UNICALAND
STUDENT HOUSING CASSINO

APPLICATION FORM FOR BED ALLOCATION

ACADEMIC YEAR 2026/2027

IMPORTANT INSTRUCTIONS: This application form must be fully completed in all its parts. Once filled out and signed, it must be sent via email to info@unicaland.it

Your application will only be considered valid if accompanied by all the mandatory supporting documents listed at the end of this form.

1. PERSONAL DATA

Full Name (First and Last Name): _____

Gender: ☐ M ☐ F ☐ Other

Date of Birth (DD/MM/YYYY): _____

Place and Country of Birth: _____

Nationality: _____

Tax Code (Codice Fiscale) or Passport Number: _____

Permanent Address (Street, City, Postcode, Country): _____

E-mail Address: _____

Phone Number (with Country Code): _____

2. ACADEMIC INFORMATION

University / Institute / AFAM School: _____

Degree Course Name: _____

Type of Degree:

- ☐ Bachelor's (Triennale)
- ☐ Master's (Magistrale/Specialistica)
- ☐ Single-Cycle (Ciclo Unico)
- ☐ Erasmus / Exchange Program

Year of Enrollment for the A.Y. 2026/2027: ☐ 1st Year ☐ 2nd Year ☐ 3rd Year ☐ Beyond 3rd Year

Note: Students enrolled in online or distance-learning universities are not eligible to apply.

3. MERIT AND RANKING CRITERIA (SELF-CERTIFICATION)

Please fill out only the section applicable to your current academic status to allow the score calculation (0-30 points):

- ☐ **Category A: International students enrolled in the 1st year or on an Erasmus exchange**
  Certified level of knowledge of Italian or another language (excluding mother tongue): _____
- ☐ **Category B: Students enrolled in years subsequent to the 1st year**
  Current arithmetic grade average (Media Aritmetica): _____
- ☐ **Category C: Students enrolled in the 1st year of a university course**
  Final High School diploma grade (or equivalent qualification converted into hundredths): _____
- ☐ **Category D: Students enrolled in the 1st year of a Master's degree course (Laurea Magistrale)**
  Graduation grade of the Bachelor's degree: _____

4. ACCOMMODATION PREFERENCE AND DURATION

Room Type Preference:

- ☐ Single Room (€ 637,50/month) *Suitable for students with certified disabilities*
- ☐ Double Room (€ 318,75/month) *Suitable for students with certified disabilities*
- ☐ Double Room (€ 318,75/month)

Note: Room preferences are subject to availability. The residence mainly consists of double rooms with private bathrooms.

Intended Length of Stay:

- ☐ 12 months or longer
- ☐ Less than 12 months (Specify number of months: ____)

Note: Priority in allocation will be given to applicants indicating a stay equal to or greater than 12 months.

5. MANDATORY BANK TRANSFER DETAILS (GUARANTEE DEPOSIT)

To submit your application, you must pay a mandatory guarantee deposit of **€ 350,00** via bank transfer using the following details:

Beneficiary Name: 2 EFFE S.R.L.

Bank Name: Banca Popolare del Cassinate

IBAN: IT33S0537274370000011058688

SWIFT / BIC Code (Mandatory for International/Extra-EU transfers): POCAIT3CXXX

Payment Description (Causale): Unicaland Deposit - [Your First Name and Last Name]

⚠ **CRITICAL NOTE FOR INTERNATIONAL TRANSFERS:**
When instructing your bank to make the international wire transfer, you **MUST select the "OUR" fee option** (meaning all local, intermediary, and correspondent bank transaction fees are fully paid by the sender).

2 EFFE S.R.L. must receive the exact and full net amount of € 350,00. Applications with incomplete deposit amounts due to bank fee deductions will be automatically suspended.

6. MANDATORY DECLARATIONS AND SELF-CERTIFICATIONS

By signing this application, the Applicant self-certifies under their own responsibility, pursuant to Articles 75 and 76 of the Italian Presidential Decree no. 445 of December 28, 2000, and aware of the criminal penalties for false statements:

- ☐ I am regularly enrolled or declare my intention to enroll for the A.Y. 2026/2027 at the higher education institution indicated above.
- ☐ I have no criminal record and no pending criminal charges.
- ☐ I am immune to medical conditions that are incompatible with community life.
- ☐ I fully and unreservedly accept all the terms, conditions, and provisions of the Call for Applications.
- ☐ I understand that false statements will result in the immediate forfeiture of the allocated bed and potential financial penalties.

Date (DD/MM/YYYY): _____

Applicant's Signature: _____

7. MANDATORY ATTACHMENTS (CHECKLIST)

Please check all the boxes below to confirm that you have attached the required documents to your submission email:

1. Identification Document: A valid Passport (mandatory for non-EU students) OR a National ID Card (only for EU students).

2. Academic Proof: University pre-Enrollment Certificate OR an Official Admission Letter from the university.

3. Proof of Residence: Proof of Permanent Home Address in your country of origin (e.g., utility bill, official government residency document).

4. Payment Receipt: Official receipt / proof of payment (*attestazione di pagamento*) showing the completed bank transfer of € 350,00.

8. PRIVACY POLICY AND DATA PROCESSING (GDPR)

Pursuant to EU Regulation 2016/679 (GDPR), I hereby authorize 2 EFFE s.r.l. to process my personal data exclusively for the purposes of this selection procedure, ranking management, and contract finalization.

- ☐ I AGREE

Date (DD/MM/YYYY): _____

Applicant's Signature: _____

***

ROOMMATES PREFERENCE: Please write your desired roommate's name here _____