

Guidelines on how to fill in ALLEGATO 2\_ANNEX 2 to the ACCOMMODATION GRANT CALL 2020

**This translation, provided from the University, summarises the Laziodisco call “CONTRIBUTI ALLOGGIO 2020/2021”**

**Please for the application send the ALLEGATO 2 in Italian. The English version is only a guideline on how to fill in the Italian version**

**Please note that the official call for applications is written in Italian, and is published on the following page: <http://www.laziodisco.it/contributi-alloggio-2020-2021/>.**

**To the extent any translated part or element of this document conflicts with the Italian version, the Italian version controls and will prevail in case of legal controversies**

#### DECLARATION OF RESIDENCE IN HOTELS OR ACCOMMODATION FACILITIES

Public Call "Housing Grants" - 2020 - Regional DiSCo- Committee for the Right to Education and Knowledge

To the C/A

DiSCo - Regional Authority for the Right to Education and Knowledge

Via Cesare De Lollis, 24 B -

Rome

SUBJECT: ACCOMMODATION GRANT APPLICATION 2020

I, the undersigned \_\_\_\_\_ (name and surname),  
born in \_\_\_\_\_ (City) on \_\_\_\_\_ (day/month/year)  
and resident in \_\_\_\_\_ (City) at \_\_\_\_\_ (address),  
and temporarily residing at \_\_\_\_\_ (in case where the temporary  
address differs from the residence), in reference to the above-mentioned notice, in compliance with the  
provisions and regulations outlined in articles. 47 et seq. of Presidential Decree no. 445 of 28 December  
2000, and fully aware of the criminal and civil penalties imposed due to false statements and the  
consequent forfeiture of any benefits obtained, and in accordance with Articles 75 and 76 of the above-  
mentioned Presidential Decree 445/2000, under my own responsibility, as the recipient of the contribution  
referred to in this Public Call

declare that

I stayed for (number) \_\_\_\_\_ consecutive nights (number of nights) from the date(s)  
\_\_\_\_\_ (day/month/year)) at the structure \_\_\_\_\_

(company name of the hotel or accommodation facility that appears in the document which certifies payment) located in

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(address of the structure - street, home number and city)

This stay was necessary in order to carry out the following activity(s), which is/are a part to my degree course, and which had to be carried out exclusively in presence:

lesson

exam

meeting with teacher

This/these didactic activity(s) was/were carried out by me on the date(s) \_\_\_\_\_  
(day/month/year)) from the hours \_\_\_\_\_ (hh.mm) at the seat of the University Institution  
\_\_\_\_\_ (indicate name of University Institution)

Place and date

readable signature of the recipient of the grant