

CONFIDENTIAL DECLARATION AND CERTIFICATION OF FINANCES

A Certificate of eligibility (Form I-20) will not be authorized until this form is completed and return.

Section I - TO BE ANSWERED BY THE STUDENT:

1. Name _____
Last/Family Name First/Given Name Middle Name

2. Home Address _____
Number Street

City/Town State/Province Country Zip Code

3. Marital Status Single Married Divorced Number of children _____
If no dependents continue to question #4.

Will your dependents come to the U.S.A. with you? YES NO Join you later? YES NO

How will you support your dependents if they join you in the U.S.A.? _____

4. In the case of an emergency are there sources of additional funds available to you once you arrive in the U.S.A.? Yes No

If so, give the source and the amount of money. _____

Section II - TO BE ANSWERED BY PARENTS/SPONSORS

5. Parents' or Sponsor's Name _____
Last/Family Name First/Given Name Middle Name

6. Home Address _____
Number Street

City/Town State/Province Country Zip Code

7. Marital Status Single Married Divorced

8. What is your annual income? (in U.S. Dollars) \$ _____

9. Dependent(s): List below the person(s) financially dependent upon you. (Do not include the student listed on this form.)

Name Age Relationship

Name Age Relationship

Name Age Relationship

Name Age Relationship

Name Age Relationship

10. What are your family's total expenses per year? (in U.S. Dollars) \$ _____

11. What is the exchange rate of your currency to U.S. dollars? _____

12. Does your government restrict the exchange and release of funds for study in the United States? YES NO

If so, describe the restrictions _____

ESTIMATE OF STUDENT EXPENSES FOR ONE ACADEMIC YEAR

Tuition and Fees \$ 9,130.00, Room and Board \$ 6,720.00, Books \$ 750.00, Miscellaneous \$ 1,250.00
TOTAL \$17,850.00, Dependents (Each additional \$4,000.00)

ASSURED AMOUNT IN US DOLLARS

	FIRST YEAR	SECOND YEAR
PERSONAL SAVINGS (Please print name of bank)		
_____	\$ _____	\$ _____
<i>(A bank official's signature is required on the bank certification if the student is supported in part or whole by personal savings.)</i>		

PARENTS and/or SPONSORS – Please print name of each person.

_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
<i>(The signature of a parent/sponsor is required as a guarantor on the certification below.)</i>		

YOUR GOVERNMENT

_____	\$ _____	\$ _____
<i>(Enclose with this form a signed copy of your award letter.)</i>		

OTHER – Please specify person's name and relationship

_____	\$ _____	\$ _____
<i>(Enclose with this form a signed affidavit from an authorized person to certify the accuracy of this entry.)</i>		

Each of these totals should equal the estimated cost for one year. TOTALS \$ _____ \$ _____

GUARANTOR'S CERTIFICATION

This is to certify that I have read the above information, that it is a true and accurate statement and the required amount of \$ _____ is available and will be provided as indicated.

GUARANTOR'S SIGNATURE _____

RELATIONSHIP OF GUARANTOR TO STUDENT _____

Section III - OFFICIAL CERTIFICATION OF SOURCES OF FUNDS AND AMOUNTS

Bank Certification

This certifies that _____
Name of parents/sponsor

whose signature appears on previous page has \$ _____ deposited in their bank account and that
\$ amount

the assured amount information provided by the parents/sponsor on previous page is true and correct.

Bank official's name

Bank official's signature

Title

Date

Name of Bank

Address of Bank

City/Town

State/Province

Country

Zip Code

(AFFIX OFFICIAL SEAL OF THE BANK HERE)

*BANK OFFICIALS MAY SUBSTITUTE A LETTER OF CERTIFICATION ON BANK LETTERHEAD FOR THE ABOVE AMOUNT.
THE BANK MUST CONFIRM THE CURRENCY EXCHANGE RATE IN U.S. DOLLARS.
THE BANK LETTER MUST BE DATED WITHIN SIX (6) MONTHS OF YOUR INTENDED DATE OF ENROLLMENT.*

IF THIS INFORMATION IS INCOMPLETE OR FILLED OUT IMPROPERLY IT WILL BE RETURNED.

PLEASE RETURN COMPLETED FORM TO:
Yolanda Lawrence
International Student Advisor
Cincinnati State Technical and Community College
3520 Central Parkway
Cincinnati, Ohio 45223-2690 U.S.A.
Phone: 513-569-1543
Fax: 513-569-1498
E-mail: yolanda.lawrence@cincinnatiastate.edu

Section IV - AFFIDAVIT OF SPONSOR PROVIDING FREE ROOM AND BOARD

TO BE COMPLETED ONLY BY A PERSON WHO OWNS OR RENTS THE PROPERTY.

I hereby affirm that I own, rent, or lease the property described below and that I will make it available without charge and without services-in-lieu-of-payment to the student named below for the duration of his/her studies at Cincinnati State.

This affidavit is submitted on behalf of _____
Student's Name

Sponsor's Name _____
Last Name First Name

Sponsor's Address _____
Number Street

City State Zip Code

Relationship of Sponsor to Student _____

How many rooms are in the house or apartment? _____

How much space will be reserved for the exclusive use of the student? _____

Does the sponsor live at the address listed above? _____

Does the sponsor own, rent, or lease the property being offered?

All questions above must be answered. This affidavit must be sent with a photocopy of a lease or deed in the sponsor's name.

AFFIRMATION OF OATH

(Must be notarized by a notary public.)

I hereby affirm or swear that the contents of the above statement are true and correct.

I agree not to require any services from the student in return for the promised support and understand that it would be a serious violation of the law to require domestic work, childcare, or any other kinds of service.

Signature of Sponsor _____

Name of Sponsor _____
Print Name

SWORN AND SUBSCRIBED BEFORE ME THE _____ DAY OF _____ 20 _____

Signature of Notary _____ (SEAL)