



# FUNDAÇÃO ARMANDO ALVARES PENTEADO

Centro Universitário FAAP

## FINANCIAL STATEMENT TEMPLATE

Please make the necessary changes to the fields indicated in yellow and have the signer's signature notarized.

[City Name], [Date]

To [Institution or Organization Name]

### Subject: Financial Responsibility Statement

I, [Full Name], [Nationality], holder of ID number [ID Number] and CPF number [CPF Number], residing at [Full Address], hereby declare for the proper purposes that I am the [father/mother] of [Child's Full Name], holder of ID number [Child's ID Number] and CPF number [Child's CPF Number], and that I commit to covering all expenses related to my child's exchange program at [Institution Name] from [Start Date] to [End Date]. This includes, but is not limited to, expenses for transportation, meals, lodging, travel, entertainment, car rental, books, materials recommended by the institution, and other personal expenses.

I am aware that this statement is provided to demonstrate my financial capacity and my commitment to financially support my child's needs during the exchange period, including any expenses not covered by his/her insurance policy.

For any additional information, I am available at the following contact details:

**Phone:** [Your Phone Number]

**Email:** [Your Email Address]

Sincerely,

[Your Full Name]

[Signature]