



*Embassy of Italy
Baku*

**DECLARATION CONCERNING THE FAMILY ECONOMIC CONDITION REQUIRED FOR NATIONAL "D" TYPE
STUDY VISA APPLICATION FOR ACADEMIC YEAR 2024 – 2025.**

I, THE UNDERSIGNED _____, DATE OF BIRTH _____

PLACE OF BIRTH _____, CIVIL STATUS _____, UNDERAGE CHILDREN _____
(MARRIED / UNMARRIED)

PRE-ENROLLED AT _____
(BACHELOR'S DEGREE / MASTER'S DEGREE)

AT THE FOLLOWING ITALIAN HIGER EDUCATION INSTITUTION _____

HEREBY DECLARE:

THAT MY COHABITING FAMILY UNIT IS COMPOSED AS FOLLOWS:

FATHER: LAST NAME _____ NAME _____

PROFESSION: _____ **GROSS ANNUAL INCOME:** AZN _____

NET ANNUAL INCOME: AZN _____

MOTHER: LAST NAME _____ NAME _____

PROFESSION: _____ **GROSS ANNUAL INCOME:** AZN _____

NET ANNUAL INCOME: AZN _____

COHABITING BROTHERS/SISTERS (AS STATED IN THE OFFICIAL FAMILY STATUS CERTIFICATE)

1) LAST NAME _____ NAME _____ DATE OF BIRTH _____

2) LAST NAME _____ NAME _____ DATE OF BIRTH _____

3) LAST NAME _____ NAME _____ DATE OF BIRTH _____

4) LAST NAME _____ NAME _____ DATE OF BIRTH _____

5) LAST NAME _____ NAME _____ DATE OF BIRTH _____

AND THAT THE FOLLOWING FULL-AGED COHABITING SIBLINGS WORK, AS BELOW SPECIFIED:

1) PROFESSION _____ ANNUAL NET INCOME AZN _____

2) PROFESSION _____ ANNUAL NET INCOME AZN _____

3) PROFESSION _____ ANNUAL NET INCOME AZN _____

I FURTHERMORE DECLARE:

- MY FAMILY'S RESIDENTIAL HOUSE, LOCATED IN _____ ADDRESS _____ IS A PROPERTY OF MY FAMILY _____ (YES/NO) IS A RENTAL PROPERTY _____ (YES/NO) WITH A MONTHLY RENT OF AZN _____ .
- MY COHABITING FAMILY UNIT OWNS A BANK ACCOUNT IN HE NAME OF _____ WITH A BALANCE OF AZN _____ SINCE _____ ;
- MY COHABITING FAMILY UNIT COUNTS ON THE FOLLOWING FURTHER INCOMES (e.g. revenues from real estates, financial incomes, etc.):
 - TYPE OF INCOME _____ ANNUAL NET INCOME AZN _____
 - TYPE OF INCOME _____ ANNUAL NET INCOME AZN _____
 - TYPE OF INCOME _____ ANNUAL NET INCOME AZN _____
 - TYPE OF INCOME _____ ANNUAL NET INCOME AZN _____
- THE INFORMATION HEREBY PROVIDED WILL BE PROVED BY APPROPRIATE CERTIFICATION TO BE SUBMITTED TOGETHER WITH THE VISA APPLICATION.

BAKU, _____
(DATE)

(SIGNATURE)