附件2

**生活困难的教职工党员补助申请表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 姓 名 |  | | | | | 性别 | | |  | | 单位 | | |  | | | 职务 | | |  | | | | 月平均收入  （含课时费等） | | | | （先由本人填写，再由有关部门共同审核） | | |
| 本人联系电话 | | | | |  | | | | | | | | | 家庭具体住址 | | | | |  | | | | | | | | | | | |
| 爱人姓名 | | | |  | | | | | | | 单位 | | |  | | | 职务 | | |  | | | | 月平均收入 | | | |  | | |
| 家庭其他收入  及困难  情况  (由本人填写) | | （注：请对照条件，把有关情况填写清楚） | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **中行卡号** | |  |  | | | |  |  | |  | |  |  | |  |  | |  |  | |  |  |  | |  |  |  | |  |  |
| 支  部  意  见 | | 党支部书记签字：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 二  级  党  组  织  意  见 | | （盖章）  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 意 见  组织部 | | （组织部盖章）  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |