

## INTERNATIONAL UNDERGRADUATE AFFIDAVIT OF SUPPORT

## Required of All F-1 and J-1 Applicants With Funds Being Provided by Family and/or Other Sponsors QUESTIONS 1-6 MUST BE COMPLETED

This form must be completed by each sponsor who will provide the student with full or partial support during the student's course of study at Stony Brook University. Students may not be sponsored by other F-1 or J-1 students. SPONSORS MUST SHOW PROOF OF BOTH ANNUAL INCOME AND SAVINGS. This form should be duplicated as necessary. Sponsor Information

1)	I,		with telephone number				
	full legal name of sponsor	country	include country, city, a	nd area codes			
	residing at						_certify the following
		full legal address					
2)	I am employed in the capacity of	position/title	name of emplo	with			
			•				
	I derive an annual income (retirement in	(U.S.)					
	IMPORTANT: Attach a current salary If self-employed or a business owner, If retired, attach a current income con	, attach a current sala	ry confirmation statem	ent from your attorney/b	anker/account		
3)	I currently have \$ (U.S.)				on deposit in car	sh accounts with	the following banks:
0)	1				_ 011 000001111 001	or accounte with	a lo lollowing barno.
	name & address of bar	nk	Z	name & address of bank			
			4.				
	3name & address of ban	ık		name & address of bank			
	Attach current official financial statement	ent(s), in English, by	an official of the bank(	s).			
	I have dependents (peopl be (include food, housing, transportation,						
						annual ex	rpenses
5)	This affidavit is executed on the behalf of	i		who is my		born on	
		fu	Ill legal name of student		relationship to you		month/day/year
	amount of \$ (U.S.) for his/he			iuring his/her program or s	study at Storiy bi	ook University	unui.
	CHOOSE ONE	iles OR 🔟 the follow	month/day/year				
7)	(For local sponsors only) I will provide h	nousing (room) for this s	student until the following	g date			
		· ,			month/day/year		
	at the following address						
8)	(For local sponsors only) I will provide meals (board) for this student until the following date						
					month/day/year		
	at the following address						
	Dependent Support Information (for students with accompanying dependents, only):						
9)	I am willing and able to support the follow	wing individuals who wi	Il accompany the studer	nt as her/his dependents:			
	a) Name of spouse					(U.S. \$6,500 p	er year suggested)
	h) Nama(a) of shildren			a total amount of U.S. \$		-	with
	b) Name(s) of children CHOOSE ONE A yearly amount, each				each vearIIS \$		with
		OR A total amount of U.S. \$for all children (\$:			•		
	OR A total amount of U.S	›. ֆ		tor all children (\$3	5,630 U.S. sugge	ested per year p	per chila.)
	swear (affirm) that I know and understand to ocuments presented to the student and/or			he statements are true and	d correct, and I a	authorize the re	lease of the
	signature of sponsor				d	ate	
_	printed legal name of sponsor						