

Affidavit of Support

I, , of legal age, and residing at , do hereby declare under oath that I am willing and able to provide financial support to during their stay in .

This support includes but is not limited to food, shelter, education, medical expenses, and other basic necessities needed during their entire period of stay.

I am providing this affidavit to guarantee that the above-named beneficiary will not become a public charge at any time during their stay.

Name of Affiant:

Signature:

Date:

Subscribed and sworn to before me this day of , 20.

Notary Public:

Commission Number:

Date Commission Expires: