## 临时救助申请表

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| 申请人姓名 |  | | 身份证号 |  | | | | | | | | 联系电话 |  |
| 家庭住址 |  | | | | | | | | | | | | |
| 人员类别 | □特困 □低保  □低保边缘家庭、支出型困难家庭 | | | | | | □孤儿或事实无人抚养儿童  □其他对象 | | | | | | |
| 开户银行 |  | | 开户人姓名 | | |  | | | 银行账号 | |  | | |
| 家庭人数 |  | | 家庭年收入 | | |  | | 刚性支出 | | |  | | |
| 家庭成员主要情况 | | | | | | | | | | | | | |
| 姓名 | 与申请人关系 | 身份证号 | | | 性别 | | 民族 | | | 婚姻状况 | | 工作单位（就业情况） | |
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| 申请临时救助原因：  申请人（签字）：  年 月 日 | | | | | | | | | | | | | |