



AFFIDAVIT OF SUPPORT

I,
(person providing financial support)

born in on.....
(City, Province, Country) (d.o.b. – dd/mm/yyyy)

FORMALLY DECLARE THAT

(1) The visa applicant:.....
(full name as it appears on the passport)

born in on.....
(City, Province, Country) (d.o.b. – dd/mm/yyyy)

is my
(family relationship – child, parent, sibling, etc)

and intends to travel in Italy from.....to.....
(day-month-year) (day-month-year)

(2) I have sufficient income and assets and I will pay for all of the visa applicant’s expenses during his/her entire stay in Italy.

Please, find herewith enclosed, the required information about my professional and financial situation (e.g. bank statement for the last three months, recent letter from my employer specifying monthly salary, and any other pertinent information)

.....
(Date)

.....
(Signature)

(SIGNATURE AND SEAL OF THE NOTARY PUBLIC OR ITALIAN CONSULAR OFFICER)

The above signed statement must be submitted to the Italian Consulate in Miami in original along with a photocopy of valid photo ID (passport - photocopy main pages only) (art. 38 DPR 28.12.2000, N. 445) and relevant financial documentation.