**ANEXO IV**

**REQUERIMENTO DE ISENÇÃO DA TAXA DE INSCRIÇÃO**

Número de Inscrição: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nome completo:**\*\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Data de nascimento:**\*** \_\_\_\_/\_\_\_\_/\_\_\_\_\_ Documento de Identidade:**\*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Órgão Emissor:**\*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ UF:**\*** \_\_\_\_\_\_\_\_\_

CPF:**\*** \_\_\_\_\_\_.\_\_\_\_\_\_.\_\_\_\_\_\_-\_\_\_\_ CTPS (Carteira de Trabalho e Previdência Social): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Endereço Completo:**\*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cidade:**\*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ UF:**\*** \_\_\_\_\_\_\_\_\_\_ CEP:**\*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_

Tel. Residencial: (\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel. Celular:**\* (**\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Filiação:**\***

Pai: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mãe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nacionalidade:**\*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Naturalidade:**\***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vem requerer, junto a esta COMISSÃO, a isenção da taxa de inscrição do Processo Seletivo Edital \_\_\_/2019, do IFSULDEMINAS

**Descreva na tabela abaixo o nome de todas as pessoas que moram na residência de sua família (inclusive você, avós, tios, primos, amigos que morarem também) e informe a renda daqueles que trabalham.**

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| **NOME** | **PARENTESCO COM O CANDIDATO(A)** | **IDADE** | **ESTADO CIVIL** | **PROFISSÃO/ OCUPAÇÃO** | **RENDA MENSAL** |
|  | Próprio(a) Candidato(a) |  |  |  |  |
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 Assinatura do(a) requerente

**Parecer Social (para uso do IFSULDEMINAS)**

(\_\_\_) **DEFERIDO** (\_\_\_) **INDEFERIDO**. Parecer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Assinatura do (a) responsável pela análise**