## **Certificate of Financial Responsibility**

U.S. Citizenship and Immigration Services requires that every international student verify the availability of funds to pay for educational and living expenses before an I-20 or DS-2019 form can be issued. The I-20 or DS-2019 is used to obtain a visa to enter the United States. Complete and return this form with your completed International Undergraduate Application for admission.

Applicant Information: (Plea	ase Print)						
Family Name	Family Name First Middle			Maide	Maiden/Former Name		
I verify that I have resources a understand that the costs liste a Certificate of Eligibility (I-20, Montana to release information Signature	d below are estimates and a /DS-2019) is a violation of Ur in to third parties about my a	re subject to change value of the states law and rapplication or financial	vithout notice. Falsifica nay subject me to revo	tion of my financial strocation of my visa. I p	atus in c ermit th confirm	order to obtain e University of ed.	
Sources of Funds (check all that apply)					Amount in U.S. dollars (write amount for each source)		
☐ Self-Support Please attach a statement from a bank official on bank's stationery verifying the amount you indicate.					\$		
☐ Parents or Individual Sponsors  Your sponsor must sign the certification portion below. Please attach a statement from the sponsor's bank verifying his/her ability to provide you with the funds you indicate.				\$	\$		
☐ Your Government or Other Sponsoring Agency Enclose with this form a signed copy of your letter of award, specifying the current date, the dollar amount, and the exact starting date and length of the grant.					\$		
□ I will work at UM while attending classes For more information on student jobs at UM go to umt.edu/studentjobs/.				\$ 4,000	\$ 4,000		
□ Other: Enclose with this form a signed affidavit from an authorized person to certify the accuracy of this entry.				\$	\$		
TOTAL (in U.S. dollars)				s) \$	\$		
All financial documents must be dated  Sponsor Certification This is to certify that I have that the funds are available	within six months of receip I read the information furni	ot. shed by the applica	nt on this form, that i			-	
Signature of Sponsor Date				Rela	Relationship to You		
Sponsor's email address and mailin	g address						
Dependents  Will any dependents accom  No □ Yes (if yes  You must complete this sec official of sufficient funding	, please complete the tabl tion if you intend to bring	le below) dependents with yo		ared to provide prod	of to the	e consular	
Last Name	First Name	Birthdate mo/day/yr	Country of Birth	Country of Citizenship	Gender	Relationship	