別記様式第1号 (第2条関係)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | 町営住宅入居申込書 | | | | | | | | | | | | | | | | | | | 希望団地 | | | | 団地 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 年度 | |  | | | | | 受付番号 | | | | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 吉富町長　　　　様  　町営住宅入居の承認を受けたいので、関係書類を添付して次のとおり申込みます。  　なお、この申込書の記載内容が事実と相違するときは申込みを無効とし、また入居後に判明したときは退去することについて異議ありません。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 年　　月　　日 | | | | | | | | | | | | |  |
| 申込者氏名 | | | | 印 | | | | | | | | |
|  | 〒 | |  | |  | | | |  |  |  | |  |  | | | 電話番号 | | (　　) | | | | | | | | |  | | | | | 勤務先住所 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 現住所 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 勤務先名称又は職業 | | | | | | |  | | | | | | | | | | | | 勤務先電話番号 | | | | | | | | | (　　) | | | | | | | |
| 現はとに同す同居る居し親しよ族又う | | | | 続柄 | | | | 氏名 | | | | | | | 性別 | 生年月日 | | | | | | | | | | 年齢 | 個人番号 | | | | | 勤務先又は職業 | | | 年間所得額 | | | | | | 控除項目 | | | | | | | | | | | | | | | | | | 裁量項目 | | | | | | | | | |
| 年号 | | 年 | | | 月 | | | 日 | | 年分所得 | | | 所得額 | | | 特扶 | | | 老配扶 | | 障 | | 特障 | | 老年 | | | | 寡 | | | 特寡 | | 障害級 | | | 種類 | | | 級 | 種類 | | 級 |
| 本人 | | | |  | | | | | | | 男女 |  | |  | |  |  |  | |  |  |  |  | | | | |  | | |  |  | |  | | |  | | |  | |  | |  | |  | | | |  | | |  | |  | | |  | | |  |  | |  |
|  | | | |  | | | | | | | 男女 |  | |  | |  |  |  | |  |  |  |  | | | | |  | | |  |  | |  | | |  | | |  | |  | |  | |  | | | |  | | |  | |  | | |  | | |  |  | |  |
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|  | | | |  | | | | | | | 男女 |  | |  | |  |  |  | |  |  |  |  | | | | |  | | |  |  | |  | | |  | | |  | |  | |  | |  | | | |  | | |  | |  | | |  | | |  |  | |  |
| 別扶居養 | | | |  | | | |  | | | | | | | 男女 |  | |  | |  |  |  | |  |  |  |  | | | | | 単身入居該当資格 | | | 高齢 | | 身障 | | | 生保 | 被爆者 | | | | 引揚者 | | 被災者 | | 戦傷病 | | | |  | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | 男女 |  | |  | |  |  |  | |  |  |  |  | | | | |  | |  | | |  |  | | | |  | |  | |  | | | |
| 年間所得合計　　同居(扶養)親族数　　　　その他の控除額 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 審査基準日 | | | | | | | | 年　　月　　日 | | | | | | | | | | | | |  | | | | | | | |  | | | |  | |  |
| (人員－1)×　38万　　特扶　・老配扶・障害・特障　老年　　　寡・特寡  　　　　　　　　　　　　　　　　　　　　　　(15万)(10万)(27万)(35万)(50万以下)(27万以下)  　　　　　　　　　　　円－　　　　　　　　円－(　　　　　　　　　　　　　　　)=A　　A/12＝ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 収入月収 | | | | 円 | | | | | | | | 分位 | | | | | | |  | | | | | |  | | | | |  |
| 連帯保証人 | | | | | | 現住所 | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | 申込の理由 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | 氏名 | | | | | | | | | | | 印 | | | | | | | | | | | | 生年月日 | |  | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 勤務先住所 | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| 勤務先名称又は職業 | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
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　　＊連帯保証人は、独立の生計を営むもので入居者等と同程度以上の収入がある者、また、税金等の滞納者は保証人にはなれません。