援護金/祝金共通申請用･英語版

Application Form I

**Example**

Date of Application: 2025/10/2

# 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 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.**

☑ I apply for "Year-End Financial Support". ☑ I apply for" Congratulatory Gift for Entering Elementary/Junior High School".

| | | | |
|---|---|---|---|
| Furigana | Hamamatsu Taro | Address | 〒●●● － ●●●● Hamamatsu-shi ● -ku ●●● |
| Name | 浜松 太郎 | 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 2026※Needed for households receving Child Rearing Allowance |
|---|---|---|---|---|---|---|
| | Applicant | Furigana: Applicant | 1979/4/1 (46) | Unemployed | 7 169,000yen<br>8 167,000yen<br>9 0yen | |
| | Wife | Furigana: Hamamatsu Hanako 浜松 花子 | 1981/9/1 (44) | ●● Company | 7 24,300yen<br>8 248,000yen<br>9 29,100yen | |
| | Child | Furigana: Hamamatsu Sakura 浜松 さくら | 2013/8/1 (12) | | 7<br>8<br>9 | ●●Junior High School |
| | Child | Furigana: Hamamatsu Fukushi 浜松 ふくし | 2019/6/1 (6 ) | | 7<br>8<br>9 | ●●Elementary School |
| | | Furigana: | | | 7<br>8<br>9 | |
| | | Furigana: | | | 7<br>8<br>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 2025(for the 2024 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 Recipi… ☐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 Re… )

**《 Reason for Application for B: Households which requires support due to financial reasons 》 Please elabor… al 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**

The personal information you have entered in the application form will be used only for the purpose of the H… 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… |
|---|---|---|
| | 地区 | ( ) |

**＊ Application Deadline October 31(Fri), 2025** ※Please fill in the reverse side.