

# SAMPLE (英語)

## 東浦町電力・ガス・食料品等価格高騰緊急支援給付金申請書(請求書) HIGASHIURA TOWN ELECTRICITY, GAS, FOOD ETC. PRICE INCREASING EMERGENCY SUPPORT BENEFIT APPLICATION FORM (INVOICE) (申請を必要とする世帯の場合) FOR HOUSEHOLDS THAT REQUIRES AN APPLICATION

That 1, confirmed and checked all the pledges・agreement on the second page.

### 1. Applicant / Claimant (main householder)

(フリガナ)FURIGANA	性別 GENDER	生年月日 DATE OF BIRTH	現住所 PRESENT ADDRESS
氏名NAME			
ひがしうら たらう	男	明治・大正・昭和 平成・令和	HIGASHIURA CHO OOAZA
HIGASHIURA TAROU	女	9 年 7 月 1 日	〇〇 AZA 〇 〇 BANCHI 〇 TEL.NO. × × × × ( × × ) × × × ×

### 2. Situation of the household where the applicant belong.※Please write all the names of the family on the time of September 30,2022.

○For person with different address at the time of January 1,2022 from the present address, please attach [Juminzei Kazei (Hikazei) Shoumeisho] issued from the municipality where you belong on the time of January 1,2022.In case that there are numbers of the corresponding person, please attach all of their documents too.

※Benefit will not be granted in case without the attachment of "Juminzei Kazei (Hikazei) Shoumeisho".

	(FURIGANA) NAME	申請者との続柄 GENDER	DATE OF BIRTH	Present address and the address on the time of January 1,2022. In case that differs,write the address at the time of January 1,2022.	Situation of the residential tax etc. /equal division tax on the year Reiwa 4 Nendo.
1	(APPLICANT)	本人		<input checked="" type="checkbox"/> same <input type="checkbox"/> differs	<input checked="" type="checkbox"/> taxed <input type="checkbox"/> not taxed <input type="checkbox"/> undeclared
2	ひがしうら はなこ HIGASHIURA HANAKO	妻 女	明・大・昭・平・令 55 年 9 月 30 日	<input type="checkbox"/> 同一 <input checked="" type="checkbox"/> 異なる 〇〇県〇〇市〇〇町〇〇〇	<input type="checkbox"/> 課税されていない <input checked="" type="checkbox"/> 課税されていない <input type="checkbox"/> 未申告
3			明・大・昭・平・令 年 月 日	<input type="checkbox"/> 同一 <input type="checkbox"/> 異なる	<input type="checkbox"/> 課税されている <input type="checkbox"/> 課税されていない <input type="checkbox"/> 未申告
4			明・大・昭・平・令 年 月 日	<input type="checkbox"/> 同一 <input type="checkbox"/> 異なる	<input type="checkbox"/> 課税されている <input type="checkbox"/> 課税されていない <input type="checkbox"/> 未申告
5			明・大・昭・平・令 年 月 日	<input type="checkbox"/> 同一 <input type="checkbox"/> 異なる	<input type="checkbox"/> 課税されている <input type="checkbox"/> 課税されていない <input type="checkbox"/> 未申告

### 3. Remittance account number (As a principle, 1. The account of the applicant,claimer.)※Please do not use an account which is not updated for a long time.

※下欄に記載し、振込先金融機関口座確認書類を添付してください。

【受取口座記入欄】

金融機関名 FINANCIAL INSTITUTION	支店名 BRANCH	分類 TYPE	ACCOUNT NUMBER (右詰めでお書きください。)	口座名義(カナ)ACCOUNT NAME
× ×	× ×	普通	1 2 3 4 5 6 7	※「1. 申請・請求者」名義に限る。 ※通帳の表記に合わせてください。
金融機関コード × × × ×	Branch Code × × × ×	2当座		ヒガシウラ タロウ

ゆうちょ銀行 YUUCHO GINKO	通帳記号ACC.NO. (6桁目がある場合は ※欄にご記入下さい)	ACCOUNT NUMBER (右詰めでご記入下さい)	口座名義(カナ)ACCOUNT NAME ※通帳の表記に合わせて下さい
ゆうちょ銀行を選択された場合は、貯金通帳の見開き左上またはキャッシュカードに記載された記号・番号をご記入下さい。	1		

※ 金融機関の口座がない方、金融機関から著しく離れた場所に住んでいる方など、どうしても口座による受け取りが出来ない方は、東浦町(電話0562-83-3111)にお問い合わせください。

It is necessary to confirm the items at the back too.

**【Pledges・Agreement matters】 ※Confirm all the items and put a ☒check inside the box.**

**☐ That I confirmed and agreed to all the following pledges and agreements.**

That I corresponds with the Higashiura Town Electricity, Gas, Food ETC. Price Increasing Emergency Support Benefit. ※It is necessary to be eligible to all the conditions below for the grant of benefit.

- ① ア. All members of the family are exempted from residential tax in the year Reiwa 4 Nendo.  
イ. All members of the family does not belong to dependents of other relatives with residential tax on the year Reiwa 4 Nendo.  
(ATTENTION) Please confirm with your parents , child etc. or family if you are not sure if you are dependent on the treatment of residence tax.  
ウ. None of the households have reported the application of the tax exemption.
- ② That there is no person in the household who has undeclared income that is subject to residence tax.
- ③ Not a household that already received the benefit.
- ④ That I'm giving the consent to the municipality to confirm the necessary basic resident register information ,tax information and other public records as well as necessary documents requesting provision from other government agencies in order to examine the applicability of the payment required for benefits.
- ⑤ In case that confirmation from the public register is not confirmed, I will submit related documents.
- ⑥ This application will be treated as an invoice for benefits after the payment has been made by the municipality.
- ⑦ That I agree, that the benefit will not be granted after the payment was decided by the municipality in case the applicant /claimant is not confirmed by the municipality until January 31,2023. That I agree, that no benefits will be granted.
- ⑧ After the benefit was granted from the municipality and false items are found described in the application or does not eligible to the conditions of payment , the benefit will be refunded.

**DOCUMENTS TO  
BE SUBMITTED**

- ☐ Application form for Higashiura Town Electricity, Gas, Food ETC. Price Increasing Emergency Support Benefit (invoice)  
(For households that requires an application. ) (This document.)  
※ Please answer the necessary matters.
- ☐ 『Identification Card copy of the applicant・claimant. 』  
※ Copy of the applicant・claimant's drivers license, medical insurance card, My Number Card, "Nenkin Techo" pension handbook, "Kaigo Hokencho" caregive insurance card, passport copy etc.
- ☐ 『Copy of documents that shows the receiving account.』  
※ Copy of bank book, cash card etc.,. Pages that shows the name of the financial institution, account number,account name.
- ☐ For all members who corresponds with (「The address at the time of January 1,2022 and present address differs.」the column is「differs」.  
Copy of "Juminzei Hikazei Shoumeisho" (Tax Exemption Certificate Reiwa 4 Nendo) issued from the municipality where you lived at the time of January 1, 2022.

※Are there any missed check in [Pledges・Agreement] or incomplete documents? [In case of missed check or incomplete documents, you will not be able to receive the benefit.

I hereby certify that the contents of this allegation are true and correct.

Reiwa ○ 年yr ○ 月month ○ 日day Name of Applicant: **Higashiura Tarou**