

Annex 2 Application Form

TO THE RECTOR
THE UNIVERSITY OF SIENA
DECLARATION IN LIEU OF AFFIDAVIT ¹

The undersigned (*name and surname*) _____, student no. _____

born in _____ Country _____

on _____

Resident in (*full address*) _____ Postal code _____

Country _____

tel. _____ cell. _____

e-mail (University account) _____@student.unisi.it

Enrolled for a.y. 2020/2021 in the _____ year of the first/second cycle degree course in _____

REQUEST ACCESS TO THE SPECIAL SOLIDARITY FUND FOR STUDENTS ESTABLISHED BY THE UNIVERSITY OF SIENA FOR A.Y. 2020/2021.

To this end, in accordance with the provisions of articles 3 and 47 of Presidential Decree no. 445/2000 and aware, pursuant to art. 76, that whoever issues false declarations, creates false documents or makes use of them, is punished under the criminal code and special laws on the subject and also forfeits the benefits referred to in art. 75,

DECLARE UNDER MY OWN RESPONSIBILITY THAT

1. the income of my family unit is that indicated in ISEE 2020 (ISEE expiring on 31 December 2020 - ISEE valid for the enjoyment of subsidised benefits for the right to study) already downloaded from the INPS database on the basis of the authorisation granted during the procedure for enrolment in academic year 2020/2021: (tick the type of ISEE 2020 presented to the INPS)
ordinary ISEE YES NO / current ISEE YES NO ;

2. The family unit to which the ISEE in point 1 refers is made up as follows (indicate one family member per line - for each member, indicate name and surname, Italian tax code and degree of kinship to the student):

.....

¹The aforementioned declaration may be issued by citizens of the European Union. It may also be issued by citizens of non-European Union countries legally residing in Italy, if the declared information can be certified or attested by Italian public bodies (art. 3, paragraph 2, Presidential Decree no. 445/2000).

Declarations in lieu of affidavits may not contain expressions of will (acceptances, waivers, proxies, assignments, commitments or other acts of negotiation).

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.....
3. the economic-financial difficulties experienced by the household during the year 2020, which make it necessary to apply for aid from the Special Solidarity Fund for Students refer to:

a. dismissal of a family member from his/her job: indicate the family member who lost his/her job and the name of the dismissing firm

.....
b. furlough pay: indicate the family member who was entitled to furlough pay.....

c. Receipt of other benefits (other than those referred to in b above). - e.g. unemployment benefits, citizenship income, bonuses or other relief payments): please indicate the family member in receipt of the benefit and the type of benefit

.....
.....;
d. costs for a regular 2020/2021 rental contract in the student's name: (indicate contract details and attach a copy of the contract and date of registration at the Revenue Agency):

.....;
e. public transport pass: (indicate pass details and attach a copy of the pass)

.....
the undersigned, authorize processing of the personal data provided herein, in accordance with current legislation, for the purposes of this procedure.

the undersigned, am aware that delivering false statements is a crime punishable under art. 76 of the Criminal Code and special laws on the matter.

Place and date _____ THE DECLARANT _____