**Family Structure and Household Income**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| フリガナ | | | | | | | Male  ・  Female | | Department/Course  （School/Major） | | | | | | | | |
| Name | | | | | | |
| Date of Birth(D/M/Y)  Age（　　　 ） | | | | | | | | |
| Family  Address  (Home) | 〒 | | | | | | | | Phone (Home) | | | | | | Phone(Emergency) | | |
| Information of family members (excluding those enrolled in school education) | | | | | | | | | | | | | | | | | |
| Relationship | | Name | | | Age | Living together or not | | Year and month of starting work | Occupation | | | Monthly Income  /yen | | Office Use  （円） | | Income from Other Sources/　yen | Office Use  （円） |
| Father | |  | | |  |  | |  |  | | |  | |  | |  |  |
| Mother | |  | | |  |  | |  |  | | |  | |  | |  |  |
|  | |  | | |  |  | |  |  | | |  | |  | |  |  |
|  | |  | | |  |  | |  |  | | |  | |  | |  |  |
|  | |  | | |  |  | |  |  | | |  | |  | |  |  |
| \*Please put a circle next to the primary household supporter. | | | | | | | | | | | | | | Total | |  | Total |
| Information of family members who are enrolled in school education (excluding the applicant) | | | | | | | | | | | | | | | | | |
| Relationship | | Name | Age | | | Name of the school in which he/she is presently enrolled | | | | | | | | Year | | Does she/he live at home or away from the family? | |
|  | |  |  | | |  | | | | | | | |  | | At home / Away | |
|  | |  |  | | |  | | | | | | | |  | | At home / Away | |
|  | |  |  | | |  | | | | | | | |  | | At home / Away | |
|  | |  |  | | |  | | | | | | | |  | | At home / Away | |
|  | |  |  | | |  | | | | | | | |  | | At home / Away | |
| Please provide information of a disabled family member if there is any. | | | | | | | | | | | | | | | | | |
| Type of disability | | | | Relationship to the applicantelationship to the applicant | | | | | | | | | Duration of medical treatment | | | | |
| * Physical and/or psychological * 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.) | | | Route | | | | | | | 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 | | | |
| 障害関係　　　　　　　　　　　　　　　　　　　　　　　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 | | | |