**SELF-CERTIFICATION FORM**

**Self-declaration affidavit**

**(art. 46 D.P.R. n. 445/2000)**

I the undersigned \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ born in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\_\_) on \_\_\_\_\_\_\_\_\_\_ ,

aware of the sanctions laid down in art. 76 of Italian Presidential Decree (D.P.R.) no. 445 of 28/12/2000 and the loss of benefits pursuant to art. 75 of the same law in the event of false statements, under my own responsibility,

in relation to the application in the Call for the allocation to non-resident students of contributions for health costs - a.a. 2023/2024

**DECLARE**

that his residence and/or his household’s residence is situated in:

- Street ………………………………… n....... ;

- Town ………………………… (...); Region ………………………………………..

- State (if foreign) …………………………………..

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, lì \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_