**Family Structure and Household Income**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| フリガナ | | | | | | | Male  ・  Female | Department/Course  （School/Major） | | | | | | | | |
| Name | | | | | | |
| Date of Birth(D/M/Y)  Age（　　　 ） | | | | | | | | |
| Present  Address | 〒　　　　－ | | | | | | | Phone (Home) | | | | | | Phone(Emergency) | | |
| Information of family members (excluding those enrolled in school education) | | | | | | | | | | | | | | | | |
| Relationship | | Name | | | Age | Occupation | | Number of  Years  Employed | | Company | Monthly Income  / yen | | Office Use  （円） | | Income from Other Sources / yen | Office Use  （円） |
| Father | |  | | |  |  | |  | |  |  | |  | |  |  |
| Mother | |  | | |  |  | |  | |  |  | |  | |  |  |
| At home, do you live with your father　and/or　mother? Yes / No ( ) | | | | | | | | | | | | | 計 | |  | 計 |
| Does the person(s) who primarily support(s) the household live with the family? Yes / No | | | | | | | | | | | | |  |
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|  | |  | | |  |  | |  | |  |  | |  | |  |  |
| Information of family members who are enrolled in school education | | | | | | | | | | | | | | | | |
| Relationship | | Name | Age | | | Name of the School in which he/she is Presently Enrolled | | | | | | | Grade | | Does she/he live at home or away from the family? | |
| Applicant | |  |  | | | National University Corporation, Niigata University (Graduate School) | | | | | | |  | | Away from the family | |
|  | |  |  | | |  | | | | | | |  | | At home / Away | |
|  | |  |  | | |  | | | | | | |  | | At home / Away | |
|  | |  |  | | |  | | | | | | |  | | At home / Away | |
| Please provide information of a disabled family member if there is any. | | | | | | | | | | | | | | | | |
| Type of Disability | | | | Public Registration Number for the Disabled | | | | Relationship to the Applicant | | | | How long has this family member has been medically treated? | | | | |
| * Physical and/or Psychological * Atomic Bomb Exposure * Long-term Care | | | |  | | | |  | | | | She/he has been under medical care since:  Annual medical expenses : Yen | | | | |
| Please describe how you commute to Niigata University from home (if you presently live within Niigata Prefecture). | | | | | | | | | | | | | | | | |
| Means of Transportation  (Train, bus, on foot, etc.) | | | Section | | | | | | Time Required | | | Provide any special reasons that prevent you from commuting to the university from home if any. | | | | |
|  | | | Home（in Niigata） ～ | | | | | | hr min. | | |  | | | | |
|  | | | ～ | | | | | | hr min. | | |
|  | | | ～ | | | | | | hr min. | | |
|  | | | ～ | | | | | | hr min. | | |
| Total Commuting Time | | | | | | | | | hr min. | | |

**Office Use**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 大学  使用欄 | 就学者 | 小 | 中 | 高 | 高専 | 専修 | 大 | 合計 |
| 人数 |  |  |  |  |  |  | 人 |
| 控除金額 |  |  |  |  |  |  | 万円 |
| 母（父）子世帯　　　　　　　　　　　　　　　　　　　　万円 | | | | 1. 総所得金額　　　　　　　　　　　　　　　　　　　　　　　万円 | | | |
| 傷害関係　　　　　　　　　　　　　　　　　　　　　　　万円 | | | | 1. 特別控除額合計　　　　　　　　　　　　　　　　　　　　　万円 | | | |
| 主たる家計支持者の別居又は災害　　　　　　　　　　　　万円 | | | | 1. 認定総所得金額（ア－イ）　　　　　　　　　　　　　　　　万円 | | | |
| イ）特別控除額合計　　　　　　　　　　　　　　　　　　万円 | | | | 1. 基準額（　　　人）　　　　　　　　　　　　　　　　　　　万円 | | | |