

## DECLARATION OF RESIDENCE

### Application form for new residents coming from abroad or from other cities

<input type="checkbox"/> Application for a new residence for people coming from a different Italian city. Specify: _____
<input type="checkbox"/> Application for a new residence for people coming from abroad. Specify: _____
<input type="checkbox"/> New residence in La Loggia for A.I.R.E. applicants. Specify country and municipality of A.I.R.E. registration
<input type="checkbox"/> Registration for different reasons: _____
<b>APPLICATION FORM</b> - <b>AND CREATION OF A NEW FAMILY</b> - <b>REUNION WITH THE FAMILY (specify)</b> _____

### THE UNDERSIGNED DECLARANT

<b>REGISTRANT'S STATUS (please specify)</b>	
<input type="checkbox"/> <b>HEAD OF HOUSEHOLD</b>	<input type="checkbox"/> <b>HUSBAND/WIFE</b>
<input type="checkbox"/> <b>SON/DAUGHTER</b>	<input type="checkbox"/> <b>OTHER:</b> _____
1) Surname* _____	Mobile number: _____
Name* _____	Date of birth * _____
Place of birth* _____	Gender* <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Enby
<b>Name and surname of the parents</b>	
<b>FATHER:</b> _____	<b>MOTHER:</b> _____
Civil Staus ** <input type="checkbox"/> SINGLE	
<input type="checkbox"/> MARRIED WITH/CIVIL PARTNERSHIP WITH _____	
DATE and PLACE _____	
<input type="checkbox"/> Widow/widow <input type="checkbox"/> Divorced date _____	
Citizenship* _____	Fiscal Code* _____
<b>PROFESSION:</b>	
Or:	
<input type="checkbox"/> Unemployed	
<input type="checkbox"/> Pensioner	
<input type="checkbox"/> Housekeeper	
Level of education (specify): ** _____	
<b>ITALIAN DRIVING LICENCE AND PRIVATE VEHICLES – ATTENTION! – IT IS VERY IMPORTANT TO INDICATE THEM</b>	
Driving licence***	YES <input type="checkbox"/> NO <input type="checkbox"/>
VEHICLES	YES <input type="checkbox"/> NO <input type="checkbox"/>

### PLEASE NOTE:

The registry office provides for the updating of private vehicles only.

### Key

\* Compulsory Data.

\*\* Statistical data.

\*\*\* Date useful for Ministry of Infrastructures and Transports.

**Fully aware of the responsibility for untruthful declaration as provided for in art. 75 e 76 DPR 445/2000 involving the loss of the benefits achieved and the communication to the competent authority**

**DECLARES**

**that he/she has moved to the following address (having established the habitual residence):**

City*	Province*
Address *	Number*

**that the following persons are already registered in the new address (name at least one and write his/her personal data):**

Surname *	Name *
Place of birth *	Date of birth *

<input type="checkbox"/> <b><u>No family relationship with the above mentioned person.</u></b>  <p><b>New family/new registration</b></p>  <p><b>Signature of a major member of the family already living in the house:</b>  <b>Name:</b> _____  <b>SURNAME:</b> _____</p> <p style="text-align: center;"><b>Signature</b></p> <p style="text-align: center;">_____</p> <p style="text-align: center;">(copy of i.d.)</p>	<input type="checkbox"/> <b><u>Family relationship with the previously mentioned person already registered at the address:</u></b>  <p>(specify for instance:  wife/husband/son/brother/cohabitant, etc.)</p>  <p><b>Consent of the above mentioned person or by any other major member of the recipient family</b>  <b>Name:</b> _____  <b>SURNAME:</b> _____</p> <p style="text-align: center;"><b>Signature</b></p> <p style="text-align: center;">_____</p> <p style="text-align: center;">(copy of i.d.)</p>
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**That the following family members have also moved into the house:**

**RELATIONSHIP WITH THE DECLARANT: (please specify) \_\_\_\_\_**

2) Surname*		Mobile number:	
Name*		Date of birth *	
Place of birth*		Gender* <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Enby	
<b>Name and surname of the parents</b>			

<b>FATHER:</b> _____		<b>MOTHER:</b> _____	
Civil Staus ** <input type="checkbox"/> SINGLE			
<input type="checkbox"/> MARRIED WITH/CIVIL PARTNERSHIP WITH _____			
DATE and PLACE _____			
<input type="checkbox"/> Widow/widow <input type="checkbox"/> Divorced date _____			
Citizenship*		Fiscal Code*	
<b>PROFESSION:</b>			
Or:			
<input type="checkbox"/> Unemployed			
<input type="checkbox"/> Pensioner			
<input type="checkbox"/> Housekeeper			
Level of education (specify): ** _____			
<b>ITALIAN DRIVING LICENCE AND PRIVATE VEHICLES - ATTENTION! - IT IS VERY IMPORTANT TO INDICATE THEM</b>			
Driving licence***	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
VEHICLES	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

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**RELATIONSHIP WITH THE DECLARANT: (please specify)** \_\_\_\_\_

3) Surname*		Mobile number:	
Name*		Date of birth *	
Place of birth*		Gender* <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Enby	
<b>Name and surname of the parents</b>			
<b>FATHER:</b> _____		<b>MOTHER:</b> _____	
Civil Staus ** <input type="checkbox"/> SINGLE			
<input type="checkbox"/> MARRIED WITH/CIVIL PARTNERSHIP WITH _____			
DATE and PLACE _____			
<input type="checkbox"/> Widow/widow <input type="checkbox"/> Divorced date _____			
Citizenship*		Fiscal Code*	
<b>PROFESSION:</b>			
Or:			
<input type="checkbox"/> Unemployed			
<input type="checkbox"/> Pensioner			
<input type="checkbox"/> Housekeeper			
Level of education (specify): ** _____			
<b>ITALIAN DRIVING LICENCE AND PRIVATE VEHICLES - ATTENTION! - IT IS VERY IMPORTANT TO INDICATE THEM</b>			
Driving licence***	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
VEHICLES	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

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**RELATIONSHIP WITH THE DECLARANT: (please specify) \_\_\_\_\_**

4) Surname*		Mobile number:	
Name*		Date of birth *	
Place of birth*		Gender* <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Enby	
<b>Name and surname of the parents</b>			
<b>FATHER:</b> _____		<b>MOTHER:</b> _____	
Civil Staus ** <input type="checkbox"/> SINGLE			
<input type="checkbox"/> MARRIED WITH/CIVIL PARTNERSHIP WITH _____			
DATE and PLACE _____			
<input type="checkbox"/> Widow/widow <input type="checkbox"/> Divorced date _____			
Citizenship*		Fiscal Code*	
<b>PROFESSION:</b>			
Or:			
<input type="checkbox"/> Unemployed			
<input type="checkbox"/> Pensioner			
<input type="checkbox"/> Housekeeper			
Level of education (specify): ** _____			
<b>ITALIAN DRIVING LICENCE AND PRIVATE VEHICLES – ATTENTION! – IT IS VERY IMPORTANT TO INDICATE THEM</b>			
Driving licence***	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
VEHICLES	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

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Here attached:

I.D./PASSPORTS OF ALL THE ABOVE MENTIONED PEOPLE MENTIONED AND CONCERNED

**FURTHER INFORMATION/ OTHER DOCUMENTS:**

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**Key**

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**DECLARATIONS CONCERNING THE HOUSE AND THE RIGHT TO OCCUPY THE PROPERTY:**

**CADASTRAL DATA OF THE PROPERTY:**

**SHEET** \_\_\_\_\_ **PARCELS** \_\_\_\_\_ **SUBORDINATE** \_\_\_\_\_  
**LOCATED IN:** \_\_\_\_\_

**I/WE** (name and surname) \_\_\_\_\_

**DECLARE THAT:**

- I/we legitimately live in the house (art. 5 of L.28.3.2014 n.47) and that I/We are aware that in case of false declarations, the enrollment in the Registry will not be possible
- 1** I/We are the owners of the house

- 2** I/We are the holder of the leasing agreement regularly registered at the Inland Revenue Agency \_\_\_\_\_ Date \_\_\_\_\_ at n. \_\_\_\_\_

The owner of the house is/are Mr/Mrs: \_\_\_\_\_  
Address: \_\_\_\_\_

- 3** I/We are the holder of a public housing leasing agreement (attach a copy of the contract)

The owner of the house is/are Mr/Mrs: \_\_\_\_\_  
Address: \_\_\_\_\_

- 4** I/We have a loan for free use regularly registered at the Inland Revenue Agency \_\_\_\_\_ Date \_\_\_\_\_ at n. \_\_\_\_\_

The owner of the house is/are Mr/Mrs: \_\_\_\_\_  
Address: \_\_\_\_\_

- 5** I/We are usufructuary of the house, according to the following agreement:  
(specify)

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

The owner of the house is/are Mr/Mrs: \_\_\_\_\_  
Address: \_\_\_\_\_

- 6** I/we legitimately live in the house according to the following agreement:  
(specify)

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

The owner of the house is/are Mr/Mrs: \_\_\_\_\_  
Address: \_\_\_\_\_

**Any communication must be sent to:**

<b>City</b>	<b>Province</b>
<b>Address</b>	<b>Number</b>
<b>Phone number</b>	<b>Mobile number</b>
<b>E mail</b>	<b>Pec</b>

**Date .....**

**Declarant's signature**  
.....

**Signatures of all adults of the family:**

Surname and Name.....

Surname and Name .....

Surname and Name.....

Surname and Name .....

**How to submit/send the form**

- Send the form via e-mail [demografico@comune.laloggia.to.it](mailto:demografico@comune.laloggia.to.it) or PEC [protocollo.laloggia@legalmail.it](mailto:protocollo.laloggia@legalmail.it).
- Hand delivery is possible in our office. Mon/Wed/Fri from 09.00 a.m. to 12.30 p.m. and Tue/Thu from 3.00 to 5.00 p.m.  
For further information dial:  
0119629082- 3341074069 during the office opening hours.

**UE e not UE citizens must follow the specific instructions (you can choose between English and French)**

**Please fill the form properly, attach the i.d. documents of all the people involved and put all the signatures.**

\_\_\_\_\_

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**Form n. 2 Home owner declaration/consent**

To the Registrar.

**AFFIDAVIT as to the Italian Presidential Decree n.445/2000.**

I the undersigned \_\_\_\_\_,  
date and place of birth \_\_\_\_\_,  
Address \_\_\_\_\_,  
Phone number/e.mail \_\_\_\_\_

to this end, aware of the sanctions in case of false declarations according to art. n. 76 DPR n. 445/2000 and that all benefits related to them will end; that the personal data will be processed and stored only to complete the administrative procedures according to the mandatory retention periods provided by law.

**As owner of the house located in:** \_\_\_\_\_

**CADASTRAL DATA :** sheet \_\_\_\_\_ particle \_\_\_\_\_ subordinate \_\_\_\_\_

**DECLARE that** (choose):

- I have regularly rented the house to Mr/Mrs \_\_\_\_\_:
- The contract was registered at the Inland Revenue of \_\_\_\_\_ Date \_\_\_\_\_ n. \_\_\_\_\_
- We made a private written agreement - Date \_\_\_\_\_
- We agreed for a free loan involving the following people;  
\_\_\_\_\_ Date/place of birth \_\_\_\_\_  
\_\_\_\_\_ Date/place of birth \_\_\_\_\_  
\_\_\_\_\_ Date/place of birth \_\_\_\_\_  
\_\_\_\_\_ Date/place of birth \_\_\_\_\_

**That /he/she/they will apply for residency in the above mentioned house.**

**Place and date.....**

**Signature of the owner of the house**

\_\_\_\_\_

**(i.d. of the owner)**