



**J-1 Exchange Visitor Visa Program
Financial Security Statement**

INSTRUCTIONS:

Program participants are expected to have a minimum of \$1,500 available per month to financially support themselves during their stay in the U.S. The monthly income can either originate from the internship/traineeship salary, a parent /guardian, or a personal bank account.

Please use this form if the internship/traineeship salary stated in your Training Plan (DS 7002) does not meet the monthly requirement of \$1,500.

**Internship/Traineeship
Information and
Duration**

(Host Company's Name)

From

(Month/Day/Year)

to

(Month/Day/Year)

Please Check One:

I will be receiving the amount of \$ _____ per month from my host company.

My parent or guardian listed below will support me during my internship/traineeship with the amount of \$ _____ per month.

My bank has certified below that I can support myself during my internship/traineeship with the amount of \$ _____ per month.

Parent/Guardian

(Parent's/Guardian's Name)

(Relationship to Applicant)

I hereby certify that I will support the applicant with the monthly amount listed above throughout the duration of his/her internship/traineeship.

(Parent's/Guardian's Signature)

(Date, Month/Day/Year)

Bank Official

(Signature and official stamp are required.)

I hereby certify that the applicant has sufficient funds to support him/herself with the above listed monthly amount for the duration of his/her internship/traineeship.

(Bank Official's Signature)

(Date, Month/Day/Year)

(Bank Official's Name)

(Title/Position at Bank)

**J-1 Participant
Confirmation**

I, _____
(First Name, Last Name)

, certify that the information provided above is true and complete to the best of my knowledge.

(Participant's Signature)

(Date, Month/Day/Year)