湖南生物机电职业技术学院

家庭经济困难学生认定申请表

院系： 专业： 年级： 班级：

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| 学生基本信息 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓名 |  | | | | 性别 | |  | | | 民族 | |  | | | | 出生  年月 | | | | |  | | | | | | 健康  状况 | | |  |
| 身份证号 |  | | | | | | | | 籍贯 | |  | | | | | | 家庭人口(含共同生活并履行赡养义务的祖辈) | | | | | | | | | | |  | | |
| 本人联系  电话 | |  | | | | | | | 家长联系电话 | | | | |  | | | | | | | | | | 是否跨省 | | | | □是□否 | | |
| 脱贫家庭学生（原建档立卡户） | | | | □是 □否 | | | | | | | | | | 脱贫状态 | | | | | | | | □未脱贫  □已脱贫（继续享受政策）  □返贫 | | | | | | | | |
| 致贫困原因 | | | |  | | | | | | | | | | | | | | 脱贫年度 | | | | | |  | | | | | | |
| 边缘易致贫家庭学生 | | | □是□否 | | | | | | 致贫风险 | | | | |  | | | | | | | | | | 风险是否已消除 | | | | | □是□否 | |
| 脱贫不稳定家庭学生 | | | □是□否 | | | | | | 返贫风险 | | | | |  | | | | | | | | | | 风险是否已消除 | | | | | □是□否 | |
| 城乡低保学生  □是□否 | | | | 人员身份类别 | | | | | | | | | | □城市低保  □农村低保 □城市特困  □特困人员救助供养 □农村特困  □临时救助 | | | | | | | | | | | | | | | | |
| 孤儿学生 □是□否 | | | | 残疾学生□是□否 | | | | | | | | | | 残疾人证号 | | | | | | | |  | | | | | | | | |
| 残疾人类型 | | | | □视力□听力□言语□肢体□智力□精神□多重 | | | | | | | | | | | | | | | 鉴定残疾等级 | | | | | | | □一级□二级  □三级□四级 | | | | |
| 家庭基本信息 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 家庭常驻通讯地址及邮编（精确到镇乡组号） | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓名 | 年龄 | | 称谓 | | | 工作（学习）单位 | | | | | | | | | | | | | | 职业 | | | | | 年收入（万元） | | | | 健康状况 | |
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| 影响家庭经济状况有关信息 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 家庭人均年收入情况 | | | | | 家庭人均年收入 元。 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 家庭资产情况 | | | | | 住房 | | | □无 □有 | | | | | | | | | | | | | | | | | | | | | | |
| 住房一 | | | | | | | 地址： | | | | | | | | | | | | | | | |
| 住房二 | | | | | | | 地址： | | | | | | | | | | | | | | | |
| 住房三及以上 | | | | | | | 地址： | | | | | | | | | | | | | | | |
| 小轿车 | | | □无 □有 | | | | | | | | | | | | | | | | | | | | | | |
| 品牌型号 | | | | | | |  | | | | | | | | 购买时间 | | | | |  | | |
| 其他投资情况 | | | | | | | | 持有股票 | | | | | | | □无 □有 | | | | | | | | 情况描述： | | | | | | | |
| 持有债券 | | | | | | | □无 □有 | | | | | | | | 情况描述： | | | | | | | |
| 购买商业门面 | | | | | | | □无 □有 | | | | | | | | 情况描述： | | | | | | | |
| 开办企业等  经济实体 | | | | | | | □无 □有 | | | | | | | | 情况描述： | | | | | | | |
| 家庭遭受自然灾害或突发意外情况 | | | □是□否，情况描述： | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 家庭欠债情况 | | | □是□否，情况描述： | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 家庭成员因残疾、年迈  而劳动力弱情况 | | | | | | | | □是□否，情况描述： | | | | | | | | | | | | | | | | | | | | | | |
| 家庭成员患病及治疗情况 | | | | | | | | □是□否，情况描述： | | | | | | | | | | | | | | | | | | | | | | |
| 上一学段获取学生资助情况 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 资助项目 | | | | | | | | 资助金额 | | | | | | | | | | | | | | | 获取资助时间（年月） | | | | | | | |
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| 本人诚信承诺 | | | 学生本人（或监护人）签字： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 班级民主评议意见 | | | 民主评议小组负责人签字： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 二级学院审核意见  单位公章：  年 月 日 | | | | | | | | | | | | | 学院复核意见  单位公章：  年 月 日 | | | | | | | | | | | | | | | | | |

注：1.院系、专业、年级、班级可根据实际情况选择性填写；

2.本人需要手写诚信承诺“本人承诺上述所填写信息以及提供的相关材料真实有效，并向学校申请家庭经济困难学生认定。如有虚假，愿承担相应责任。”。

3.此表填写完成，请在开学后第一时间交于辅导员或班主任。