[创业场地租金补贴申请表](#a16)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 一、申请人基本信息 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓 名 |  | | | | | | | | | | | | 联系电话 | | | |  | | | | | | | | | | |
| 身份证号码 |  |  |  |  |  | | | |  |  |  | |  |  | | |  | |  | |  |  |  |  | |  |  |
| 银行账号 |  | | | | | | | | | | | 开户银行 | | | | | | | |  | | | | | | | |
| 人员类别 | □在校大学生（所在院校: 专业: ）  □毕业5年以内高校毕业生（学历: 毕业年份: ）  □登记失业半年以上人员 □就业困难人员 □自主择业军转干部  □自主就业退役士兵 □持证残疾人 □其他（ ） | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 户籍所在地址 |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 现居住地地址 |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 二、创业实体基本信息 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 登记注册类型:□企业 □个体工商户 □民办非企业单位 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 创业实体名称 |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 主要经营项目 |  | | | | | 成立日期 | | | | | | |  | | | | | 注册资本（万元） | | | | | | |  | | |
| 统一社会信用代码 |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 住所（经营地址） |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 三、租赁信息 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 场租类型 | □创业孵化基地（大学生创业园）内（填写名称\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_）  □其他（填写经营地址） \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 租赁房屋所有权人 |  | | | | | | | 租赁房屋产权证号 | | | | | | | |  | | | | | | | | | | | |
| 合同租赁期限 |  | | | | | | 实际缴纳租金金额 | | | | | | | |  | | | | | | | | | | | | |
| 租赁起止日期 |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 申请补贴金额 | 万 仟 佰 拾 元 角 分 (小写): | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 结果送达方式 | □自取 □网上自助查询 □短信送达（请填写手机号码: ）  □邮寄送达（请填写邮寄地址: ） | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 声明  本人承诺以上内容及所提供材料真实有效，如与实际情况不一致，本人愿意承担相应责任。  申请人（签名）: 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 经办机构意见:  经办人签字: （机构盖章）  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | |

备注：本表一式一份，由经办机构留存。