



Confidential Financial Statement

This form must be completed and signed to verify evidence of financial support for the issuance of a UCLA I-20 or DS-2019. Signatures, bank statement(s) dated within the last 6 months, and/or supporting verification documents are required.

Applicant Information

Provide your name exactly as it appears on your passport.

Family/Last Name _____ First Name _____ Middle Name _____

Country of Citizenship _____ UCLA ID # _____ Date of Birth _____
Month | Day | Year

Dependent(s) Information If Applicable

Do Not Complete this Section if you do not have dependent(s) or will not be applying for F-2 or J-2 Visas for your dependent(s) at this time. If your dependent(s) will join you in the U.S. at a future time, you may request F-2 I-20s or J-2 DS-2019s for your dependent(s) from DCISS after your arrival to UCLA.

List your dependents who will be accompanying you to the U.S. on F-2 Visa status. Dependent(s) listed here will be issued certificate of eligibility(s) required to apply for F-2 or J-2 Visas from a U.S. Embassy or Consulate. Additional proof of financial support is required:

Spouse - \$4,500 Children - \$2,500 Per Child

■ [1] Dependent's Name (as it appears on passport)

Family/Last Name _____ First Name _____ Middle Name _____

Country of Birth _____ Citizenship _____

Date of Birth _____
Month | Day | Year

Relationship to Applicant _____

■ [2] Dependent's Name (as it appears on passport)

Family/Last Name _____ First Name _____ Middle Name _____

Country of Birth _____ Citizenship _____

Date of Birth _____
Month | Day | Year

Relationship to Applicant _____

■ [3] Dependent's Name (as it appears on passport)

Family/Last Name _____ First Name _____ Middle Name _____

Country of Birth _____ Citizenship _____

Date of Birth _____
Month | Day | Year

Relationship to Applicant _____

Signature of Applicant: "I hereby confirm the information indicated in this statement is true to the best of my knowledge and that I will have the funds stated to attend UCLA. I understand that my enrollment at UCLA may be jeopardized if any information indicated here is found to be incomplete or false. I will notify UCLA immediately if there are any changes in my financial situation."

Signature of Applicant _____ Date _____

Source of Financial Support

Please indicate your source(s) of funding as applicable. At least one source of funding must be indicated; not all sources of funding may apply to you.

Personal Funds

Amount of personal funds as stated on your bank statement. U.S. \$ _____

Name of Bank(s) _____
[*Must submit valid personal bank statement, translated in English.]

Family or Individual Sponsor's Funds

Sponsor's Guarantee U.S. \$ _____

"I _____, guarantee that the funds
Please print full name
indicated here will be available for the applicant listed for tuition, fees and living expenses at UCLA. If the applicant will be attending UCLA Summer Sessions, the guarantee will also include Summer Session fees."

Signature of Sponsor _____

Relationship to Applicant _____

Name of Sponsor's Bank(s) _____
[*Must submit sponsor's valid bank statement, translated in English.]

UCLA Department Funds

Amount to be Awarded U.S. \$ _____

Type of Award(s) _____
[*Must submit department funding letter or UCLA award/offer letter.]

Sponsoring Organization or Government Funds

Amount to be Awarded U.S. \$ _____

Name(s) of Sponsoring Entity _____
[*Must submit copy of the award letter issued from sponsoring entity specifying the amount and duration of funds.]

Total Financial Support U.S.\$ _____