\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(vārds, uzvārds / juridiskā persona)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(personas kods / reģistrācijas numurs)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(adrese korespondencei, pasta indekss)

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

(kontakttālrunis)

**DIENVIDKURZEMES NOVADA**

**SOCIĀLAJAM DIENESTAM**

**IESNIEGUMS**

Lūdzu piešķirt pabalstu garantētā minimālā ienākumu līmeņa nodrošināšanai (GMI).

Ar Sociālā dienesta \_\_\_\_\_\_\_\_\_\_\_\_ lēmumu Nr.\_\_\_\_\_\_\_\_\_\_\_mājsaimniecībai

(datums)

noteikts trūcīgās statuss no \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ līdz\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Pabalstu lūdzu pārskaitīt uz Kredītiestādes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

kontu Nr.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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**vai**

izmaksāt \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ kasē.

**Ar savu parakstu apliecinu, ka esmu informēts/a par manu datu izmantošanas mērķi un atļauju Dienvidkurzemes novada Sociālajam dienestam veikt manu datu apstrādi, vērsties valsts reģistros un citās datubāzēs, iegūt datus, kas tiks izmantoti informācijas pārbaudei, sociālo pakalpojumu vai sociālās palīdzības piešķiršanai un/vai ienākumu izvērtēšanai.**

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

(datums) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(paraksts)