Office of International Student Services
7502 Fondren Road, Houston, TX 77074
Fax: (281)-3292 Email: goglobal@hc.edu
www.hc.edu/international

2023-2024 Financial Affidavit

International Graduate Students - Master of Arts in Christian Counseling

Under U.S. law, the University must have evidence of adequate financial resources, before issuing an I-20 form. Complete this form and attach official banking documentation to it. Keep copies of all financial documents submitted, as you will need to present the same information to the U.S. consulate or embassy when obtaining a visa. You may be requested to show it again when you pass through Immigration inspection coming into the U.S.

Estimate of expenses for one academic year* at Houston Christian University, 2023-2024:

Tuition and Fees:	**$13,550.00**
Room and Board:	**$12,062.00**
Books, Insurance, and Supplies:	**$1,000.00**
Transportation:	**$1,900.00**
Personal expenses:	**$2,802.00**
TOTAL:	**$31,314.00**

***Amounts listed are a total estimate for the Fall and Spring Semesters. They are subject to change.**
THIS IS NOT A PAYMENT TO HOUSTON CHRISTIAN UNIVERSITY and IS ONLY FOR THE PURPOSES OF PROVIDING REQUIRED DOCUMENTATION FOR THE F1 STUDENT VISA. Any misrepresentation of funds and non-payment of student accounts are grounds for I-20 denial or visa cancellation.

Section I – to be completed by applicant:

Name (*as written in passport*)

_____
Family/Last *Given/First* *Middle*

Date of Birth _____ Place of Birth _____
Month/Day/Year *City* *Country*

Country of Citizenship_____ Coming to the U.S.: ☐ Alone ☐ With Dependents**

**If you will be accompanied by dependents, please provide all of their information on page 3 of this form in addition to copies of their passports. You must provide an additional $5,000.00 of financial support per dependent. This will allow HCU to issue the appropriate documents.

Permanent International Address: (This is your physical permanent address in your home country)

_____
Street

_____
City *State/Providence* *Country* *Postal Code*

Local Address: (inside the United States) *email & phone* _____

_____
Street

_____
City *State/Providence* *Country* *Postal Code*

Updated 01/29/2024

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Section II – to be completed by financial sponsor

I, _____ promise to provide financial support for _____
Name of Sponsor (in Print) *Name of student (in Print)*

in the amount of $_____ *** U.S. dollars.

This yearly financial support will be used for tuition, fees, room, board, insurance, books, supplies, transportation, and personal expenses while he/she is a student in the United States completing his/her degree. By signing my name to this affidavit, I certify that information is accurate and assure Houston Christian University and the U.S. Government that the above named student will not become a public charge in the United States. Also, I assure Houston Christian University will not be held responsible for unforeseen difficulties that alter my financial situation. **Official documentation such as 3 months of bank statements (dated within six months) verifying available sufficient funds must accompany this affidavit.**

_____ _____
Signature of person providing funds *Date*

_____
Relationship to applicant

***Please note, total funds must be equal to or greater than the total amount listed on page one of this affidavit. If they do not equal that amount, the student may be asked to provide proof of further support, including another copy of this page and accompanying bank documents, by another relative or friend.

This is not a payment to Houston Christian University and is only for the purposes of providing required documentation for the F1 Student Visa. The student will need to create a payment plan with Financial Aid upon admission.

To be signed by a witness:

I, _____ witnessed the signing of this document by _____
Name of Witness (in Print) *Person providing funds*

on _____.
Month/Day/Year

_____
Signature of Witness

Updated 01/29/2024

Houston Christian UNIVERSITY

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Section III – to be completed only if there are dependents

Dependents information: (please complete the following for each of your dependents that will be accompanying you to the U.S.)

Dependent #1: ☐ Spouse ☐ Child / ☐ Male ☐ Female

Name (**as written on passport- *attach copy)** _____
Family *First* *Middle*

Date of Birth _____ Place of Birth _____
Month/Day/Year *City, Country*

Country of citizenship _____ Country of legal permanent residence _____

Dependent #2: ☐ Spouse ☐ Child / ☐ Male ☐ Female

Name (**as written on passport- *attach copy)** _____
Family *First* *Middle*

Date of Birth _____ Place of Birth _____
Month/Day/Year *City, Country*

Country of citizenship _____ Country of legal permanent residence _____

Dependent #3: ☐ Spouse ☐ Child / ☐ Male ☐ Female

Name (**as written on passport- *attach copy)** _____
Family *First* *Middle*

Date of Birth _____ Place of Birth _____
Month/Day/Year *City, Country*

Country of citizenship _____ Country of legal permanent residence _____

Dependent #4: ☐ Spouse ☐ Child / ☐ Male ☐ Female

Name (**as written on passport- *attach copy)** _____
Family *First* *Middle*

Date of Birth _____ Place of Birth _____
Month/Day/Year *City, Country*

Country of citizenship _____ Country of legal permanent residence _____