

# International Student Financial Affidavit

To All Prospective Lincoln Land Community College F-1 Students:

U.S. Citizenship and Immigration Services (USCIS) regulations require that Lincoln Land Community College obtain reliable documentation that an F-1 applicant has sufficient funds to adequately pay all expenses while studying. Lincoln Land may issue a form I-20 only after evaluating and authenticating proof of financial capability. Students must prove that they have **\$43,100** of available funds, either personally or through a sponsor, in order to attend two years of study and that there is a likelihood that the finances will exist for subsequent years, if necessary. The sponsorship information provided below will be stated on Form I-20.

## PERSONAL INFORMATION (to be completed by applicant)

Name of applicant (family, first, middle): \_\_\_\_\_

Address: \_\_\_\_\_

Do you intend to bring any family members with you? No \_\_\_\_\_ Yes \_\_\_\_\_

If yes: Spouse \_\_\_\_\_ Child(ren) \_\_\_\_\_

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

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Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

## SPONSOR INFORMATION (to be completed by sponsor)

Sponsor may be the student's parent(s), other family members/relatives, etc.

Please provide the following information regarding your demographics and personal finances.

Name (family, first, middle): \_\_\_\_\_

Your relationship to applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

## Sponsor's Employment Information:

Sponsor's Place of Employment: \_\_\_\_\_

Position: \_\_\_\_\_

Annual salary of Sponsor in USD \$ \_\_\_\_\_ Years of employment: \_\_\_\_\_

*This section to be completed by sponsor's employer:* Date: \_\_\_\_\_

I certify that the information provided above is true and correct.

Name of Employer (print): \_\_\_\_\_

Employer's signature: \_\_\_\_\_

Position Title: \_\_\_\_\_

Employer's contact information: \_\_\_\_\_

Annual Salary of Sponsor's spouse in USD: \_\_\_\_\_ Years of Employment \_\_\_\_\_

Number of children receiving support: \_\_\_\_\_

Other dependents: \_\_\_\_\_

**Sponsor's Financial Information:**

Bank Account(s):

Type of account: \_\_\_\_\_ Account number: \_\_\_\_\_

Date opened: \_\_\_\_\_

*This section to be completed by bank official:*

Deposits for the past year (USD): \_\_\_\_\_ Current balance (USD) \_\_\_\_\_

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

I certify that the information provided above is true and correct.

Bank official's signature: \_\_\_\_\_

Name of bank official (print): \_\_\_\_\_

Bank official's position: \_\_\_\_\_

Bank's address: \_\_\_\_\_

Stamp/seal: \_\_\_\_\_

**Sponsor must also attach an original bank statement (not a bank letter) dated within the past two months. Submission of income tax returns is also encouraged. If a sponsor has more than one account, please provide the information required above for each account, if necessary on a separate piece of paper.**

**SPONSORSHIP AGREEMENT** *This section to be completed by person who is serving as the educational sponsor for the applicant (if applicable):*

I hereby declare that the contents of this Financial Affidavit are true and correct. I understand that, by signing this document, I am affirming that I intend to serve as the student's educational sponsor for the amount listed below. I understand that signing this document without intention of providing support is considered fraud, and will negatively affect the applicant's immigration status in the future if it becomes clear that the Financial Affidavit was falsified.

I will provide (applicant's name) \_\_\_\_\_ with  
U.S. \$ \_\_\_\_\_ yearly beginning \_\_\_\_\_ until \_\_\_\_\_.

I certify that the information provided above is true and correct.

Name of Sponsor (print): \_\_\_\_\_

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

**PROSPECTIVE STUDENT: Please read and sign this statement:**

I have read this Financial Affidavit and understand that my sponsor and I are responsible for paying the educational expenses while at Lincoln Land Community College, and that federal and state financial aid will not be available. I further understand that I may not work without USCIS approval. I will be responsible for meeting educational expenses, for knowing my government's regulations on foreign exchange (if any), and for requesting, completing, and submitting appropriate documents which are needed to enable transfer of funds from my country to the United States.

I have read this statement of responsibilities and I agree to do what is required.

Applicant's name (print): \_\_\_\_\_

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

Please send this Financial Affidavit and attached original\* financial documents to:

Lincoln Land Community College  
Attn: International Admissions  
5250 Shepherd Road  
Springfield, IL 62794

\*scanned/faxed copies not accepted