**Family Structure and Household Income**

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