

## Certificate of Financial Responsibility



The U.S. Citizenship and Immigration Service 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. An I---20 or DS---2019 is used to obtain a visa to enter the U.S. *Complete and return this form with your completed English Language Institute application.*

### Applicant Information: (Please Print)

Family Name

First

Middle

Maiden/Former Name

I verify that I have resources available to meet the tuition and fees, room and board, books and supplies, and personal and health expenses. I understand that the costs listed below are estimates and are subject to change without notice. Falsification of my financial status in order to obtain a Certificate of Eligibility (I---20/DS---2019) is a violation of United States law and may subject me to revocation of my visa. I permit The University of Montana to release information to third parties about my application or financial records if misrepresentation is suspected or confirmed.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Sources of Funds (check all that apply)	Amount in U.S. Dollars <i>(write amount for each source)</i>
<input type="checkbox"/> Self---Support Please attach a statement from a bank official on bank's stationary verifying the amount you indicate.	\$
<input type="checkbox"/> Parents or Individual Sponsors <u>Your sponsor must sign the certification portion below.</u> Please attach a statement from the sponsor's bank verifying his/her ability to provide you with the funds you indicate.	\$
<input type="checkbox"/> 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.	\$
<input type="checkbox"/> I will work at UM while attending classes For more information on student jobs at UM go to <a href="http://umt.edu/studentjobs/">umt.edu/studentjobs/</a> .	\$4,000
<input type="checkbox"/> Other: _____ Enclose with this form a signed affidavit from an authorized person to certify the accuracy of this entry.	\$
<b>TOTAL (in U.S. Dollars)</b>	<b>\$</b>

All financial documents must be in English and must have a signature, official seal, or be on letterhead from an official agency. Documents must be dated within 6months of receipt.

### Sponsor Certification

This is to certify that I have read the information furnished by the applicant on this form, that it is a true and accurate statement, and that the funds are available in U.S. currency and will be provided as required.

Signature of Sponsor \_\_\_\_\_

Date \_\_\_\_\_

Relationship to You \_\_\_\_\_

Sponsor's email address and mailing address \_\_\_\_\_

### Dependents

Will any dependents accompany you during your stay at The University of Montana?

No     Yes (if yes please complete the table below)

You must complete this section if you intend to bring dependents with you. You must be prepared to provide proof to the consular official of sufficient funding for each accompanying dependent.

Last Name	First Name	Birthdate mo/day/yr	Country of Birth	Country of Citizenship	Gender	Relationship

Total Expenses of Dependents \$ \_\_\_\_\_ (add \$3,000 for spouse and \$1,500 for each child)