第２号様式

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 年　　月　　日  すみだセーフティネット住宅入居申込書  　墨田区長　あて  　　下記の住宅に入居したいので、すみだすまい安心ネットワーク事業実施要綱第８条第１項の規定に基づき申し込みます。  なお、この申込書の記載内容が事実と相違するときは、入居者の決定を取り消されても異議のないことを誓約します。また、下記の情報を賃貸人に提供することについて同意します。  記   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 申込住宅名 | |  | | | | | | | | | 部屋番号 | | | |  | | 申込区分 | | 高齢者・障害者・ひとり親・子育て者・新婚・その他（　　　　　　　） | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | 申  　込  　　者 | 郵便番号 |  | | | | 電話番号 | |  | | | | | | | | | 住　　所 | 墨田区 | | | | | | | | | | | | | | | フリガナ |  | | | | | | | | | | | | | | | 氏　　名 |  | | | | | | | | | | | | | | | 入居しようとする人数 | | | | | 人 | | 区内居住年数 | | | | | 年 | | | |  | | | | | | | | | | | | | | | | | 入居しようとする世帯の構成 | | | | | | | | | | | | | | | | | フリガナ | | 続  柄 | 性  別 | 生年月日  （満年齢） | | 年間所得金額 | 特別控除 | | | 職業 | | | | 勤務先  就職日又は開業日 | | | 氏　　名 | | | 申 込 者 | | 本  人 | 男  ・  女 | 年 　月 　日  （ 歳） | | 円 | 老扶・特扶  普障・特障  寡婦・ひとり親 | | |  | | | | 名称  電話  　年　　月　　日 | | |  | |  | 男  ・  女 | 年 　月 　日  （ 歳） | | 円 | 老扶・特扶  普障・特障  寡婦・ひとり親 | | |  | | | | 名称  電話  　年　　月　　日 | | |  | | |  | |  | 男  ・  女 | 年 　月 　日  （ 歳） | | 円 | 老扶・特扶  普障・特障  寡婦・ひとり親 | | |  | | | | 名称  電話  　年　　月　　日 | | |  | | |  | |  | 男  ・  女 | 年 　月 　日  （ 歳） | | 円 | 老扶・特扶  普障・特障  寡婦・ひとり親 | | |  | | | | 名称  電話  　年　　月　　日 | | |  | | |  | |  | 男  ・  女 | 年 　月 　日  （ 歳） | | 円 | 老扶・特扶  普障・特障  寡婦・ひとり親 | | |  | | | | 名称  電話  　年　　月　　日 | | |  | | | 合計　 　人 | | 年間所得金額合計（Ａ） | | | | 円 | 入居しないが申込者  又は同居親族の所得  税法上の扶養親族数  （遠隔地扶養） | | | | | | | 人 | | | 特別控除額合計（Ｂ） | | | | 円 | | 差引所得金額（Ａ－Ｂ） | | | | 円 | |  | | | | | | | | | | | | | | | | | 緊急連絡先 | | 氏名 | | |  | | | | 申込者との関係 | | |  | | | | | 住所 | | |  | | | | | | | | | | | | 電話番号 | | |  | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | 特 記 事 項 | |  | | | | | | | | | | | | | | |