

To the Visa Office of the  
Consulate General of Italy in Philadelphia

**Host declaration**

I, the undersigned .....  
Date of birth..... Place of birth .....  
Nationality ..... resident in .....  
Prov/Region..... Address ..... No.....  
ZIP/Post code ..... tel. .... occupation/profession .....

*(For Companies or Organizations only)*

Commercial activity/Name .....  
Located in..... Prov/Region.....  
Address ..... No..... ZIP/Post code ..... tel. ....  
Name of the Legal Guardian/Holder.....  
Date of birth..... Place of birth..... Nationality.....  
Resident in ..... Prov/Region.....  
Address ..... No..... ZIP/Post code ..... tel. ....

Am aware of the consequences envisaged by Art. 12.1 of Legislative Decree 286 of 25 July 1998 (Consolidated Text of provisions governing immigration and rules on the status of foreign nationals) and subsequent amendments.

**with the present document declare that I wish to invite**

The foreign national .....  
(name) (surname)  
Date of birth: ..... place of birth: .....  
Nationality: ..... resident in .....  
Prov/Region..... Address ..... n..... ZIP/Post Code ..... tel.....  
For the period from ..... to .....  
(date) (date)  
for reasons of: .....  
.....

**I, the undersigned, also declare**

- 1) that my relationship with the person in question is one of family / friendship / other (specify).....
- 2) that I know with certainty that the person in question, in his/her own country:  
[ ] is employed in the following occupation :.....  
[ ] is not in employment and has the following means of support: .....
- 3) that I will cover the living expenses of the applicant during his/her stay
- 4) that I have the financial means and sufficient accommodation to accommodate the above-mentioned foreign national
- 5) (optional) that I have already made available on behalf of the above-mentioned person, as financial guarantee and in the form of bank security, the sum of ..... euros in the following bank:  
Name of bank: ..... branch no..... address .....

**If the visa application submitted by the foreign national is successful, I,  
the undersigned will**

- 1) provide him/her with accommodation in my own home, located in.....  
address: ..... no.....ZIP/Post Code ..... tel.....
- 2) assume any costs resulting from recourse to health or medical care or treatment by the foreign national, where he or she does not have their own health-care cover (insurance policy or bilateral agreement between Italy and their country of origin)
- 3) notify the local police headquarters of the presence of the foreign national in my home, no more than 48 hours from the time the foreign national enters Italian territory, in accordance with Art. 7 of Legislative Decree 286/1998 and subsequent amendments.
- 4) ensure that the foreign national returns to his/her country of origin by the date envisaged by his/her entry visa, in accordance with Art. 1 (1) of Law 68 of 28 May 2007.

**Information:**

I am aware of and consent that the data required by this application form are mandatory for the examination of the visa application; and any personal data concerning me which appear on this form, will be supplied to the relevant authorities of the Member State and processed by those authorities, for purposes of a decision on my visa application.

Such data will be entered into, and stored in the Visa Information System (VIS) for a maximum period of five years, during which it will be accessible to the visa authorities and the authorities competent for carrying out checks on visas at external borders and within the Member State, immigration authorities in the Member States for the purposes of verifying whether the conditions for the legal entry into, stay and residence on the territory of the Member States are fulfilled, and to the authority of the Member State competent for the examination of asylum application.

Under certain conditions the data will be also available to designated authorities of the Member States and to Europol for the purpose of the prevention, detection and investigation of terrorist offences and other serious criminal offences.

I am aware that the supervisory authority for the process of personal data, as provided by Article 41/4 of Regulation (EC) n.767/2008, are the Ministry of Foreign Affairs and the Ministry of Interior.

I am aware of the right to obtain notification of the data relating to me recorded in the VIS and to request that data relating to me which are inaccurate be corrected and that data related to me processed unlawfully be deleted. At my express request, the authority examining my application will inform me of the manner in which I may exercise my right to check the personal data concerning me and have them corrected or deleted.

The national supervisory authority, as provided by Article 41/1 of Regulation (EC) n.767/08, is the “Garante per la Protezione dei Dati Personali”, located in Piazza di Monte Citorio n. 121 ROMA.

I declare that to the best of my knowledge all particulars supplied by me are correct and complete.

I am aware that any false statements may render me liable to prosecution under the law, as provided by Article 76 of D.P.R. 445/2000.

.....  
(place) (date)

\_\_\_\_\_  
(signature of declarant)

**Copy of declarant’s Identity Document attached**