## **AFFIDAVIT OF SUPPORT**

If a family member or friend is sponsoring you financially while at Johns Hopkins University, they must complete this form. If a single bank document lists two account holders, only one account holder must complete this form. If you are providing multiple bank documents from multiple sponsors, each sponsor must complete a separate affidavit confirming the total funding they are willing to provide.

Student's Name:		
Student's Date of Birth:		
I,	, will support	with no less
	, will support(STUDEN	T'S NAME)
than US \$	for (check one):	
the duration of the this student already needed to complet and is applying for	e year at JHU (check this box for F-1 students ir studies at JHU (check this box for J-1 students y has an I-20/DS-2019 and I am supporting the their program (check this box ONLY if the san I-20 or DS-2019 extension).	ents) hem for the additional time student is already studying at JHU
International Services.		
Indicate your support of the	e student's dependents (check one):	
I WILL NOT support	student's dependents. t the student's dependents. ot have dependents.	
the above-stated financial s result in a violation of the s	stand the estimated minimum expenses req support. I understand that failure to provide student's immigration status and the loss of information on this form is true and accurat	the above stated amount can benefits associated with this
can be signed in ink, a Docu	low should reflect an original signature uniqu uSign signature, an adobe certified signature nture. A typed signature is not sufficient.	
Sponsor's Name (printed):		
Relationship to student:		
Sponsor's Signature:		
Date:		