

PHD STUDENTS - REQUEST FOR THE LIVING EXPENSES CONTRIBUTION FOR THE YEAR

To the SISSA Director

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I, the undersigned _____ born on _____ in _____
_____ enrolled in the _____ year of the Ph.D. course in _____,
for the present academic year 2019/20, domiciled in _____ (Province) _____
Street name _____ No. _____
Codice fiscale No. _____

REQUEST A CONTRIBUTION TOWARDS LIVING EXPENSES FOR THE YEAR

AND DECLARE

on my own responsibility and according to Italian law, D.P.R. 445/2000:

- to be in possession of a rental contract valid for the period from _____ to _____ registered on _____ registration nr. _____ (in case of only one contract) and to be in possession of another rental contract valid for the period from _____ to _____ registered on _____ registration nr. _____ (in case of more than one contract)
- in case of taking over, the date of the taking over _____ and the name and surname of the landlord _____
- in case of cancellation of the rental contract, the date of the cancellation _____ and the information of the new contract:
period from _____ to _____, the date of registration _____ registration nr. _____
- in accordance with and for the effects of art. 23 of DPR 600/1973 and subsequent modifications for Taxation Allowances (art. 13, DPR 917/1986) that as for the year 2019 I am eligible for allowances for employee status or equivalent

I furthermore declare that the address of my family is different from mine as following:

Town _____

Street name _____ No _____

I also declare to undertake to communicate any changes in my address immediately. I am aware that the School has the right to verify all declarations on a random basis and I am aware of the legal responsibilities and the penalties, set forth by articles 75 - 76 of D.P.R. 445/2000, in case of false or misleading information (in particular forfeit of any benefits and sanctions according to the current legislation). In accordance with Italian D.Lgs 196/03 and the General Data Protection Regulation (EU) 2016/679, I hereby give permission to use my personal data for all matters connected to the procedure and for statistical purposes in full protection of my rights and confidentiality (see <https://www.sissa.it/privacy>).

Date, _____

Signature _____