

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
(In case for households that requires an application.)

支給市区町村(※令和4年6月1日時点の市区町村)

東浦町長

殿

The deadline of submission is on
September 30, 2022.
(Postmark Valid)

2ページ目の The applicant is the householder. クしました。全ての内容に誓約・同意の上、申請します。

1. 申請・請求者(世帯主)

(FURIGANA) NAME	GENDER	DATE OF BIRTH	PRESENT ADDRESS
ひがしら たろう HIGASHIURA TAROU	男 女	明治・大正・昭和・平成・令和 35 年 7 月 1 日	東浦町大字〇〇字〇〇 電話 ××××(××)××××

2. 申請者が属する世帯の状況

- 令和4年1月1日時点の住所が、現住所と異な
て下さい。(該当する方全員) ※住民税非課
税世帯等に対する臨時特別給付金申請書
○ 既に住民税非課税世帯等に対する臨時特別
給付金を受け取った世帯は、令和3年12月10日時点の住所が、現

Please check ✓ the corresponding
answer.

Address at the time of R.4.1.1.
* Same at the present address.
* Differs

Address at the time of R.3.12.10.
* Same at the present address.
* Differs

Please check ✓ the corresponding answer.

R.4 □課税Taxed □非課税Tax exempted
□未申告Undeclared

R.3 □課税Taxed □非課税Tax exempted
□未申告Undeclared

	(フリガナ) 氏 名	申請者 との続 柄	性別	個人番号 生年月日	令和4年1月1日 及び 令和3年12月10日 時点の住所	異なる場合には それぞれの時点の住所を記載	住民税均等割 課税状況
	氏 名			生年月日	住所	住所	課税状況
1	(APPLICANT)	本人			R4.1.1時点の住所 □現住所と同一 □異なる R3.12.10時点の住所 □現住所と同一 □異なる		令和 4年度 □課税 □非課税 □未申告
2	ひがしうら はなこ HIGASHIURA HANAKO	妻	女	明・大・昭・平・令 35 年 9 月 30 日	R4.1.1時点の住所 □現住所と同一 □異なる R3.12.10時点の住所 □現住所と同一 □異なる	〇〇県〇〇市〇〇町〇〇〇 〇〇県〇〇市〇〇町〇〇〇	令和 4年度 □課税 □非課税 □未申告 令和 3年度 □課税 □非課税 □未申告
3				明・大・昭・平・令 年 月 日	R4.1.1時点の住所 □現住所と同一 □異なる R3.12.10時点の住所 □現住所と同一 □異なる		令和 4年度 □課税 □非課税 □未申告 令和 3年度 □課税 □非課税 □未申告
4				昭・平・令 年 月 日			□非課税 □非課税 □非課税
5				明・大・昭・平・令 年 月 日			□非課税 □非課税 □未申告

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

• If the present address is different from the address as of
January 1, 2022 or December 10, 2021, write the address at
each time.
• If you lived outside the Higashiura town as of January
1, 2022, please attach a copy of low income certificate (tax
exemption certificate) issued by the municipality where you
live at the time of January 1, 2022.

3. Remittance Account Number (As a principle, must be the account of the applicant /claimant.)

※Please do not use an account without transactions for a long time.

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

【受取口座記入欄】

NAME OF FINANCIAL INSTITUTION	BRANCH	TYPE	ACC.NUMBER (右詰めでお書きください。)	ACCOUNT NAME (カナ) ※「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	× × × × × × × × × × 支店コード	1 普通 2 当座	1 2 3 4 5 6 7	ヒガシウラ タロウ

YUUCHO GINKO	BANKBOOK CODE (6桁目がある場合は ※欄にご記入下さい)	ACC.NUMBER (右詰めでご記入下さい)	ACCOUNT NAME (カナ) ※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、東浦町役
場(0562-83-311)にお問い合わせください。

It is necessary to confirm the items 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, confirmed and agreed to all of the following pledges and agreements below.

That I corresponds to the payment of temporary special benefit (For households with residential tax exemption).

※It is necessary to fulfill all the conditions below to be eligible for the grant of benefit (For households with residential tax exemption.).

- 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 check 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 Households with residential tax exemption who already received the benefit or main householder before that already received the benefit and now belongs to a new household but not the main householder of the household is not eligible for the benefit.
- ④ That I, giving the consent to the municipality to check the necessary basic resident register information, tax information, and other public records as well as necessary materials 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 (For households with exemption from residence tax) after the payment has been made by the municipality.
- ⑦ That I agree that the benefit (For households with exemption from residence tax) will not be granted after the payment was decided by the municipality in case that the applicant/claimant is not confirmed by the municipality until September 30, 2022.
- ⑧ After the benefit (For households with residential tax exemption.) 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.

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

DOCUMENTS TO
BE SUBMITTED

- ☒ Application form for temporary special benefit for household with residential tax exemption (invoice).
(For household that requires an application.) (This document.)
※ Please fill-out the necessary items.
- ☒ 『Identification card copy of the applicant・claimant, (copy)』
※ Applicant・claimant's driver's license card, medical insurance card, my number card (front /back), pension handbook, caregiving insurance card, passport etc. (copy)
- ☒ 『Copy of documents that shows the receiving account』
※ Copy of bankbook or cash card etc. Pages that shows the name of the financial institution, account number and account name. (copy)
- ☒ For all those who corresponds with [different address from the present address and at the time of January 1, 2022] the column is 「differs」.
Attach a copy of (Reiwa 4 Nendo Juminzei Hikazei Shoumeisho) issued from the municipality where you live at the time of January 1, 2022.

※【誓約・同意事項】のチェック漏れや、添付書類の不備はありませんか。(チェック漏れや添付書類の不備がある場合、給付を受けられません。)

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

Name of Applicant: HIGASHIURA TAROU