**DECLARAÇÃO DE COMPARTILHAMENTO DE ALUGUEL**

Eu\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

inscrito(a) sob o RG nº \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, CPF nº \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, declaro para fins de apresentação ao processo de Estudo Social da Universidade Federal do Amazonas que, compartilho aluguel em imóvel situado na cidade de \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Endereço\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ desde \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ pelo valor total de R$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ mensais.



PARA PREENCHIMENTO EM CASO DE MORADIA COMPARTILHADA O valor referente ao aluguel do imóvel acima descrito é dividido entre \_\_\_ (n°) pessoas cujos nomes e CPF são listados a seguir:

Candidato:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CPF:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Valor R$\_\_\_\_\_\_\_\_\_\_\_\_ Nome:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CPF:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Valor R$\_\_\_\_\_\_\_\_\_\_\_\_ Nome:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CPF:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Valor R$\_\_\_\_\_\_\_\_\_\_\_\_ Nome:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CPF:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Valor R$\_\_\_\_\_\_\_\_\_\_\_\_

Nome:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CPF:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Valor R$\_\_\_\_\_\_\_\_\_\_\_\_ Nome:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CPF:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Valor R$\_\_\_\_\_\_\_\_\_\_\_\_ Nome:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CPF:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Valor R$\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_ de \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ de 20\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Assinatura do(a) Declarante