

Affidavit of Support

This form must be completed by the sponsor who will provide the student with financial support during the student's course of study at Montclair State University. If there are more than one sponsors, please copy this form and have it completed by each sponsor and return it with your application.

I, _____ hereby certify that I am willing and able to provide
Sponsor's Full Name
 _____, appointed CWID _____ with no less than
Student's Full Name Student's ID#

US \$ _____ for one year of study at Montclair State University. I have attached original bank documentation no more than three months old indicating savings or checking account with sufficient funds to sponsor the student. Additionally, I also assume full financial responsibility for this student for the duration of study at Montclair State University.

My relationship to the student is _____.
Parent, spouse, brother/sister, friend, sponsor

I currently reside at _____
Street Number and Name, (Apartment/Building Number if applicable)

_____, _____, _____
City State, Zip code Country

Telephone Number (with Country code and Area code) Email address if applicable

I intend to sponsor the student's dependents I do not intend to sponsor the student's dependents

In addition to the student (and the student's dependents, if applicable), the following persons are dependent upon me for support.

Name of Person	Age	Relationship to Me

I have reviewed the estimated expenses attached to this form and agree that I will provide full financial support so long as the student is enrolled at Montclair State University. I understand that failure to provide the financial support can result in loss of immigration benefits of the above named students.

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

Signature of Sponsor

Date of Signature