附件2

机关事业单位人员近亲属享受低保情况核查统计表

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| 序号 | 村（社区） | 姓名 | 工作单位 | 身份证号码 | 是否为低保对象 | | 是否符合低保条件 | | 不符合低保条件人员清退情况 | | | 符合低保条件家庭情况说明 | 领取低保人姓名 | 与低保领取人关系 | 备注 |
| 是 | 否 | 是 | 否 | 纳入时间 | 是否清退 | 追缴金额 |
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