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| 様式第24号 | | | | | | | |  | |  | | | |  | | | | | | |  | | | | |  | | | |  | | |  | | |
|  | | | | | | | | | 世帯状況・収入等申告書 | | | | | | | | | | | | | | | | | | | |  | | | | | | |
| 時津町長　殿 | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
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| 申告年月日 | | | | | | | 令和 年 月 日 | | | | | | | | | |  | | |  | | | | | | | | | | | | | |  | |
| 申告者（保護者）住所 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| （保護者）氏名 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 次のとおり申請します。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| １　世帯の状況等について | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | 氏　名 | | | | | | | | 生年月日 | | | | | | | | | | | 本人との関係 | | | | | | | | | 市町村民税の状況 | | | | |
| 申請者 | | |  | | | | | | | |  | | | | | | | | | | | 本人 | | | | | | | | | □課税　□非課税 | | | | |
| 世帯主 | | |  | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | □課税　□非課税 | | | | |
| 世帯員 | | |  | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | □課税　□非課税 | | | | |
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| ２　申請者の収入の状況について | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | （以下の(1)(2)の部分は、医療型個別減免・補足給付（施設入所者に限る。）を申請する場合のみ  記入してください。） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| （１）合計所得金額の状況 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 合計所得金額 | | | | | | 円 | | | | | | | |  | | | |  | | | | | | | | | | | | | | | | |
| （２）収入等の状況 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 収入（Ａ）（年収） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 区分 | 種　　類 | | | | | | | | | | | | | | | | | | | | | | | | | | 収入額 | | | | | | | |
|  | 稼得等収入 | 障害年金等（障害基礎年金、障害厚生年金、障害共済年金、特別障害給付金、障害を事由に支給される労災による年金等、遺族基礎年金、遺族厚生年金、遺族共済年金、老齢基礎年金、老齢厚生年金等） | | | | | | | | | | | | | | | | | | | | | | | | | | 円 | | | | | | |  |
|  | 特別児童扶養手当等（特別障害者手当、障害児福祉手当、経過的福祉手当、特別児童扶養手当） | | | | | | | | | | | | | | | | | | | | | | | | | | 円 | | | | | | |  |
|  | 工賃等収入 | | | | | | | | | | | | | | | | | | | | | | | | | | 円 | | | | | | |  |
|  | その他の収入（　　　　　　　　　　） | | | | | | | | | | | | | | | | | | | | | | | | | | 円 | | | | | | |  |
|  | その他  収入 | 仕送り収入 | | | | | | | | | | | | | | | | | | | | | | | | | | 円 | | | | | | |  |
|  | 不動産等による家賃収入 | | | | | | | | | | | | | | | | | | | | | | | | | | 円 | | | | | | |  |
|  | その他の収入（　　　　　　　　　　） | | | | | | | | | | | | | | | | | | | | | | | | | | 円 | | | | | | |  |
|  | 必要経費（Ｂ） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 種　　類 | | | | 内　　容 | | | | | | | | | | | | | | | | | | | | | | | 金　額 | | | | | | | |
|  | 租　　　税 | | | |  | | | | | | | | | | | | | | | | | | | | | | | 円 | | | | | | |  |
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|  | 社会保険料 | | | |  | | | | | | | | | | | | | | | | | | | | | | | 円 | | | | | | |  |
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| 申告書提出者 | | | | □申告者本人　　□申告者本人以外（下の欄に記入） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| フリガナ | | | |  | | | | | | | | | | | | | | | | | | | 申請者  との関係 | | | |  | | | | | | | | |
| 氏名 | | | |  | | | | | | | | | | | | | |  | | | | |
| 住所 | | | | 〒 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | 電話番号 | | | | | | | | |  | | | | | | | | | | |
| （記入上の注意） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| １．収入のうち証明書等があるものは、この申請書に必ず添付して下さい。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ２．書ききれない場合は、余白に記入するか又は別紙に記入の上添付して下さい。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ３．不実の申告をした場合、関係法令により処罰される場合があります。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

同　意　書

　自立支援給付の支給決定のために必要があるときは、私の所得、課税及び控除の状況、生活保護受給状況、介護保険受給状況について確認することに同意します。

令和　　年　　月　　日

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時津町長　様

　標記の同意について、利用者本人が１８歳以上の場合は本人と配偶者のみ、利用者本人が１８歳未満の場合は、住民票上同一世帯の方全員の署名・押印をお願いいたします。