

Application Form for Application for Year-End Financial Support and
Congratulatory Gift for Entering Elementary/Junior High School

To the President of the Hamamatsu City Council of Social Welfare

《Confirmation of Agreement》I agree to allow the social workers, child committee members and public institution to cross-reference information to confirm the contents of the application as part of the review for the financial supports. ※Filling out the form and affixing my seal also serve as confirmation of consent.

※Fill in all boxes. The application will not be processed if the documents attached are not complete.

<input type="checkbox"/> I apply for "Year-End Financial Support".				<input type="checkbox"/> I apply for " Congratulatory Gift for Entering Elementary/Junior High School".		
Furigana		Address		〒 — Hamamatsu-shi — -ku		
Name						
		Tel. No.		※Contactable during the day		
Members of Household	Relation	Name	Date of Birth (Age)	Workplace or School Name (School Year)	Income (Total Amount) (Monthly wages for July, Aug, Sept) ※Needed for households which requires support due to financial reasons.	Elementary/Junior high school to enroll 2025※Needed for households receiving Child Rearing Allowance.
	Applicant	Furigana:			7 8 9	
		Applicant				
		Furigana:			7 8 9	
		Furigana:			7 8 9	
		Furigana:			7 8 9	
	Furigana:			7 8 9		

《Confirmation of Attached Documents》※Please tick(✓) those that apply.

A: Households with all members exempted from Municipal & Prefectural Inhabitant Tax
⇒Documents showing that all family members are exempted from tax (Any one of the following items(1,2))
1. ☐Municipal & Prefectural Inhabitant Tax Certificate 2024 (for the 2023 fiscal year)
2. ☐ Long Term Insurance Contribution Special Collection Notification
3. ☐Student ID card
Documents applying for Congratulatory Gift fo Entering School
Official Documents showing the date of birth of the child ☐Insurance Card ☐Medical Subsidy Recipient Card ☐Certificate of Residence ☐Other()

B: Households which requires support due to financial reasons (Any one of the following items(1,2,3))
1. ☐Payslips from the past 3 months (July, August and September) for all members of the household.
2. ☐ (If you recently lost a job) Letter of Unemployment (rishokuhyo) or Employment Insurance Benefits Certificate (koyo hoken jukyu shikakushasho)
3. ☐ (If pension is your only source of income) Pension Payment Notification (nenkin furikomi tsuchisho)
4. ☐Student ID card
Documents applying for Congratulatory Gift fo Entering School
Official Documents showing the date of birth of the child ☐Insurance Card ☐Medical Subsidy Recipient Card ☐Certificate of Residence ☐Other()

C: Households receving Child Rearing Allowance
☐Child Rearing Allowance Certificate
Official Documents showing the date of birth of the child ☐Insurance Card ☐Medical Subsidy Recipient Card ☐Certificate of Residence ☐Other()

《Reason for Application for B: Households which requires support due to financial reasons》Please elaborate on your reasons.
※If you fall under category B, you must fill in this section.

The personal information you have entered in the application form will be used only for the purpose of the Hamamatsu City Council of Social Welfare's activities.The information will be managed appropriately and will not be provided to a third party without permission.

Name of Representative Who Filled in the Form (If any)	法定地区名	民生委員児童委員氏名 (No)
	地区	()

* Application Deadline October 31(Thu), 2024 ※Please fill in the reverse side.

Questionnaire

※The contents of this questionnaire will not affect the review of your application. Please answer honestly

The Hamamatsu City Council of Social Welfare is a private organisation that promotes community welfare. We are working to promote welfare activities and volunteer activities in the community.

We would like to ask you a few questions about your application. Your answers will be used as reference material for the future management of the project.

In addition, as a part of our welfare activities, we conduct a questionnaire survey every year in order to understand the welfare issues that the local residents are facing. If there is anything in your daily life that you feel needs support, please fill out this questionnaire so that we can work together to solve the problems you are facing.

◆Q1. How did you get to know about the year-end financial support and congratulatory gift for entering school ? (Please check (✓) all that apply.)

- ☐Social Welfare Council homepage ☐Social Welfare Council newsletter
☐Social Welfare Council Center or Office ☐Social Worker/Child Committee Member
☐City Hall or Ward Office ☐From an acquaintance (Relation: _____)
☐Resident Center or Community Collaboration Center ☐Others(_____)

◆Q2. How did you obtain information and application materials (Application Form I)?(✓)

Please tell us all about it. (Please check (✓) all that apply)

- ☐Social Welfare Council homepage ☐Social Welfare Council Center or Office
☐Social Worker/Child Committee Member ☐City Hall or Ward Office
☐Resident Center or Community Collaboration Center ☐Others()

◆Q3. Do you have anything you would like to receive support or consult about?

(Please check (✓) all that apply.)

- ☐ Employment ☐ Child Rearing and Support ☐ Nursing Care for the Elderly ☐ Nursing Care for
 Disable Persons ☐ Healthcare ☐ I want someone to talk to ☐ School life ☐ Preparation for
 higher education and career path ☐ Living alone ☐ Welfare Services ☐ Interpersonal relationships
☐ Family ☐ Cooking and housework ☐ Single-Parent Family ☐ Others

【Please elaborate on what you would like to consult about.】

～Thank you for your cooperation～

※The contents of this questionnaire will be shared with the City Council of Social Welfare staff and the social workers and child committee members in the area. Please be aware of this.

※If you need help with something in your daily life and wish to consult someone, please contact your local Council of Social Welfare ward division center or office.

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To the President of the Hamamatsu City Council of Social Welfare

《Confirmation of Agreement》I agree to allow the social workers, child committee members and the Hamamatsu City Hall to cross-reference information to confirm the contents of the application as part of the review for the financial supports. ※Filling out the form and affixing my seal also serve as confirmation of consent.

※Fill in all boxes. The application will not be processed if the documents attached are not complete.

<input checked="" type="checkbox"/> I apply for "Year-End Financial Support".				<input checked="" type="checkbox"/> I apply for" Congratulatory Gift for Entering Elementary/Junior High School".			
Furigana		Hamamatsu Taro		Address		〒●●● - ●●●●	
Name		浜松 太郎		Address		Hamamatsu-shi ● -ku ●●●	
				Tel. No.		●●● - ●●●● - ●●●● ※Contactable during the day	
Members of Household	Relation	Name	Date of Birth (Age)	Workplace or School Name (School Year)	Income (Total Amount) (Monthly wages for July, Aug, Sept) ※Needed for households which requires support due to financial reasons.	Elementary/Junior high school to enroll 2025※Needed for households receiving Child Rearing Allowance	
	Applicant	Furigana:	1979/4/1 (45)	Unemployed	7 169,000yen		
		Applicant			8 167,000yen		
	Wife	Furigana: Hamamatsu Hanako	1981/9/1 (43)	●● Company	9 0yen		
		浜松 花子			7 24,300yen		
	Child	Furigana: Hamamatsu Sakura	2012/8/1 (12)		8 248,000yen		
		浜松 さくら			9 29,100yen		
Child	Furigana: Hamamatsu Fukushi	2018/6/1 (6)		7	●● Junior High School		
	浜松 ふくし			8	●● Elementary School		
	Furigana:			9			
	Furigana:			7			
	Furigana:			8			
	Furigana:			9			

《Confirmation of Attached Documents》 ※Please tick(✓) those that apply.
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⇒Documents showing that all family members are exempted from tax (Any one of the following (1,2))
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B: Households which requires support due to financial reasons (Any one of the following items(1,2,3))
1.☑Payslips from the past 3 months (July, August and September) for all members of the household.
2.□(If you recently lost a job) Letter of Unemployment (rishokuhyo) or Employment Insurance Benefits Certificate (koyo hoken jukyu shikakushasho)
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Documents applying for Congratulatory Gift fo Entering School
Official Documents showing the date of birth of the child ☑Insurance Card □Medical Subsidy Recipient Card □Certificate of Residence □Other()
C: Households receiving Child Rearing Allowance
□Child Rearing Allowance Certificate
Official Documents showing the date of birth of the child □Insurance Card □Medical Subsidy Recipient Card □Certificate of Residence □Other()
《 Reason for Application for B: Households which requires support due to financial reasons 》 Please elaborate on the reasons.
※If you fall under category B, you must fill in this section.
The head of the household lost his job in Sept and has not been able to find a job so the household income has decreased and the family is struggling to make ends meet.

Please make sure to tick the applicbale box and attach the required documents.

Please specify the reason for your application.

Please fill in the questionnaire on the

Name of Representative Who Filled in the Form (If any)	法定地区名	民生委員
	地区	()

Example

Questionnaire

※The contents of this questionnaire will not affect the review of your application. Please answer honestly.

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(Please check (✓) all that apply.)

- ☐Employment ☐Child Rearing and Support ☐Nursing Care for the Elderly ☐Nursing Care for Disable
Persons ☐Healthcare ☐I want someone to talk to ☐School life ☒Preparation for higher education and
career path ☐Living alone ☐Welfare Services ☐Interpersonal relationships ☐Family ☐Cooking and
housework ☐Single-Parent Family ☐Others

【Please elaborate on what you would like to consult about.】

I would like my child to go on to further studies but I have financial concerns.

～Thank you for your cooperation～

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※If you need help with something in your daily life and wish to consult someone, please contact your local Council of Social Welfare ward division center or office.