**《一次性临时生活补助申请表》**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 姓名 |  | | | | | | | | | | | | 性别 | | | | | | |  | | | | | | | | | | | | | （近期一寸免冠照片） | | | | | | | | | | | |
| 出生年月 |  | | | | | | | | | | | | 学历 | | | | | | |  | | | | | | | | | | | | |
| 毕业院校 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 家庭住址 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 身份证号 |  | |  | |  | |  | | |  | |  | | |  | |  | | | |  | |  | |  | | |  | |  | |  | | |  | | |  | |  | |  | |
| 联系电话 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 社会保障卡银行账户或本人银行账户 |  |  | |  | |  | | |  | |  | | |  | |  | | |  | | |  | |  | |  | | |  | |  | | |  | |  | | |  | |  | |  | | |
| 申请人类别 | 符合条件的企业下岗、待岗职工□ 符合条件的登记失业人员：女性四十五周岁、男性五十五周岁以上的人员□ 城镇零就业家庭成员□ 持有《中华人民共和国残疾人证》人员□ （请在相应类别后□打“√”） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 工作单位 | （下岗、待岗职工填写现工作单位，登记失业人员填写失业登记前工作单位） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 本人所在家庭是否享受最低生活保障 |  | | | | | | | 本人是否享受公益性岗位补贴、社会保补贴 | | | | | | | | | |  | | | | | | | | | 是否办理 失业登记 （限登记失业人员填写） | | | | | | | | | |  | | | | | | | |
| 办理失业 登记时间 |  | | | | | | | 是否领取 失业保险金 | | | | | | | | | |  | | | | | | | | | 领取失业 保险金时间 | | | | | | | | | |  | | | | | | | |
| 申请理由 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| 申请人签字 | 以上所有信息均由本人填写，保证所填信息及所提供材料均真实准确有效，如有缺失或错误，均由本人承担一切后果及法律责任。    申请人：   年 月 日 |
| 人力资源社会保障公共就业服务机构审核意见 | 年 月 日 |