#### 英語版 令和5年度 歳末たすけあい援護金贈呈事業 申請について

## ■YEAR 2023 Provision of Financial Support from Year-End Fundraising Collection■

## Information for the application

## 1.What is Provision of Financial Support from Year-End Fundraising Collection?



From December 1, the Year-End Fundraising Collection Drive is held throughout Japan. Every year, citizens donate out of their goodwill to provide financial support for those households who live within the city and who have difficulty supporting themselves (excluding households that are receiving public assistance). Applications will also open this year. Please read the following carefully and submit your application within the application period.

#### 2. Eligible Households

#### Only households which fulfill both conditions below are eligible. Please check the conditions before ticking the box.

Even you received the gift last year, depending on your circumstances this year, you may or may not be eligible.

[Condition 1]	[Attention]
Do both condition a and b apply to your household?	
□a: Households living in Hamamatsu from October 1 to	• A household consists of all household members living
December 31, 2023.	together regardless of blood relation. You will be
	considered as one household as long as you live together
	even if you belong to different households on the Certificate
	of Residence.
	• If you are living outside the home during the presentation
	period (December) due to admission to a facility or
	hospital, you are no longer eligible.
□b : Households that are not receiving social welfare.	• The Hamamatsu City Council of Social Welfare will contact
	the city to cross-reference information regarding
	households receiving social welfare.
[Condition 2]	[Attention]
Does either condition A or B apply to your household?	
□A. Households where all members are exempt from	
city/prefectural tax	
□B. Households that have financial reasons for requiring	• Households that have income from real estate or are
support	receiving financial support from family members, etc., are
	not eligible.
	• If the household requires support due to a loan, they are not
	eligible.

% Standard Amounts for Condition 2B (if submitting payslips etc.,)

The total annual salary should be less than or equal to the following amount (set with reference to the standard amount for livelihood protection).

Household with :	Standard Amount	Household with :	Standard Amount	
1 person(single)	¥1,440,000(¥120,000/month)	6 people	¥4,200,000(¥350,000/month)	
2 people	¥2,076,000(¥173,000/month)	7 people	¥ 4,752,000(¥396,000/month)	
3 people	¥2,664,000(¥222,000/month)	8 people	¥ 5,244,000(¥437,000/month)	
4 people	¥3,180,000(¥265,000/month)	9 people	¥ 5,724,000(¥477,000/month)	
5 people	¥3,660,000(¥305,000/month)	10 people	¥ 6,216,000(¥518,000/month)	

# 3. How to Apply

#### (1) How to Get Your Application Form

①Please visit the website (https://hamamatsu-syakyou.jp/).

\* Applications forms are also available in Portuguese, English and Vietnamese on the website.

<sup>(2)</sup>From your nearest Social Welfare Council Ward Division Center/Office.

③From the Social Worker/Child Committee Member in your area.

#### (2)<u>Amount : Maximum ¥20,000/household</u>

% The amount changes depending on the number of people applying.

## (3) Application Submission Period: Oct 2(Mon.) to Oct 31 (Tue.), 2023

- % If the attached documents are not complete, we cannot accept the application. We will not return any documents related to the application.
- %If necessary, the Hamamatsu City Social Welfare Conference will contact the Social Worker/Child Committee Member or the city to cross-reference information.

#### (4) How to Submit your Application Form

## Please submit your form in an envelope directly, or send your form by post to your nearest Social Welfare Council

Ward Division Center. XYou can use any type of envelope.



(5) Documents to Submit

#### Please submit both Form I and Form II. Please tick the box to confirm the submission of the documents.

[Application Form]	[Attention]
Application Form I :	• Please fill in the all required information.
Application for Year-End Financial Support	• Please fill in the reason for your application such as your
	household or your income situation in detail.
	• Households fulfilling condition 2B must fill in the section
	titled "Reason for Application for B" on the application
	form.
	• Please fill in the questionnaire on the reverse side as well.
Application Form II: Please submit either Form A or B	
□A : If all members of your household are exempt from	• If necessary, we may ask you to submit documents such
city and prefectural taxes	as your Certificate of Residence.
$\Rightarrow$ Please submit either form ① or ②	• Elementary school students and junior high school students
A copy of one of the following documents to prove that all	do not need to attach documents.
members of the household are exempt from tax.	• For students such as high school student, university student,
□①Municipal & Prefectural Inhabitant Tax Certificate	vocational school student, etc., please attach a copy of your
2023(for the previous year).	student ID card or other proof that you are a student.
□②Long Term Insurance Contribution Special Collection	• A household consists of all household members living
Notification.	together regardless of blood relation. You will be
□B : If you need support for economic reasons	considered as one household as long as you live together
$\Rightarrow$ Please submit either form $③$ , $④$ or $⑤$	even if you belong to different households on the Certificate
□③Documents for each household member that show	of Residence.
income details for the past 3 months (July, August and	• Income will be examined based on the total annual
September)	payment.
□④Pay slips, etc. (if unemployed, then a Letter of	
Unemployment)	
□⑤Pension Payment Notification, etc.	

## 4. After the Application

## (1) Regarding Any Changes

If there are any changes to your address or household situation after you have applied, please contact your nearest Social Welfare Council Ward Division Center/Office as soon as possible. Your application may be affected. %If there are changes to your household, you may no longer be eligible.

## (2) Method of Assessment

- Assessment and decision of eligible households will be done by the Hamamatsu City council of Social Welfare Office.
- Households which have been approved will receive the Financial Support from the Social Worker / Child Committee

Member after December. Households which have not been approved will be notified by mail in December.

<u>\*Even if you submit your form to the nearest Council of Social Welfare Ward Division Center/Office, you will receive the gift</u>
<u>from the Social Worker / Child Committee Member.</u>

# ♦Organiser: Hamamatsu City Social Welfare Council Cooperating Organisation: Hamamatsu City Social Worker/Child Committee Member Group Support:Hamamatsu City

◆Inquiries · Contact Details ※Open between 8:30-17:15 ※Closed on weekend and public holidays.

Ward	Name of So	Name of Social Welfare Council/HQ/Ward Division Center/Office	
Naka Ward/Minami	Hamamatsu Ward Division Center	$\overline{7}$ 4 3 2 - 8 0 3 5 Naka-ku, Naruko-cho 140-8 Welfare & Exchange Center 1F	053-453-0553
Ward/Higashi Ward	Higashi Ward Office	∓ 4 3 5 − 8 6 8 6 Higashi-ku, Ryutsumoto-cho 20-3 Higashi Ward Office 1F	053-422-3737
Nishi Ward	Nishi Ward Division Center	〒431−0292 Nishi-ku, Maisaka-cho, Maisaka 2701-9 Maisaka Collaboration Center 3 F	053-596-1730
Kita Ward   Inasa 0	Kita Ward Division Center	$\overline{}$ 4 3 1 - 1 3 0 5 Kita-ku, Hosoe-cho, Kiga 4581 Hosoe Care Prevention Center	053-527-2941
	Inasa Office	<ul> <li>〒431-2212</li> <li>Kita-ku, Inasa-cho, Iinoya 616-5</li> <li>Inasa Community Collaboration Center 2F</li> </ul>	053-542-3486
	Mikkabi Office	$\mp$ 4 3 1 - 1 4 0 4 Kita-ku, Mikkabi-cho, Ushi 803 Mikkabi General Welfare Center	053-524-1514
Hamakita Ward	Hamakita Ward Division Center	<ul> <li>〒434-0031</li> <li>Hamakita-ku, Kobayashi 1272-1</li> <li>Fureai Exchange Center Hamakita</li> </ul>	053-586-4499
E H Tenryu Ward	Tenryu Ward Division Center	∓ 4 3 1 − 3 3 1 4 Tenryu-ku, Hutamata-cho Hutamata 530-18 Tenryu Health welfare center	053-926-0322
	Haruno Office	〒437−0604 Haruno-cho, Miyagawa 1330 Haruno Welfare Center	053-989-1261
	Sakuma Office	$\mp$ 4 3 1 - 3 9 0 8 Sakuma-cho, Chubu 18-11 Sakuma Health Kyodo Center	053-965-0294
	Misakubo Office	<ul> <li>∓ 4 3 1 − 4 1 0 1</li> <li>Misakubo-cho, Okuryoke 2980-1</li> <li>Misakubo Community Collaboration Center</li> </ul>	053-982-0046
	Tatsuyama Office	<ul> <li>〒431-3803</li> <li>Tatsuyama-cho, Tokura 711-2</li> <li>Tatsuyama Health Center Yasuragi</li> </ul>	053-969-0082

Head Quarters	Naka-ku Naruko-cho 140-8 Welfare & Exchange Center 2F	053-453-0580	
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