**INSTITUTO MUNICIPAL DE LA JUVENTUD**  
COORDINACIÓN DE BECAS  
**ESTUDIO SOCIOECONÓMICO**

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| 1. **DATOS PERSONALES DEL BENEFICIARIO** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NOMBRE: | | | | | | | | | | | | | | | | | | | | TELEFONO (1):  TELEFONO (2): | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FECHA DE NACIMIENTO: | |  | EDAD: | CURP: | | | | |  | |  | |  | |  | | |  | | |  | |  | |  | | |  | | |  |  | |  | |  | |  | |  | |  | |  | |  | |
| INSTITUCIÓN EDUCATIVA: | | | | | | | GRADO: | | | | | | | | | | TURNO: MATUTINO ( ) VESPERTINO ( ) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TIENE ALGUNA DISCAPACITADO? SI ( ) NO ( )  DISCAPACIDAD: MOTRIZ ( ) VISUAL ( ) INTELECTUAL ( ) LENGUAJE ( ) OTRAS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. **DOMICILIO** ZONA URBANA ( ) ZONA RURAL ( ) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CALLE: | | | NUMERO: | | | LOCALIDAD: | | | | | | | | | | | | | | | | | | | | | COLONIA: | | | | | | | | | | | | | | | | | | | | |
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| 1. **DATOS PERSONALES DEL PADRE, MADRE O TUTOR** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NOMBRE: | | | | | | | | ESTADO CIVIL: | | | | | | | | | | | | | | | | | | | | TELEFONO: | | | | | | | | | | | | | | | | | | | |
| EDAD: | NIVEL DE ESTUDIOS: | | | | CURP: | | | | |  | |  | |  | |  | | |  | | |  | |  | |  | | |  |  | | |  | |  | |  | |  | |  | |  | |  | |  |
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| ¿RECIBE ALGÚN APOYO ECONÓMICO O EN ESPECIE DE ALGÚN ORGANISMO PÚBLICO O GUBERNAMENTAL? SI ( ) NO( ) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NOMBRE DEL ORGANISMOS: MONTO DEL APOYO: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **DATOS ECONÓMICO**  |  |  | | --- | --- | | NO. DE PERSONAS QUE TRABAJAN EN SU FAMILIA:\_\_\_\_ | PRINCIPAL FUENTE DE INGRESO: PAREJA ( ) HIJAS(OS)( ) YO MISMA(O)( ) SUEGRA(O) ( ) CUÑADAS(OS)( ) NINGUNO( ) OTRO( ) |   NO. DE PERSONAS QUE DEPENDEN DEL INGRESO:\_\_\_\_\_\_   |  |  | | --- | --- | | ¿A CUÁNTO ASCIENDE EL INGRESO FAMILIAR MENSUAL? | ¿A CUÁNTO ASCIENDE EL EGRESO FAMILIAR MENSUAL? | | MENOS DE $ 1000 ( ) | MENOS DE $ 1000 ( ) | | DE $ 1001 A $ 2000 ( ) | DE $ 1001 A $ 2000 ( ) | | DE $ 2001 A $ 3000 ( ) | DE $ 2001 A $ 3000 ( ) | | DE $3001 A $ 4000 ( ) | DE $3001 A $ 4000 ( ) | | DE $ 4001 A $ 6000 ( ) | DE $ 4001 A $ 6000 ( ) | | DE $ 6001 A $ 10000 ( ) | DE $ 6001 A $ 10000 ( ) | | MÁS DE $ 10000 ( ) | MÁS DE $ 10000 ( ) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **MEDIO DE TRANSPORTE QUE UTILIZA LA FAMILIA:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AUTOMOVIL ( ) MOTOCICLETA ( ) BICICLETA ( ) TRANSPORTE URBANO ( ) TRANSPORTE ( ) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **VIVIENDA:** PROPIA ( ) RENTADA ( ) PRESTADA ( ) PAGA CRÉDITO ( ) OTROS ( ) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

1. **CARACTERÍSTICAS DE LA VIVIENDA, BIENES Y SERVICIOS**

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| PAREDES | | TABIQUE ( ) LÁMINA ( ) ADOBE ( ) MADERA ( ) |
| TECHO | | CONCRETO ( ) LÁMINA ( ) TEJA ( ) MADERA ( ) |
| PISO | | CEMENTO ( ) LOSETA ( ) TIERRA ( ) MADERA ( ) |
| CONDICIONES  DE LA VIVIENDA | | TERMINADA CON ACABADOS ( ) TERMINADA SIN ACABADOS ( ) OBRA NEGRA ( ) |
| **DISTRIBUCIÓN DE LA VIVIENDA** : RECÁMARAS ( ) COCINA ( ) COMEDOR ( ) SALA ( ) PATIO ( ) | | |
| **MOBILIARIO** | SALA ( ) MODULAR ( ) DVD ( ) COMEDOR ( ) ESTUFA ( ) CAMA ( ) REFRIGERADOR ( )  HORNO DE MICROONDAS ( ) ROPERO ( ) CLÓSET ( ) COMPUTADORA ( ) TELEVISIÓN ( ) | |
| **SERVICIOS** | LUZ ( )TELÉFONO ( ) AGUA POTABLE ( )DRENAJE ( )PAVIMENTO ( ) ALUMBRADO ( )TRANSPORTE ( )  RECOLECCIÓN DE BASURA ( ) | |
| SITUACIÓN ECONÓMICA: BUENA ( ) ESTABLE ( ) DEFICIENTE ( ) | | |

OBSERVACIONES GENERALES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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MAZATLÁN, SIN. A\_\_\_\_\_\_\_\_\_\_\_DE \_\_\_\_\_\_\_\_\_\_\_\_DE\_\_\_\_\_\_\_\_\_\_

SOLICITÓ: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_REALIZÓ: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_