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How to Complete Your Illinois Affidavit of Financial Support

Affidavit of Financial Support (sponsor letter)

INSTRUCTIONS — KEEP FOR YOUR RECORDS. DO NOT ATTACH THIS PAGE TO YOUR DOCUMENT.

About this form. Students, visa applicants, and others are often asked for a sworn statement from a sponsor who will pay their expenses. This is not the federal USCIS Form I-134 or I-864.

1. **Fill in the sponsor and person supported (Page 1)**
   Include the expenses you will cover and for how long.
2. **Attach proof**
   Usually bank statements, an employer letter, or tax returns.
3. **Sign under oath before a notary**
   Do not sign ahead of time. Sign in front of the notary, who will place you under oath. Bring a current, government-issued photo ID.

After It's Signed

- For use in another country, the notarized document may need an apostille from the Illinois Secretary of State. We can handle this for you.

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Have questions about this document? To consult with an attorney, contact **Gavrilov & Brooks Law Firm** at **(916) 504-0529** or **www.gavrilovlaw.com**.

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AFFIDAVIT OF FINANCIAL SUPPORT

Affiant:

Full legal name | Date of birth (optional) | Telephone

Residence address (street, city, state, ZIP)

Before me, the undersigned notary, on this day personally appeared the affiant named above, who, being by me first duly sworn, upon oath stated:

1. I will provide financial support to the following person:

Name | Date of birth | Relationship to me

2. I will pay the following expenses, for the period stated:

e.g., tuition, housing, food, medical insurance, travel

From | To

3. I am able to provide this support. My employment and resources are:

Employer or business | Annual income ($) | Savings / assets ($)

4. I understand that this affidavit will be relied on by the following school, consulate, or agency:

Name

I swear (or affirm) under penalty of perjury that the facts stated in this affidavit are true and correct and within my personal knowledge.

Affiant's initials: _____

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Date

X

Signature of affiant

Printed name

JURAT

STATE OF ILLINOIS)
) SS.
COUNTY OF)

Subscribed and sworn to (or affirmed) before me on

Date

by (name of affiant)

X

Notary Public

(Notary seal)

Notary's printed name

My commission expires

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