Obrazac 2.



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| grb županije | REPUBLIKA HRVATSKA  LIČKO-SENJSKA ŽUPANIJA |

Upravni odjel za društvene djelatnosti

**ZAHTJEV**

**ZA JEDNOKRATNU FINANCIJSKU POTPORU**

**ZA PODMIRENJE OSNOVNIH ŽIVOTNIH POTREBA**

Ime i prezime, OIB \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Adresa \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Broj IBAN-a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Kontakt tel. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Broj članova domaćinstva: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OIB za sve članove domaćinstva \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Radni status podnositelja zahtjeva (zaokružiti): a) zaposlen

b) nezaposlen

c) u mirovini.

Da li ste korisnik novčanih prava u Centru za socijalnu skrb:

1. ne
2. da
3. ako da navesti kojih \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Namjena jednokratne novčane potpore uz kratki opis potrebe:

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Mjesto i datum Potpis podnositelja/ice Zahtjeva:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Zahtjevu prilažem:

1. Preslika osobne iskaznice
2. Preslika kartice tekućeg ili žiro računa
3. Liječnička dokumentacija
4. Ostalo (navesti) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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