

東浦町電力・ガス・食料品等価格高騰重点支援給付金申請書(請求書)
 HIGASHIURA TOWN ASSISTANCE BENEFITS FOR SOARING PRICES OF ELECTRICITY,GAS,FOOD, ETC. APPLICATION FORM (INVOICE)
 (申請を必要とする世帯の場合)
 FOR HOUSEHOLDS THAT REQUIRES AN APPLICATION

支給市区町村(※令和5年6月1日時点の市区町村)

東浦町長 殿

The deadline of submission is on
 October 2,2023.
 (Postmark Valid)

2ページ目の【誓約・同意事項】を全て確認しチェックしました。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)

The applicant is the householder.

(フリガナ) 氏名	性別	生年月日	現住所
ひがしら たろう 東浦 太郎	男	明治・大正 昭和・平成・令和	東浦町大字〇〇字〇〇

Please check ✓ the corresponding answer.
 The present address and address at the time of R.5.1.1 differs.

Please check ✓ the corresponding answer.
 R.5 Residential Tax condition.
 課税Taxed
 非課税Tax exempted
 未申告Undeclared

2. 申請者が属する世帯の状況

令和5年1月1日時点の住所が、現住所と異なっています。(該当者全員) ※住民税非課税世帯
 Same at the present address.
 Differs

(フリガナ) 氏名	申請者との続柄	性別	生年月日	現住所と令和5年1月1日時点の住所が異なる	異なる場合には令和5年1月1日時点の住所を記載	令和5年度住民税均等割課税状況
(申請者)	本人			<input type="checkbox"/> 現住所と同一 <input type="checkbox"/> 異なる		<input type="checkbox"/> 非課税 <input type="checkbox"/> 課税 <input type="checkbox"/> 未申告
ひがしうら はなこ 東浦 花子	妻	女	昭和35年9月30日	<input checked="" type="checkbox"/> 現住所と同一 <input type="checkbox"/> 異なる	〇〇県〇〇市〇〇町〇〇	<input type="checkbox"/> 非課税 <input type="checkbox"/> 課税 <input type="checkbox"/> 未申告
				<input type="checkbox"/> 現住所と同一 <input type="checkbox"/> 異なる		<input type="checkbox"/> 非課税 <input type="checkbox"/> 課税 <input type="checkbox"/> 未申告
				<input type="checkbox"/> 現住所と同一 <input type="checkbox"/> 異なる		<input type="checkbox"/> 非課税 <input type="checkbox"/> 課税 <input type="checkbox"/> 未申告
				<input type="checkbox"/> 現住所と同一 <input type="checkbox"/> 異なる		<input type="checkbox"/> 非課税 <input type="checkbox"/> 課税 <input type="checkbox"/> 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 1,2023 . Please write the address at the time of January 1,2023 .
 * If you lived outside the Higashiura town as of January 1,2023 , please attach a copy of low income certificate (tax exemption certificate) issued by the municipality where you lived at the time of January 1,2023 .

3. 振込口座(原則、1. の申請・請求者名義の口座)

※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	支店名	分類	口座番号 (右詰めでお書きください。)	口座名義(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。
〇〇銀行	〇〇支店	1普通	1234567	ヒガシウラ タロウ

ゆうちょ銀行	通帳記号 (6桁目がある場合は ※欄にご記入下さい)	通帳番号 (右詰めでご記入下さい)	口座名義(カナ) ※通帳の表記に合わせて下さい

※ 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(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.

【誓約・同意事項】 ※全ての項目を確認し、口にチェック(レ)してください。

以下の全ての誓約・同意事項について確認し、誓約・同意します。

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

That I corresponds with the Higashiura Town Electricity, Gas, Food ETC.High - Rise Priority Assistance Price Benefit (invoice).
※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 5 Nendo.
イ. All members of the family does not belong to dependents of other relatives with residential tax on the year Reiwa 5 Nendo.
(ATTENTION) Please confirm with your parents , child etc. or family if your 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 October 2,2023. That I agreed, 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.

提出書類

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

- Application form for Higashiura Town Electricity, Gas, Food ETC. High-Rise Priority Assistance 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, health 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 1,2023 and present address differs.」the column is「differs」.
Copy of "Juminzei Hikazei Shoumeisho" (Tax Exemption Certificate Reiwa 5 Nendo) issued from the municipality where you lived at the time of January 1, 2023.

※【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 in "full name".

本申請の内容に相違ありません。

令和 ○ 年 ○ 月 ○ 日

申請者氏名

東浦 太郎