**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

填表说明扫码可见（微信、QQ均可）

学院： 年级： 专业：

学号： 班级：

（以上信息都请与各学院在湖南省智慧资助服务平台内登记的全称一致）

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| **学生基本信息** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓 名 | |  | | | | | 性别 | |  | | | 民族 | | | | 族 | | | 出生  年月 | | |  | | | | 健康  状况 | |  |
| 身份证号 | |  | | | | | | | | | | 籍贯 | | | |  | | | 本人联系电话 | | | | | | |  | | |
| 家长联系电话 | | | |  | | | | | | | | 家庭人口(含共同生活并履行赡养义务的祖辈) | | | | | | | | | | | | | | |  | |
| **原农村建档立卡家庭学生** | | | | | | | □是□否 | | | | | **低保家庭学生** | | | | | | | □是□否 | | | | **特困供养学生** | | | | □是□否 | |
| **孤儿** | □是□否 | | | **家庭经济困难残疾学生** | | | | | | | | | | | □是□否 | | | | **残疾类别及等级** | | | | | | | 残疾 级 | | |
| **家庭经济困难残疾人子女** | | | | | | | □是□否 | | | | | **烈士子女** | | | | | □是□否 | | | | **建档立卡困难职工子女** | | | | | | □是□否 | |
| **边缘易致贫家庭学生** | | | | | | □是□否 | | | | **突发严重困难家庭（全国防返贫监测信息系统）学生** | | | | | | | | | | | | | | | | | □是□否 | |
| **家庭主要成员基本信息** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 家庭常驻通讯地址及邮编 | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| 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。 | | | | | | | | | | | | | | | | | |
| 家庭主要收入来源 | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| 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： | | | |
| 家庭遭受自然灾害情况 | | | | | | | | | | | □是□否，情况描述： | | | | | | | | | | | | | | | | | |
| 家庭遭受突发意外情况 | | | | | | | | | | | □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： | | | | | | | | | | | | | | | |
| 其他对家庭经济影响重大的信息（选填） | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| 上一学段或学年获得资助情况（含国家资助、社会资助、地方资助、校内资助等） | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 资助项目名称 | | | | | | | | | | | | | 资助金额 | | | | | | | | | | | 获取资助时间（年月） | | | | |
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| 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。  学生签字： 年   月  日 | | | | | | | | | | | | | | | | | | | | | | | |
| 班级民主评议意见 | | | | | 认定等级：□特别困难 □困难 □一般困难 | | | | | | | | | | | | | | | | | | | | | | | |
| 认定原因（主要原因，限20字以内）：  。 | | | | | | | | | | | | | | | | | | | | | | | |
| 其他意见（选填）： | | | | | | | | | | | | | | | | | | | | | | | |
| 本班级严格按照文件精神开展家庭经济困难学生认定工作，坚持四项认定工作原则，评议小组成员结构合理，认定工作程序规范。评议小组已对认定对象提交的申请材料进行了认真核实，并客观公正地综合考虑了学生日常消费情况以及影响家庭经济状况的有关因素，经民主评议小组会议集中讨论通过，初步确定上述认定等级。  民主评议小组负责人（辅导员）签字： 年   月  日 | | | | | | | | | | | | | | | | | | | | | | | |
| 二级学院意见 | | | | | 认定工作组组长签字： 学院公章 年   月  日 | | | | | | | | | | | | | | | | | | | | | | | |
| 学校认定意见 | | | | | 单位公章 年   月  日 | | | | | | | | | | | | | | | | | | | | | | | |