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| **安居型商品房备案回执号** | XX1234567 |

**海口市安居型商品住房申请表**

**申报人：**

**填表日期： 年 月 日**

**填表说明**

**一、申请家庭（含单身居民）填表前请认真阅读填表说明，并按说明要求如实填写。**

**二、申请人填写申请表时请一律使用黑色钢笔或炭素笔，涂改无效。**

**三、本表为本市安居型商品住房申请审核管理工作专用表格，申请人及家庭成员应符合海口市申请安居型商品住房的相关规定，并依照有关规定提供相关的证明材料。**

**四、表格填写注意事项**

**（一）表中需填写的各项数字、序号均为阿拉伯数字。**

**（二）表中所指“年”为公元纪年，填写四位数；“月”、“日”填两位数，不足两位者前面补“0”。**

**（三）居民身份证号码：从左至右依次填写。军人填写军人身份证号码。**

**（四）申请人的手机号码（表第一部分第5项）必须填写，该手机号码为申请家庭的主要联系电话，请申请人务必保持该手机畅通。**

**（五）婚姻证明包括结婚证、离婚证、法院调解书或判决书、无婚姻状况证明文件等。**

**（六）户籍所在地详细地址请填写户口本上的“住址”内容，现居住地详细地址须填写地址所在区、街（路）、住宅区名称、栋号、房号。如：秀英区红荔西路XX花园XX栋XX号。**

**（七）表中所称人才，属高层次人才（含柔性引进）、急需紧缺人才的，须经市委人才发展局核准认定；除此以外的其他人才，须经市人力资源和社会保障部门核准认定。**

**（八）如有共同申请人，则应在对应附表中填写其他共同申请人信息，并与申请表一并提交。**

**（九）提交书面申请材料时，申请人和配偶均需亲自到申请受理现场。申请人须在申请表“申请人签名、手印”处签名并按手印，共同申请人应当在本人应当填写部分的“共同申请人签名、手印”处签名并按上手印；未成年人、无民事行为能力或限制民事行为能力的共同申请人，在填写申请表格时，其签名及按手印由其监护人代为签署。**

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| **诚信声明**  1、本人同意并授权及配合相关申请资格审核部门向公安、民政、资源规划、人力资源和社会保障等部门调查核实申请人及共同申请人的相关情况；  2、本人同意将所填报《海口市安居型商品住房申请表》相关信息予以公示。  **3本人承诺：**本人已知晓《海口市安居型商品住房管理办法》规定申请条件及轮候制度，保证所填报信息和提供材料真实、准确，如有虚报、瞒报等虚假申请行为，愿意承担相应法律责任。  申请人（签名及手印）：  年 月 日 |

**第一部分：申请人填写部分（必填）**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 1.姓名 |  | 2.性别：①男②女 | | | | | | | | | | | | 3.出生日期 | | | | | | |  | | | |  | |  | | |  | | 年 | | |  | | |  | | | 月 | |  | |  | | | | 日 | |
| 4.身份证号码 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5.联系电话（手机） | |  |  |  |  | | |  |  | |  | | |  |  | |  | | |  | 6.联系电话（座机） | | | | | | | | | | | | |  | |  | | | |  | |  | |  | |  | |  | |  |
| 7.现婚姻状况：①未婚②初婚③再婚④离异 ⑤丧偶 | | | | | | | | | | | | | | | | | | | | | 8.申请人及共同申请人总数：人（配偶及子女） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9. 申请人或共同申请人是否已购买政策性住房（包括房改房、经济适用住房、限价商品房） | | | | | | | | | | | | | | | | | | | | | ①是②否 | | | | | | | | | | | | | | | | 已购买政策性住房类型： | | | | | | | | | | | | | |
| 10.申请人或共同申请人是否拥有或曾经拥有自有住房（未包含保障性住房） | | | | | | | | | | | | | | | | | | | | | ①是②否 | | | | | | | | | | | | | | | | 已有住房面积： | | | | | | | | | | | | | |
| 11.申请人或共同申请人是否存在转让（或分割）自有住房的情形 | | | | | | | | | | | | | | | | | | | | | ①是 ②否 | | | | | | | | | | | | | | | | 转让（或分割）自有住房的面积： | | | | | | | | | | | | | |
| 12.申请人或共同申请人是否已享受住房补贴 | | | | | | | | | | | | | | | | | | | | | ①是②否 | | | | | | | | | | | | | | | | 享受住房补贴类型： | | | | | | | | | | | | | |
| 13.申请人或共同申请人是否已配租政策性住房：①是②否  目前是否已暂停享受住房补贴或退出配租政策性住房：①是②否 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14.本市户籍所在区：①秀英区 ②龙华区 ③美兰区 ④琼山区 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15.现居住地所在区：①秀英区 ②龙华区 ③美兰区 ④琼山区 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16.迁入本市户籍时间： 年 月 日 （原户籍地为海口市居民不填写）  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. 户籍所在地详细地址：   （请输入户口本上的“住址”内容）： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. 现居住地详细地址： 区 街（路） 小区 单元 门牌号   （实际居住地址） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19.社会保险电脑号 | | | | | | |  | | | | |  | | | | | |  | | | | | |  | | | | |  | | | |  | | | | | |  | | | |  | | | |  | | | |
| 20.首次缴纳本市社会保险时间 | | | | | |  | | | |  | | |  | | |  | | | 年 | | | |  | | |  | | 月 | | | 21.累计缴纳本市社保总月数 | | | | | | | | | | | | | |  | | | | | |
| 22.首次缴纳本市个税时间 | | | | | |  | | | |  | | |  | | |  | | | 年 | | | |  | | |  | | 月 | | | 23.累计缴纳本市个税总月数 | | | | | | | | | | | | | |  | | | | | |
| 24.现工作单位属性：  ①财政拨款的机关事业单位（在编）②非财政拨款的机关事业单位（在编）  ③机关事业单位（编外人员）④国有企业 ⑤外资 ⑥民营企业  ⑦个体经营 ⑧失业　　⑨退休⑩其他 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 25.现工作单位名称（全称）: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 26.最高学历： ①博士研究生 ②硕士研究生 ③研究生、双学士 ④本科 ⑤大专 ⑥其他 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 27.职称类型： ①正高级 ②副高级（高级技师） ③中级（技师） ④助理级（高级技工） ⑤其他⑥无职称 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 28.申请人所属人才类别： ①普通人才 ②高层次人才 ③急需紧缺人才 ④柔性引进高层次人才 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 29.员工类别：  ①由省外整体迁入海南的企业总部或区域总部的随迁员工  ②经认定的综合型总部企业，符合我省规定的引进人才标准的员工  ③经认定的区域型总部、高成长型总部、跨国公司地区总部、国际组织（机构）地区总部或重大招商项目单位 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 30. 是否有残疾：①是②否 | | | | | | | | | | | | | | | | | | | | | | 31. 残疾情况：①一级②二级 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 32. 是否抚恤定补优抚对象：①是②否 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 33.申请人或共同申请人是否属于省、部级以上劳模 ：①是②否 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 34.申请人或共同申请人是否荣立二等功及以上的复转军人：①是②否 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 35.申请人和共同申请人现居住房鉴定是否属于D级危房：①是②否 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**第二部分：配偶（共同申请人）填写部分（必填）**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 36.姓名 |  | 37.性别： ①男 ②女 | | | | | | | | | | | | | | | | 38.出生年月 | | | | | | | | | | | | |  | |  | | |  | | |  | | | 年 | | |  | | | |  | | | 月 | | |  | | | |  | | | | 日 | |
| 39.身份证号码 | |  | |  | |  | | |  | | |  | | | | |  | | | |  | | | | | | |  | | |  | |  | | | |  | | |  | | |  | | |  | | | |  | | |  | | | |  | | | | |  | | |
| 40.联系电话（手机） | |  |  | |  |  |  | | |  | | |  | |  | | | |  | | |  | |  | | | | 41.联系电话（座机） | | | | | | | | | | | | | |  | |  | | | |  | | |  | | |  | |  | | | |  | | | |  |
| 42.现婚姻状况：　 ①未婚②初婚③再婚④离异 ⑤丧偶 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 43.迁入本市户籍时间： 年 月 日 （原户籍地为海口市居民不填写）  月  日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 44.与申请人是否为夫妻关系：①是②否 | | | | | | | | | | | | | | | | | | | | | | | | | | 45.配偶是否列为购房合同买方：①是 ②否 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 46.本市户籍所在区：①秀英区 ②龙华区 ③美兰区 ④琼山区 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 47.现居住地所在区：①秀英区 ②龙华区 ③美兰区 ④琼山区 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 48.户籍所在地详细地址：  （请填写户口本上的“住址”内容） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 49.现居住地详细地址：区 街（路） 小区 单元 门牌号  （实际居住地址） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 50.社会保险电脑号 | | | | | | | |  | | | | | |  | | | | | | | | |  | | | | | | |  | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | | | |  | | | |
| 51.首次缴纳本市社会保险时间 | | | | | | | |  | | |  | | | | |  | | | |  | | | | | 年 | | | |  | | |  | | | 月 | | | 52.累计缴纳本市社保总月数 | | | | | | | | | | | | | | | | | | | |  | | | | | | |
| 53.首次缴纳本市个税时间 | | | | | | | |  | | |  | | | | |  | | | |  | | | | | 年 | | | |  | | |  | | | 月 | | | 54.累计缴纳本市个税总月数 | | | | | | | | | | | | | | | | | | | |  | | | | | | |
| 55.现工作单位：①市、区财政拨款的机关事业单位（在编） ②市、区非财政拨款的机关事业单位（在编）  ③市、区机关事业单位（编外人员） ④国有企业 ⑤外资 ⑥民营企业  ⑦个体经营 ⑧失业　　 ⑨退休 ⑩其他 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 56.现工作单位名称（全称） | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 57.最高学历：　 ①博士研究生 ②硕士 ③研究生、双学士 ④本科 ⑤大专 ⑥其他 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 58.职称类型：　 ①正高级 ②副高级 ③中级 ④助理级 ⑤其他⑥无职称 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 59.共同申请人所属人才类别： ①普通人才 ②高层次人才 ③急需紧缺人才 ④柔性引进高层次人才 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 60.员工类别：  ①由省外整体迁入海南的企业总部或区域总部的随迁员工  ②经认定的综合型总部企业，符合我省规定的引进人才标准的员工  ③ 经认定的区域型总部、高成长型总部、跨国公司地区总部、国际组织（机构）地区总部或重大招商项目单位 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 61.是否残疾：①是②否 | | | | | | | | | | | | | | | | | | | | | | | | | | | 62.残疾情况：①一级②二级 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 63.是否抚恤定补优抚对象：①是②否 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 64.申请人或共同申请人是否属于省、部级以上劳模 ：①是②否 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 65.申请人或共同申请人是否荣立二等功及以上的复转军人：①是②否 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**第三部分：未成年子女（共同申请人）填写部分（必填）**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 66.姓名 |  | 67.性别： ①男 ②女 | | | | | | | 68.出生年月 | | | |  |  | |  | |  | | 年 | |  | |  | | 月 | |  | |  | | 日 |
| 69.身份证号码  （无身份证可不填写） | |  |  |  | |  |  |  | |  | |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |
| 70.本市户籍所在区：①秀英区 ②龙华区 ③美兰区 ④琼山区 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 71.现居住地所在区：①秀英区 ②龙华区 ③美兰区 ④琼山区 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 72.户籍所在地详细地址：  （请填写户口本上的“住址”内容） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 73.现居住地详细地址： 区 街（路） 小区 单元 门牌号  （实际居住地址） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 74.迁入本市户籍时间： 年 月 日  年  月  日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 75.与申请人关系：①夫妻 ②父子 ③父女 ④母子 ⑤母女 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 76.户籍所在地详细地址 | | | | | （请填写户口本上的“住址”内容） | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 77.现居住地详细地址 | | | | | 区 路（街） | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 78.是否残疾：①是②否 | | | | | | | | | | | 79.是否抚恤定补优抚对象：①是②否 | | | | | | | | | | | | | | | | | | | | | |
| 80.现就读学校名称：（幼儿园学历无需填写） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |