relationship to You: \_\_\_\_\_

Family Name: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Country of Birth: \_\_\_\_\_  
Country of Citizenship: \_\_\_\_\_  
Gender: \_\_\_\_\_  
Relationship to You: \_\_\_\_\_

Family Name: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Country of Birth: \_\_\_\_\_  
Country of Citizenship: \_\_\_\_\_  
Gender: \_\_\_\_\_  
Relationship to You: \_\_\_\_\_

Family Name: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Country of Birth: \_\_\_\_\_  
Country of Citizenship: \_\_\_\_\_  
Gender: \_\_\_\_\_  
Relationship to You: \_\_\_\_\_