様式第１（第３条関係）

　年　　　月　　　日

　鹿児島市長　殿

　　　　　　　　　　　　　　　　　申請者　住所

　　　　　　　　　　　　　　　　　　　　　氏名

　　　　　　　　　　　　　　　　　　　　　生年月日　　年　　月　　日　　歳

重度身体障害者福祉電話貸与申請書

　身体障害者福電話の貸与を受けたいので、下記のとおり申請します。

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 家　族　状　況　等 | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | 障害の内容 | 身体障害者手帳番号 | | | 年　　月　　日　交付 | | | | 障害名 | | | | 障害  等級 | 級 | | 世 帯 の 状 況 | 氏名 | 年齢 | 続柄 | 備考 | | | |  |  | 本人 |  | | | |  |  |  |  | | | |  |  |  |  | | | |  |  |  |  | | | |  |  |  |  | | | |  |  |  |  | | |  |  |  | | --- | --- | | 家屋の状況 | 持家　　　借家　　　間借 | | 所得の状況 | 所得非課税世帯　　　生活保護世帯 |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | 連絡先 | 氏名 | 年齢 | 続柄 | 住所 | 電話 | |  |  |  |  |  | |  |  |  |  |  | |

※添付書類　当該身体障害者が属する世帯全員の前年分所得税の非課税を証明する書類