

AFFIDAVIT OF FINANCIAL SUPPORT

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(Please type or print clearly in ink)

EXCHANGE VISITOR'S NAME

_____	_____	_____
Family/Last	Given/First	Middle

All international exchange visitors who will require a DS-2019 form must complete parts II and III.

The University requires documentation certifying the validity of the financial resources listed on this sheet. Exchange visitors must show proof of financial ability to cover all expenses. Please see the estimated cost below.

All documentation must be dated within six months of the start date of the duration of stay. The only exception will be tax returns which must be from the previous year from which the exchange visitor is applying. Exchange visitors may also combine sources or have more than one sponsor. All documentation must be in U.S. dollar amounts.

I. ESTIMATED COST—Exchange Visitor

The estimated monthly cost for a 2018-2019 Exchange Visitor is as follows:

Per Month Amount \$1,950
Per Month Dependent Amount (if applicable) \$333 Each

II. SPECIFIC SOURCES AND AMOUNTS

Please list below the specific sources and amounts of support (attaching the previously requested supporting documentation). The amounts must reflect funding for the full duration of stay.

	Source	Amount
Bank Letter (Checking or Savings) *	_____	_____
Bank Statement (Checking or Savings) *	_____	_____
Government Grant or Stipend *	_____	_____
Scholarships (Source and Duration) *	_____	_____
Pay Stubs and Employment Verification Letter **	_____	_____
Tax Returns and W2 **	_____	_____
Loan Verification Letter *	_____	_____
Investment Funds (must have reached maturity)	_____	_____
		Total \$ _____

*Will accept 100% of amount listed

**Will accept 25% of amount listed

In signing my name to this affidavit, I swear that the information provided is an accurate statement of my plans to finance my duration of stay.

Exchange Visitor's Name (Please print)

Signature _____ Date _____

III. PARENT/SPONSOR CERTIFICATION

This is to certify that I, _____

will sponsor the above-named exchange visitor for the period of _____ to _____ while he/she is participating, in the relationship

(relative, friend, etc.) _____. This affidavit relieves the officials of Embry-Riddle Aeronautical University of any and all responsibilities for the financial well-being of the exchange visitor.

Sponsor's Name (Please print) _____

Signature _____ Date _____

Address _____

City _____ State _____ Postal Code _____

Country _____