

RENEWAL APPLICATION
FOR ALLOCATION OF ACCOMMODATION PLACES
“Vicinato Solidale Project”
- Academic Year 2025/2026 -

The undersigned _____ student identification number _____

born in _____ on _____

T.C. _____

having read and adhered to the " Vicinato Solidale Project"

REQUESTS

to be admitted to the call for assignment of **n. 25** accommodation places made available by the Municipality of Piacenza for the Academic Year 2025/2026.

I prefer an accommodation

in a single room ☐ in a double room ☐

I declare under my own responsibility:

1 – RESIDENCE

To be resident in _____ (Prov. _____) Zip Code _____

Street _____ n. _____ phone _____ cellphone _____

E-mail address: _____

2 – CITIZENSHIP

☐

To be an Italian citizen

☐

to be a citizen of _____

3 – ADDRESS FOR COMMUNICATION

That any communication relating to the competition must be sent:

☐

To the above-mentioned residence address

☐

To the following address _____

_____ Zip Code _____ Phone _____

4 – ACADEMIC QUALIFICATION

To have the following qualification: _____

Obtained on _____ with the score of _____

Only for those that obtained a Laurea (equivalent to Bachelor of Science) (DL) or a Laurea magistrale (equivalent to Master of Science):

enrolment date _____ years of enrolment _____ duration of the laurea/laurea magistrale study programme _____

5 – CURRENT SITUATION

To be enrolled, or to enrol to the academic year 2025/2026 in:

☐

Laurea (equivalent to Bachelor of Science) Study Programme in _____ year _____

☐

Laurea magistrale (equivalent to Master of Science) Study Programme in _____ year _____

6- FAMILY MEMBERS

That the domestic partner family members are:

(Surname and Name)

(Place and date of birth)

(family relationship)

7- FINANCIAL and ASSET SITUATION

That the total GROSS income of the cohabiting family or of the new family in case of an independent student, for the year 2024, is € _____

That the value of Equivalent Economic Situation Indicator (ISEE) is equal to € _____

8- TO FULLY ACCEPT THE REGULATIONS OF THE ACCOMMODATIONS AND TO BE AWARE OF THE REQUEST FOR A SECURITY DEPOSIT EQUAL TO THREE MONTHS.

Hereby declare:

☐

to not have

☐

to have

scholarships, awards or similar benefits (if any, specify which one): _____

TRUTHFULNESS OF DECLARATIONS

To be aware of penal sanctions, as stated in Article 76 of Presidential Decree 445 of 28.12.2000, in the event of untruthful declarations and production or use of false documents.

The undersigned attaches to this application, the following documents (please tick the appropriate boxes):

☐

Certificate of registration in the Study Programme, active Laurea specialistica (equivalent to Master of Science),
for the academic year 2025/2026;

☐

Isee/Iseeu

☐

Educational curriculum vitae and any other documents considered useful for the purpose of the assignment;

☐

Copy of the laurea/laurea magistrale certificate with date and indication of the score obtained;

☐

Self-certification with exams passed at 31st MAY 2025, with related educational credits, scores, dates and average.

☐

Document showing the date of enrollment at the university, the years of enrollment and the duration of the
laurea/laurea magistrale study programme;

☐

Descriptive document of the career of the last three years of high school, indicating the scores obtained, in each
year, in each subject (e.g.: school reports);

I declare that, pursuant to and for the purposes referred in Article n.10 of the Law 675/96, I am aware that the personal data collected will be treated, including by electronic means, exclusively within the framework of the procedure for which this application has been made.

DATE.....

SIGNATURE

This declaration does not require the authentication of signature and replaces, for all purposes, the usual certifications required or addressed to Public Administration as well as to public and private service managers that allow you.