**Family Structure and Household Income**

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| --- | --- | --- |
| フリガナ | Male・Female | Department/Course（School/Major） |
| Name |
| Date of Birth(D/M/Y)Age（　　　 ） |
| PresentAddress | 〒　　　　－ | 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
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