

SAMPLE

英語

住民税非課税世帯等に対する臨時特別給付金申請書(請求書)
(申請を必要とする世帯の場合)APPLICATION FOR TEMPORARY SPECIAL BENEFIT (INVOICE) FOR HOUSEHOLDS WITH EXEMPTION FROM RESIDENCE TAX
(For households that requires an application.)

支給市区町村(※基準日時点の市区町村)

東浦町長

殿

Please use the attached return envelope
and send by postal until May 10, 2022.

That I, confirmed and checked all the [Pledges・Agreement] on the second page.

1. Applicant・Claimant (main householder)

The applicant is the main householder.

(FURIGANA) NAME	Gender	DATE OF BIRTH	PRESENT ADDRESS
ヒガシウラ タロウ 東浦 太郎	Ⓜ 女	大正 昭和・平成・令和 55 年 10 月 10 日	東浦町大字〇〇字〇〇 電話 ×××× (××) ××××

2. Situation of the household where the applicant belong to. ※Please write all the members of the family at the time of December 10, 2021.

○For person with different address at the time of January 1, 2021 from the present address and corresponds with the column [differs] (☑), please attach a copy of [Juminzei Hikazei Shoumeisho] from the municipality where you belong on the time of January 1, 2021. In case that there are numbers of the corresponding person, please attach all of their documents.

○Benefit will not be granted in case without the attachment of "Juminzei Hikazei Shoumeisho".

Please check the corresponding item.

	(FURIGANA) 氏 名 NAME	RELATION WITH THE APPLICANT	GENDER	INDIVIDUAL NUMBER	Please check which of the following address at the time of January 1, 2021.	If differs, write the address at the time of January 1, 2021.	REIWA 3 NENDO RESIDENTIAL TAX ETC. TAXATION STATUS
	生年月日 DATE OF BIRTH						
1	(Applicant)	本人		00000000000000000000	☑同一 same □異なる differs		□課税されている taxed ☑課税されていない not taxed □未申告 undeclared
2	ヒガシウラ ハナコ 東浦 花子	妻	女	00000000000000000000	□同一 ☑異なる	〇〇県〇〇市〇〇町〇〇	□課税されている ☑課税されていない □未申告
3				明・大・昭・平・令 年 月 日	□同一 □異なる		□課税されている □課税されていない □未申告
5				明・大・昭・平・令 年 月 日	□同一 □異なる		□課税されている □課税されていない □未申告

Write all the names of the members of the family of the applicant.

For person with different address at the time of January 1, 2021 from the present address, please write the address at the time of January 1 and attach a copy of [Juminzei Hikazei Shoumeisho].

3. Remittance account number (As a principle, must be the account of the applicant・claimant.)

※Please do not fill in an account without deposit and withdrawals for a long period of time.

※Fill in the column below and please attach a copy of bank account.

【受取口座記入欄】

金融機関名 NAME OF FINANCIAL INSTITUTION	支店名 BRANCH	TYPE	ACCOUNT NUMBER (Please fill in starting from the right side.)	口座名義(カナ) ACCOUNT NAME
××	××	①普通 2当座	1 2 3 4 5 6 7	※「1. Limited only for the [applicant/claimant] account name. ※Please match the name from the passbook.
BANK CODE ××××	BRANCH CODE ××			ヒガシウラ タロウ

ゆうちょ銀行 YUUCHO BANK	CODE (6桁目がある場合は ※欄にご記入下さい)	ACCOUNT NUMBER (Please fill in starting from the right side.)	口座名義(カナ) ACCOUNT NAME ※Please match the name from the passbook.
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		

※ For person without a bank account or person living in a place far from the bank or for person who cannot take it from the account by any means, please inquire at the town office (Tel: 0562-83-3111).

Please confirm at the back too.

Confirm the details from number ①~⑧ and put a check☑.

【Pledges・Agreement matters】 ※Please confirm all the matters and put a check inside the box.

☒ That I, confirm and agree to all of the following pledges and agreements.

- ① That I, corresponds to the requirements for payment of temporary special benefit (for households with residential tax exemption) .
- ② There is no person in the household who has undeclared income that is subject to residence tax.
- ③ That I, giving the consent to the municipalities to check the necessary basic resident register information, tax information and other public records as well as necessary materials and requesting provision from other government agencies in order to examine the applicability of the payment required for benefits (residential tax exemption of households, etc.).
- ④ In case that confirmation from the public register is not confirmed ,I will submit related documents.
- ⑤ This application will be treated as an invoice for benefits(for households with sudden changes in household budget), after the payment is decided by the municipality .
- ⑥ That I, agree that the benefit(households with sudden changes in household budget) will not be granted , after the payment was decided by the municipality and the payment is not completed due to reasons such as incomplete transfer due to incomplete application (invoice). And in case that the confirmation of the applicant ・claimant was not confirmed by the municipality until September 30th, Reiwa 4.
- ⑦ After the benefit (household with residential tax exemption) was granted from the municipality and false items are found described in the application or does not eligible for the benefit, temporary special benefit will be refunded.
- ⑧ That I will refund the temporary special benefit that was granted, in case that the payment was done by the second time of the same household with exemption in residence tax.

Confirm all the necessary documents to be attached and put a check ✓.

DOCUMENTS TO
BE SUBMITTED:

- ☒ Application form for special benefit for household with exemption from residence tax. (Invoice)
(For household that requires an application.) (This document.)
※ Please answer the necessary matters.
- ☒ 『Identification card copy of the applicant ・claimant. 』
※ Copy of the Applicant ・Claimant's driver's license card, medical insurance card, my number card (front and back), nenkin techo "pension handbook", kaigo hokensho "caregive insurance card, passport,residence card, etc.
- ☒ 『Copy of documents that shows the receiving account. 』
※ Copy of bankbook and cash card etc. Pages that shows the name of the financial institution, account number, account name.
- ☒ For all those who have a different address from the current address.
Attach a copy of (Reiwa 3 Nendo Juminzei Hikazei Shoumeisho) issued from the municipality where you live at the time of January 1,2021.

※ 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 benefits.]

Write the date of application.

Applicant (main householder) signature "full name" .

本申立ての内容に相違ありません。I hereby certify that the contents of this allegation are true and correct.

令和 ○ 年 ○ 月 ○ 日

申請者氏名

東浦 太郎