

COMUNE DI MONTESPERTOLI
(Città Metropolitana di Firenze)

ATTACHEMENT B - SUBSTITUTE DECLARATION FOR THE USE OF THE BENEFITS REFERRED TO THE NOTICE "FONDO FAMIGLIE 2020-2021"

First name and last name _____

Born in _____ on (day/month/year) _____

Fiscal code _____

Citizenship _____

City of residence _____

Address _____

Phone number _____

e-mail address _____

Residence permit holder n. _____

to get access to the benefits provided in the notice "FONDO FAMIGLIE 2020-2021", aware of the criminal penalties provided for by art. 76 DPR 445/2000 in case of false and untruthful declarations

DICHIARA

- to accept all the provisions of the notice and to be informed that the personal data collected will be processed, also with tools, exclusively in the context of the procedure for which this declaration is made and with logic related to the purposes and in any case such as to guarantee data security and confidentiality (pursuant to Article 13 of EU Regulation No. 679/2016)

- to be in possession of ISEE 2020 certification with a value equal to euro _____

- not to be in possession of the ISEE 2020 certification

-that the family unit is composed of:

n. 1 minor

First name _____ Last name _____ Date of birth (day/month/year) _____
Place of birth _____

n. 2 minors

First name _____ Last name _____ Date of birth (day/month/year) _____
Place of birth _____
First name _____ Last name _____ Date of birth (day/month/year) _____
Place of birth _____

n. 3 or more minors

First name _____ Last name _____ Date of birth (day/month/year) _____
Place of birth _____
First name _____ Last name _____ Date of birth (day/month/year) _____
Place of birth _____
First name _____ Last name _____ Date of birth (day/month/year) _____
Place of birth _____
First name _____ Last name _____ Date of birth (day/month/year) _____
Place of birth _____

- No minors

- that the family unit is composed by single-parent with minors (yes or no)

- that the family unit is composed by minors with disabilities/invalidity/handicap (yes or no)

First name _____ Last name _____ Date of birth (day/month/year)
_____ Place of birth _____
First name _____ Last name _____ Date of birth (day/month/year)
_____ Place of birth _____
First name _____ Last name _____ Date of birth (day/month/year)
_____ Place of birth _____

Presence in the family unit of adult dependent children aged up to 24 years with an annual personal income not exceeding 4,000.00 euros

First name _____ Last name _____ Date of birth (day/month/year)
_____ Place of birth _____
First name _____ Last name _____ Date of birth (day/month/year)
_____ Place of birth _____
First name _____ Last name _____ Date of birth (day/month/year)
_____ Place of birth _____

- that the family unit is composed by adults with disabilities/invalidity/handicap (yes or no)

Nome _____ Cognome _____ Data di nascita _____ Luogo _____
Nome _____ Cognome _____ Data di nascita _____ Luogo _____
Nome _____ Cognome _____ Data di nascita _____ Luogo _____

- that the family unit is composed by adults with disabilities/invalidity/handicap (yes or no)

- that I monthly pay a rent or a mortgage for the first home in which I live with my family (yes or no)

- that my family unit suffered a reduction in income in 2020 for one of the following reasons:

activation of layoffs
failure in renewing the employment contract
reduction of working hours upon company decision
suspension of work
unemployment
other reason _____

- that in the family unit the amount of bank and / or postal current accounts and / or securities deposits at 31/10/2020 does not exceed the amount of € 5,000.00, increased by € 1,000.00 for each member of the family unit after the first one, up to a maximum of 10,000.00 euros (yes or no)

ASK in case of bonus award

- that the expected amount is credited to the following IBAN CODE _____ of which I am the owner

- that the expected amount is credited to the following IBAN CODE _____ of which is the owner

_____ member of my own family unit.

Date _____ Signature _____

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