



## Certification of Finances

The Department of Homeland Security (DHS) requires prospective students to provide proof of their ability to pay for their studies and living expenses while in the United States. **Financial statements must be in the English language and they must be notarized.** You must indicate exact amounts of available funds.

**Please complete and return this form and the following to the Admissions Office:**

- A letter (in English) from your bank (within the last three months) addressed to **Wagner College** stating the amount of funds that are available for your studies;
- A copy of your passport;
- If presently studying in the United States, a copy of current Form I-20 and I-94 card.

**PERSONAL INFORMATION** (please **print** clearly, **EXACTLY** as it appears on your **passport**)

Name: \_\_\_\_\_ (Family/Last Name) (First/Given Name) (Middle Name)

Date of Birth (Month-Day-Year): \_\_\_\_\_ Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female

Country of Birth: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

Do you currently have a visa? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, which type? (B, F, G, H, L, etc.): \_\_\_\_\_

Have you been issued a **SEVIS ID**? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please provide: \_\_\_\_\_

Home <b>STREET</b> address outside of the USA: (DHS requires a <b>street</b> address, <b>NOT</b> a P.O Box Address)	
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**FINANCIAL INFORMATION** (please **print** clearly)

1) Amount and sources of funds (U.S. dollars) available for your use each year while at Wagner College:

\_\_\_\_\_ Personal or Family \_\_\_\_\_ Private Sponsor\* \_\_\_\_\_ Government/Sponsor/Agency\* *\*If funding is from a private sponsor, please ask him/her to submit a letter stating his/her sponsorship, as well as a letter from his/her bank stating the amount of funds available. If funding is from a government or sponsor or agency, please submit a letter stating their sponsorship and the amount of support each year.*

Personal bank name(s): \_\_\_\_\_

Government/Sponsor/Agency: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Student*

\_\_\_\_\_  
*Signature of Parent(s)/Sponsor(s)*

\_\_\_\_\_  
*Date (Month-Day-Year)*

\_\_\_\_\_  
*Date (Month-Day-Year)*

By signing this document, I certify that all the information on this form is true and complete to the best of my knowledge. If asked, I agree to provide additional documentation, and that any misrepresentation or omission of financial information on this form will justify the denial or adjustment of financial aid (if applicable).