

Affidavit of Financial Support

I, _____ guarantee that I can and will provide
Name (last, first)

_____ with sufficient funds to cover the following
Applicant's Name (last, first)

expenses at International House for the duration of his or her stay (please check all that apply):

Tuition Living Expenses

Relationship to the applicant (please specify): _____

Address: _____
Street

City State Postal Code Country

Phone: _____ Email: _____

By signing below I attest that the information provided above is complete, true and correct. I understand that any misrepresentation leading to failure to pay mandatory resident membership fees could result in termination of resident membership.

Signature: _____ Date: _____