

## AZIENDA SERVIZI PERSONA E FAMIGLIA

## Housing Allocation Application form

Nan	ne	Surname	
Birtl	hplace	Country	
Date	e of Birth		
Living in		Country	
Add	ress		
Phone		Mobile	
Citiz	zenship		
E-m	ail		
Fisc	al Code/SSN		
A)	Enroled in		
	Faculty	University of	
	Freshman	YES / NO	
	Year of enrolment		
	Student who has failed to take his degree in the time prescribed		YES / NO
B)	Employed for		
	Address		



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C) Other temporary needs
I DECLARE
To have looked over the Notice of Competitive Examination referred above; to have all the necessary requirements; to submit to law prescriptions about the place of residence and the maximum property income.
To have acquired what the Article 7 of the Notice of Competitive Examination requires (only if the applicant is a foreigner).
To know what the <u>Article 75 of D.P.R. 28/12/2000 n. 445</u> prescribes about the loss of benefits if obtained on the base of applicant's false statements; and what the following <u>Article 76 of D.P.R. 28/12/2000 n. 445</u> prescribes about the applicant's criminal liability in this case.
I REQUIRE
<ul> <li>□ to be entered in the list of housing allocation for students;</li> <li>or (it is possible only one option)</li> <li>□ to be entered in the list of housing allocation for employees or other categories.</li> </ul>
For this purpose, I enclose a valid double-sided printing copy of my identity document.  ASPeF will process the above quoted data and the ones acquired with this substitutive declaration in accordance with the current Italian Data Protection Law 30/06/2003 n.

196. According to the law, ASPeF has the right to verify the truthfulness of these

Signature

statements.

Date