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

(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