

## Affidavit of Provision of Room and Meals by a U.S. Provider

To demonstrate the ability to provide room and meals for a student applying to the University of North Texas and/or the UNT Health Science Center, follow these steps:

1. Complete and submit the affirmation on this Affidavit of Provision of Room and Meals.
2. Attach a copy of the lease, mortgage statement or the deed to the property where the student will be housed. The lease, mortgage statement or deed must be in the U.S. provider's name. The lease must be valid for **at least one semester after the student's program start date**. An expiring lease will **not** be accepted

If approved, this Affidavit of Provision of Room and Meals by a U.S. Provider will substitute for showing evidence of the amount of required funds on the I-20 form for the student's housing and food (living expenses). For more information on these costs, see the "International Student Statement of Financial Responsibility" form at <https://www.unthsc.edu/students/international-student-and-scholar-services/cost-of-attendance/>

Student Information		
Student Family Name:	First and Middle Name:	ID Number:

Room & Board Information	
Name of Provider:	Relationship of U.S. Provider to Student:
Address of property where student will be provided room and board:	
Is the property: <input type="checkbox"/> Owned <input type="checkbox"/> Leased	Does the U.S. provider live at the address above? <input type="checkbox"/> Yes <input type="checkbox"/> No

### Affirmation of U.S. Provider

1. I hereby affirm that I own, rent, or lease the property described above.
2. I will make room and board available without charge and without services-in-lieu-of-payment to the student named on this document for the duration of his/her studies at the University of North Texas or the IELI.
3. I agree NOT to require any services from the student in return for the promised support of room and board.
4. I understand that it would be a serious violation of law to require domestic work, childcare, or any other kinds of service in return.

Printed Name of Provider:
Signature:
Date: