张槎街道保障性租赁住房

申

请

书

申请编号：（ ）

申 请 人：

联系电话：

用人单位：

填表日期： 年 月 日

注意事项

1. 申请人应如实填写申请表信息。申请人及共同申请人的配偶、受教育期间的子女的信息请如实填写在“直系亲属”一栏中，用于审核申请人家庭的资格。

二、申请家庭填表前请认真阅读各项说明，按说明要求填写。

三、申请表一律使用黑色钢笔或炭素笔等工整填写，铅笔填写无效。

**保障性租赁住房申请表**

填表日期： 年 月 日

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **申请人** | **基本情况** | 姓 名 | |  | 性 别 | |  | 证件  类别 | □身份证 □护照 □其他：\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 号码 | | |  |  |  |  | |  |  | |  | | |  |  | |  |  |  |  | |  | |  |  |  |  |
| 出生日期 | |  | 年龄 | | |  | 文化程度 | | | |  | | | | | | | | | | | | | | 职称或技术资格 | | | | | |  | | | |
| 户籍地址 | |  | | | | | | | | | | | | | | | | | | | | | 外籍人员 | | | | | | | □是 □否 | | | | |
| 居住地址 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 工作单位 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 婚姻状况 | | □已婚 □未婚 □离异 □丧偶 | | | | | | | | | 联系电话 | | | | | |  | | | | | | | | | | | | | | | | | |
| 保障对象分类 | | □禅城区户籍居民 □新市民（积分入住人员） □(青年)就业无房职工 □外来务工人员 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **是否缴纳本区社会保险** | | | | | □是（代缴单位名称： ） □否 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **直系亲属1情况** | **基本情况** | 姓 名 | |  | 性 别 | |  | 证件  类别 | □身份证 □护照 □其他：**\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 号码 | | |  |  |  |  | |  |  | |  | | |  |  | |  |  |  |  | |  | |  |  |  |  |
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| 就业情况 | | □在职 □待业 □失业 □离退休 □灵活就业 □其他 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **直系亲属2情况** | **基本情况** | 姓 名 | |  | 性 别 | |  | 证件  类别 | □身份证 □护照 □其他：**\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **申请家庭**  **总情况** | | | 家庭人口 |  | | | | | | | 申请居住人口数量 | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| **初审意见** | | | 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **复审意见** | | | 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **分管领导终审意见** | | | 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |