**INFORME SOCIOECONÓMICO**

**BECA DEPORTIVA ILUSTRE MUNICIPALIDAD DE LA UNIÓN 2021**

**I) Datos Personales Postulante:**

Nombre:

Rut:

Domicilio:

Teléfonos:

Correo Electrónico:

**II) Datos grupo familiar:**

Número de Integrantes del Grupo Familiar: \_\_\_

**Identificación del Grupo Familiar:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Nombre Completo** | **Rut** | **Parentesco con postulante** | **Edad** | **Escolaridad** | **Ocupación/es** | **Promedio ingreso mensual** |
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**Condición de Salud del Grupo Familiar:**

Posee integrantes con enfermedad crónica o grave: SI:\_\_\_\_ NO: ­­­­\_\_\_\_

Especificar integrante y la enfermedad:

**Patrimonios familiares:**

**Tenencia de vivienda (marque con una X).**

Propietario\_\_\_\_\_ Arrendatario\_\_\_\_\_ Allegado\_\_\_\_\_ Usufructuario\_\_\_\_\_

**Posesión de vehículos:**  SI\_\_\_\_\_ Cantidad \_\_\_\_\_ Año \_\_\_\_\_\_\_\_

 NO\_\_\_\_\_

**Ingresos del Grupo Familiar:**

Total Ingresos del Grupo Familiar: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ingreso per cápita del grupo familiar: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Registro Social de Hogares: SI\_\_\_\_ NO\_\_\_\_\_

Rango de Vulnerabilidad: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OBSERVACIONES:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**OPINIÓN PROFESIONAL:**

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* Se debe adjuntar Certificado del Registro Social de Hogares.

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 **Firma y Timbre de Asistente Social**

Fecha: \_\_\_/\_\_\_\_ de 2021