



200 N. Main Street, Hatfield, PA 19440 (USA) 800.235.4021 ext 146

ATTN: Office of Admissions
(As required by the)

Affidavit of Financial Support

U.S. Department of Justice

INSTRUCTIONS

- I. The supporter(s)/sponsor(s) must supply official and original evidence of their ability to support the *MISSIO* student. Appropriate evidence can be: (copies will not be accepted)
 - A. An official and original (current) bank account statement showing the date the account was opened, the total deposits for the last year and the present balance.
 - B. A copy of your most recent tax return or financial statements.
- II. *Missio* Seminary is given the Authority to collect this information under sections 8 U.S.C. 1182 (a) (15), 1184(a), and 1258 of immigration law.

(Complete ALL blanks, using a typewriter or print neatly with ink.)

I, _____, residing at _____
(Printed name of the sponsor or group giving financial support) *(Street and Number)*

(City) *(State)* *(Zip or Postal Code)* *(Country)*

was born on _____ in _____
(Birth Date) *(country)*

and this affidavit is executed in behalf of the following person

(First, Middle & Last Name of Biblical Student)

(Country of Citizenship)

(Present Address of Biblical student)

(City)

(State)

(Zip or Postal Code)

(Country)

Prospective *MISSIO* student: Male Female

Year enrolled at *MISSIO*: Year 1 Year 2 Year 3

Marital Status: Single Married Engaged Separated Divorced Other

Relationship of prospective *MISSIO* student to Sponsor:

List name, gender and age of all dependents (spouse & children) accompanying *MISSIO* student to the U.S.

(Name of spouse)

(gender)

(age)

(Name of dependent child)

(gender)

(age)

(Name of dependent child)

(gender)

(age)

(Name of dependent child)

(gender)

(age)

This affidavit is made by me for the purpose of assuring the United States Government that the person(s) named above will not become a public charge in the United States.

I am willing and able to receive, maintain and support the person(s) named in above and am ready and willing to deposit a bond, if necessary, to guarantee that such person(s) will not become a public charge during their stay in the United States. I guarantee that the above named person(s) will maintain their nonimmigrant status if admitted temporarily and will depart prior to the expiration of their authorized stay in the United States.

I understand this affidavit will be binding upon me for a period of (3) years after entry of the person(s) named above and that the information and supporting documentation provided by me may be made available to the Secretary of Health and Human Services and the Secretary of Agriculture, who may make it available to a public assistance agency.

I am employed as, or engaged in the business of

(Type of Business) with

(Name of Business)

(Address of Business)

(state)

(Zip or Postal Code)

(Country))

I have on deposit in my account(s) \$

(original and official bank statement(s) must be included with this form, photocopies will not be accepted)

I am currently sponsoring the following person(s): (If you are not sponsoring anyone, write "NONE.")

(Name of other recipient)

(relationship of recipient to sponsor)

(dates of support)

(Name of other recipient)

(relationship of recipient to sponsor)

(dates of support)

I acknowledge I have read all the instructions and sections of this affidavit. I am aware of my responsibilities as an immigrant sponsor.

(Signature of the supporter/sponsor)

(date)

If this affidavit was prepared by other than sponsor, complete the following: **I declare that this document was prepared by me at the request of the sponsor and is based on all information of which I have knowledge.**

(Signature of preparer & Title)

(date)

Return Completed original form to:

MISSIO Seminary
ATTN: ADMISSIONS OFFICE
200 N. Main Street
Hatfield, PA 19440 (USA)
215.368.4913 (fax)