

The purpose of the *Certification of Finances* is to help colleges and universities obtain complete and accurate information about the funds available to international applicants who want to study in the United States. Strict government regulations, rising education costs, and economic conditions have made verifying the financial resources of international applicants essential. Institutions do not have the option of deciding whether to verify the financial resources of their international applicants; financial verification must be made prior to institutional issuance of a Certificate of Eligibility (Form I-20 or DS-2019).

This form is designed to standardize financial information provided by applicants to colleges, universities, and U.S. consuls. By completing this form and returning it to the college or university requiring it, an applicant, if admitted, may obtain that college's authorization and issuance of a Certificate of Eligibility (Form I-20 or DS-2019). If parents and/or sponsors are unable to obtain a bank official's verification, it is recommended that institutions forward a copy of the International Student Financial Aid Application to the family for completion. The institution should attach a copy of this certification to the Certificate of Eligibility. U.S. consuls scrutinize the statements of financial resources given by nonimmigrant visa applicants. This certification will help such officials make their decisions and expedite visa issuance.

Return directly to the college providing or requesting this statement.

The space below is for optional use by issuing institutions for listing student's expected annual budget.

1. Your Name

Mr. Ms. Mrs. Miss

Family (surname)

Given (first)

Middle

4. Date of Birth

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Month Day Year

2. Permanent Address

3. Mailing Address (if different from above)

5. Place of Birth (country)

6. Country of Citizenship

7. Expected Visa Type

- | | |
|------------------------------|--|
| <input type="checkbox"/> F-1 | <input type="checkbox"/> G-2 |
| <input type="checkbox"/> F-2 | <input type="checkbox"/> G-3 |
| <input type="checkbox"/> J-1 | <input type="checkbox"/> G-4 |
| <input type="checkbox"/> J-2 | <input type="checkbox"/> H |
| <input type="checkbox"/> G-1 | <input type="checkbox"/> Other (specify) _____ |

8. Enter the expected amount of annual support from the sources listed below. Enter amounts in U.S. dollars. Please PRINT all entries. Use an additional sheet of paper for explanations, if necessary.

Student’s Sources of Funds

8a. Personal or Family Savings

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Name of Bank

	Assured Support		Projected Support																					
	2020-21		2021-22		2022-23	2023-24																		
\$																								

Signature of Bank Official

Title

Name of Bank

Address of Bank

Date

Official Certification of Sources of Funds and Amounts

This is to certify that I have read the information furnished by the applicant on this form, that it is a true and accurate statement, and that the funds are available and will be provided as indicated.

8b. Parents (Money available from sources other than savings.)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Parent’s Name

Relationship

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Parent’s Name

Relationship

\$			\$			\$			\$			\$			\$		
\$			\$			\$			\$			\$			\$		

Please describe the source:

Signature of Parent

Date

Address

Official Certification of Sources of Funds and Amounts

This is to certify that I have read the information furnished by the applicant on this form, that it is a true and accurate statement, and that the funds are available and will be provided as indicated.

8c. Sponsors (Money available from sources other than parents.)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Sponsor’s Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Sponsor’s Name

Please describe the source:

Signature of Sponsor

Date

Address

Relationship of Sponsor to Student

Official Certification of Sources of Funds and Amounts

This is to certify that I have read the information furnished by the applicant on this form, that it is a true and accurate statement, and that the funds are available and will be provided as indicated.

8d. Your Government

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Name of Agency

Enclose a signed copy of your letter of award with this form.

\$			\$			\$			\$			\$			\$							
TOTAL																						
\$			\$			\$			\$			\$			\$							

9. What is the present exchange rate of your country's currency to the U.S. dollar?
(for example, 3,100 pesos = \$1)
_____ = \$1

10. Does your government currently impose restrictions on exchange and release of funds for study in the U.S.?
 Yes No
If YES, describe restrictions.

11. Do you have a source for emergency funds once you arrive in the U.S.?
 Yes No
If YES, name source.

Amount available in U.S. dollars \$ _____ .00

12. How will you pay for your transportation to the U.S.?

13. What is the total amount of money you expect to have when you arrive at this institution?
\$ _____ .00

14. Do you plan to remain in the U.S. during the summer?
 Yes No

15. If remaining in the U.S., do you plan to attend summer school?
 Yes No

16. What are the sources and amounts of support available to you during the summer?

Sources	Amount
_____	U.S. \$ _____ .00
_____	U.S. \$ _____ .00
_____	U.S. \$ _____ .00
_____	U.S. \$ _____ .00

17. A CERTIFICATE OF ELIGIBILITY (Form I-20 or DS-2019) will not be authorized until this form is completed and returned to the institution to which you are applying. The institution will attach a copy of this form to your CERTIFICATE OF ELIGIBILITY. Both the form and certificate must be shown to the U.S. consul to obtain a visa.

Signature of Student _____
I certify that the information on this form is true, correct, and complete. I understand that any misrepresentation may be cause for refusing or revoking admission.
Date
Day Month Year

This is to certify that I have reviewed the declaration and attached documents, if appropriate, and approve issuance of a Certificate of Eligibility.

FOR OFFICE USE ONLY
SIGNATURE OF COLLEGE OFFICIAL _____ TITLE _____
NAME OF INSTITUTION _____
ADDRESS _____ DATE _____