*(This template is an unofficial translation)*

**STATEMENT OF FINANCIAL RESPONSIBILITY**

**Physical person**

I, **[full name of financial sponsor]**, **[nationality]**, **[marital status]**, **[occupation]**, born on **[day/month/year]** in **[city, state, country]**, resident and domiciled at **[address]**, declare, for the purposes of enrollment of **[student’s full name]**, selected for the Brazilian Program for Exchange Students – Undergraduate Level (PEC-G), that:

**1.** I will assume responsibility for maintaining the student, undertaking to:

**1.1** fund his/her:

**1.1.1** trip to Brazil;

**1.1.2** initial installation; and

**1.1.3** return to the country of origin at the end of his/her participation in PEC-G;

**1.2** **send him/her the equivalent of** **US$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.00 (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ US dollars) monthly, throughout his/her entire stay in Brazil.**

**2.** I receive the equivalent of **US$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.00 (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ US dollars) per month**, according to the attached proof of income, thus I can honor this commitment.

**3.** In case of change in my financial capacity, I will present, to the diplomatic or consular representation of Brazil where the student applied, an updated Statement of Financial Responsibility, indicating the new monthly amount to be transferred, accompanied by the mandatory proof of income.

**4.** I will inform the Brazilian diplomatic or consular representation of any interruption, reduction or cessation of the sending of funds during the student's stay in Brazil, so that the student can be instructed to arrange one or more new financial sponsors, who must present new Statements of Financial Responsibility.

**5.** All information provided in this document is true.

**6.** I understand that the presentation of false information and/or false documents will result in applicable penalties and the elimination, at any time, of the student, even after enrollment at the Brazilian Higher Education Institution.

**7.** I authorize the processing and sharing of the information contained in this document exclusively for the purposes of the PEC-G Program, in accordance with the Brazilian General Data Protection Law.

**Phone contact(s):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email(s):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Degree of kinship/relationship with the student:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_.

**[city] [day] [month] [year]**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of the financial sponsor**