

J-1 Exchange Visitor Visa Program Financial Security Statement



German American
Chambers of Commerce
Deutsch-Amerikanische
Handelskammern



INSTRUCTIONS

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

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

INTERNSHIP/TRAINESHIP INFORMATION AND DURATION

Host Company's Name	
Start Date (Month/Day/Year)	End Date (Month/Day/Year)

MONTHLY INCOME

Dollar amount per month you will be receiving from your host company		
\$		
PLEASE CHECK ONE:	My parent or guardian listed below will support me during my internship/traineeship	Dollar amount per month you will be receiving from your parent or guardian
	My bank has certified below that I can support myself during my internship/traineeship	Dollar amount per month you will be receiving from your bank
		\$
		\$

PARENT/GUARDIAN

Parent's/Guardian's Name	Relationship to Applicant
By signing below, I hereby certify that the applicant has sufficient funds to support themselves with the above listed monthly amount for the duration of their internship/traineeship.	
Parent's/Guardian's Signature	Date (Month/Day/Year)

BANK OFFICIAL

Bank Official's Name	Official Stamp (Required)	
Title/Position at Bank		
By signing below, I hereby certify that the applicant has sufficient funds to support themselves with the above listed monthly amount for the duration of their internship/traineeship.		
Bank Official's Signature (Required)		
Date (Month/Day/Year)		

J-1 PARTICIPANT CONFIRMATION

Participant's Name (First Name, Last Name)	
By signing below, I certify that the information provided above is true and complete to the best of my knowledge.	
Participant's Signature	Date (Month/Day/Year)