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| Vardas |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| Pavardė |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| Asmens kodas |  |  |  |  |  |  |  |  |  |  |  |  |
| Deklaruotos gyvenamosios vietos adresas | | | | | | | | | | | | | |
| Faktinės gyvenamosios vietos adresas | | | | | | | | | | | | | |

Kaišiadorių rajono savivaldybės administracijos

Socialinės paramos skyriui

PRAŠYMAS VIENKARTINEI PAŠALPAI GAUTI

20\_\_\_ m. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ d.

**Prašau skirti vienkartinę pašalpą** *(reikalingą atvejį pažymėkite* 🗵*)***:**

🞏 gaisro ar kitos stichinės nelaimės atveju \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(nurodyti nuostolius, t.y. netekus viso nekilnojamojo turto, dalies gyvenamojo

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namo ir namų apyvokos daiktų, netekus ūkinio pastato bei namų apyvokos daiktų ir kitą paramai gauti reikalingą informaciją)

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🞏 ligos atveju \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(pateikti informaciją apie gydymą, operaciją, nekompensuojamus vaistus ir kitą informaciją apie turėtas išlaidas)

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🞏 tiflopriemonės, surdopriemonės ar brangiai kainuojančio aktyvaus tipo vežimėlio arba elektrinio vežimėlio įsigijimo atveju \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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🞏 šeimos narių mirties atveju \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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🞏 grįžus iš įkalinimo įstaigos

🞏 asmens tapatybę patvirtinantiems dokumentams sutvarkyti

🞏 asmenims, kuriems sukako šimtas metų

🞏 kitais atvejais\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Nurodau, kad mano (mano šeimos) pajamos:

|  |  |  |
| --- | --- | --- |
| Pajamų rūšies pavadinimas | Pajamos (Eur) | |
| Vyras | Moteris |

|  |  |  |
| --- | --- | --- |
| Su darbo santykiais susijusios pajamos ar nedarbo socialinio draudimo išmokos |  |  |
| Pensijos (senatvės, šalpos, netekto darbingumo ir kt) |  |  |
| Tikslinės kompensacijos (slaugos arba priežiūros (pagalbos), transporto išlaidų ir kt.) |  |  |
| Piniginės lėšos, gautos vaikui išlaikyti (Vaiko išlaikymo fondo išmoka, alimentai) |  |  |
| Pašalpos, socialinės išmokos |  |  |
| Kitos pajamos |  |  |

TVIRTINU, kad pateikta informacija teisinga.

ESU INFORMUOTAS, kad, nuslėpus ar pateikus neteisingus duomenis apie gaunamas pajamas, šeimos sudėtį ir kitus paramai gauti reikalingus duomenis, parama gali būti neskirta.

PRIDEDAMI DOKUMENTAI: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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(parašas) (vardas, pavardė)