**Wniosek   
o skierowanie do mieszkania wspomaganego**

**ul Wazów 2/3; 63-900 Rawicz**

1. Imię i nazwisko …………….…....................................................................................................................

2. Data urodzenia ......................................................................................................................................

3. Aktualne miejsce zamieszkania .............................................................................................................

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Tel. kontaktowy……………………………………………………………………………………………………………………………………

4. Miejsce zameldowania (ostatniego stałego pobytu)............................................................................

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5. Sytuacja rodzinna (członkowie rodziny)

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6.Sytuacja mieszkaniowa i życiowa

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7. Wskazać zakres wsparcia

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8. Uzasadnienie przyznania miejsca w mieszkaniu wspomaganym

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data i czytelny podpis osoby składającej wniosek