

ISEE PARIFICATO FOR UNIVERSITY - MODULE REQUEST

ACADEMIC YEAR 2021-2022

Form valid until 31/12/2021

THE UNDERSIGNED STUDENT:

Surname: _____ Name: _____

Date and place of birth: _____ Gender M/F: _____

CITIZENSHIP (country): _____

Phone number: _____ Email address: _____

Italian tax code - Codice fiscale: _____

Attach a copy of the tax code (Codice fiscale) issued by the Italian Agenzia delle Entrate

I CLAIM TO BE ENROLLED or TO HAVE SUBMITTED REQUEST FOR ENROLLMENT FOR THE ACADEMIC YEAR 2021-2022

At the University (name): _____ Matricola n.: _____

Course of study: _____

I ASK FOR THE CALCULATION OF THE ISEE PARIFICATO FOR THE UNIVERSITY

I DECLARE:

A To have the REGISTERED RESIDENCE:

In Italy --> **It is necessary to send a copy of your Italian identity card as an attachment**

Abroad --> **It is necessary to send a copy of your passport as an attachment**

State / Country: _____ City: _____

Address: _____

--> Students with a registered residence in Italy and a family unit residing abroad, must present their Italian ISEE before to do the ISEE Parificato for the University.

--> Students with a registered residence abroad and their family resident in Italy, must submit the Italian ISEE of the family before to do the ISEE Parificato for the University.

--> Students with a registered residence abroad and a foreign family unit, must only complete the ISEE Parificato for the University.

F

The student:

I declare that I received a university scholarship in 2019:

select case

If YES, indicate the amount received in euros:

€

The student must send THEIR OWN DOCUMENTS, together with those concerning ALL COMPONENTS of the family, relating to income and movable and real estate assets for the year 2019, as described in the LIST OF DOCUMENTS REQUIRED by the ISEE Parificato for the University.

The undersigned, aware of his responsibilities and the penalties provided for, **DECLARES**, based on art. 47 D.P.R. 28 December 2000 n. 445 and subsequent amendments, the veracity of the data entered in sections A, B, C, D, E, F of this application form.

date _____

signature _____

Il sottoscritto _____

Autorizza**(privacy consent)**

La società CAAF NORD EST SRL al trattamento dei dati personali, in esecuzione del Regolamento europeo 2016 / 679 (GDPR). I dati da Lei forniti verranno trattati per tutte le operazioni necessarie all'adempimento e tutti gli obblighi a questo afferenti. Il trattamento sarà effettuato in forma cartacea e/o elettronica. Il conferimento dei dati necessari all'espletamento dell'incarico, ivi compresi quelli di natura sensibile, è obbligatorio al fine dell'instaurazione del rapporto contrattuale.

(luogo)_____
(data)

signature

(firma del richiedente)**(consent to send to the University)**

La società CAAF NORD EST SRL alla trasmissione e/o consegna del presente modulo all'Ente erogatore della prestazione con il quale il CAF ha sottoscritto apposita convenzione recante, fra l'altro, le modalità di esecuzione dell'incarico.

(luogo)_____
(data)

signature

(firma del richiedente)

This editable form must be filled in **DIGITAL FORM** then printed and **SIGNED** by the student **(three signatures)**.

Once signed, it must be **SCANNED and sent, TOGETHER WITH THE SCAN OF THE DOCUMENTS** provided for in the list of documents for ISEE Parificato, to the address:

- Cà Foscari University students: ipu.cafoscari@caafcgilvenezia.it
- IUAV University Students: ipu.iuav@caafcgilvenezia.it
- Academy and Conservatory students: ipu.esu@caafcgilvenezia.it

The SUBJECT of the email must consist of the student's surname and name and the progressive number of the email, in case it is necessary to use more than one to send the attachments (example: Aaa Bbb 1 of 3).

SUBSEQUENTLY to the forwarding by e-mail, the original form and the ORIGINAL paper documents must be delivered to the CAF CGIL offices in Venice or Mestre, by appointment.