江阴市住房保障家庭收入认定申请表

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| **申请人基本信息** | | | | | | | | | | | | | |
| 姓名 |  | | 性别 |  | 民族 | | |  | 婚姻状况 |  | 家庭人数 |  | |
| 身份证号码 |  | | 工作单位 |  | | | | | 联系电话 |  | | | |
| 户籍    地址 |  | | 现居住地址 | |  | | | | | 邮政编码 |  | | |
| 家庭    类型 | 低保□ 特困□ 重残□ 低保重残□ 特困重残□ 市级以上劳模□  　　市福利院成年孤残儿□ 烈属□ 孤寡老人□ 其他□ | | | | | | | | | | | | |
| 申请保障类别 | 廉租住房实物配租£ 廉租房租赁补贴□ 公租住房实物配租□  　　经济适用住房实物配购□ | | | | | | | | | | | | |
| **申请人家庭成员情况** | | | | | | | | | | | | | |
| 称谓 | 姓名 | 性别 | 身份证号码 | | | 户籍地址 | | | 工作单位或学校 | | | | 健康    状况 |
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| **家庭困难情况及原因** | | | | | | | | | | | | | |
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| 申请人（签字）： | | | | | | | 日期：            年      月      日 | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |