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

						SSA Director
I, the unde	ersigned			born	on	in
			enrolled in t	he yea	r of the P	h.D. course in
			, for the pres	ent academic	year	,
domiciled	in			(F	rovince)	
Street name					No	
Codice fiscale	e No					
	REQUE	ST A CONTRIBUTION TOWARDS		FOR THE YE	EAR	
		AND DECL	ARE			
	on m	y own responsibility and accordin	g to Italian law, D.I	P.R. 445/2000	:	
- to be	e in possession	of a rental contract valid for the period	d from	to		registered
on _		registration nr	(in case of or	nly one contrac	<u>ct)</u> and	
to be	e in possessio	n of another rental contract valid for	the period from		_to	
regis	stered on	registration nr.	<u>(ir</u>	n case of more	than one	contract)
- in ca	ase of taking o	over, the date of the taking over		_ and the nam	ne and sui	rname of the
land	lord					
- in case of cancellation of the rental contract, the date of the cancellation				and the information of		
the r	new contract:					
perio	od from	to, t	he date of registrat	tion		registration
nr						
- in ac	ccordance with	and for the effects of art. 23 of DF	R 600/1973 and s	ubsequent mo	difications	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_____

L 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 _____