

■YEAR 2026 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】 <u>Do both condition a and b apply to your household?</u>	[Attention]
☐ a : Households living in Hamamatsu from October 1 to December 31, 2026.	• A household consists of all household members living 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.
<u>【Condition 2】</u> <u>Does either condition A or B apply to your household?</u>	[Attention]
☐ A. Households where all members are exempt from city/prefectural tax.	
☐ B. Households that have financial reasons for requiring support.	• Households that have income from real estate or are 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)	¥1,344,000(¥112,000/month)	6 people	¥4,644,000(¥387,000/month)
2 people	¥2,124,000(¥177,000/month)	7 people	¥ 5,304,000(¥442,000/month)
3 people	¥2,808,000(¥234,000/month)	8 people	¥ 5,892,000(¥491,000/month)
4 people	¥3,408,000(¥284,000/month)	9 people	¥ 6,480,000(¥540,000/month)
5 people	¥3,960,000(¥330,000/month)	10 people	¥ 7,068,000(¥589,000/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 and English on the website.

②From your nearest Social Welfare Council Ward Division Center/Office.



(2) Amount : Maximum ¥20,000/household

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

(3) Application Submission Period: Oct 1(Thu.) to Oct 30 (Fri.), 2026

※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.

※Must be postmarked by Oct 30.

※You 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 : Application Form for Application for Year-End Financial Support and Congratulatory Gift for Entering Elementary/Junior High School	• Please fill in the all required information. • 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 city and prefectural taxes... ⇒Please submit either form ① or ② A copy of one of the following documents to prove that all members of the household are exempt from tax. ☐ ①Municipal & Prefectural Inhabitant Tax Certificate 2026(for the previous year). ☐ ②Long Term Insurance Contribution Special Collection Notification.	• <u>If necessary, we may ask you to submit documents such as your Certificate of Residence.</u> • Elementary school students and junior high school students do not need to attach documents. • For students such as high school student, university student, vocational school student, etc., please attach a copy of your student ID card or other proof that you are a student. • A household consists of all household members living 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. • Income will be examined based on the total annual payment.
☐ B : If you need support for economic reasons... ⇒Please submit either form ③ , ④ or ⑤ ☐ ③Documents for each household member that show income details for the past 3 months (July, August and September) ☐ ④Pay slips, etc. (if unemployed, then a Letter of Unemployment) ☐ ⑤Pension Payment Notification	

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 in late December. Households which have not been approved will be notified by mail in December.**

◆Organiser: Hamamatsu City Social Welfare Council Chiiki-shienka (053-453-0580)

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.

Former Ward	Name of Social Welfare Council/HQ/Ward Division Center/Office		Telephone Number
Naka Ward(Including Mikatahara area)/Minami Ward/Higashi Ward	Hamamatsu Center	〒432-8035 Chuo-ku, Naruko-cho 140-8 Welfare & Exchange Center 1F	053-453-0553
	Higashi Office	〒435-8686 Chuo-ku, Ryutsumoto-cho 20-3 Higashi Administrative Center 1F	053-422-3737
Nishi Ward	Nishi Center	〒431-0292 Chuo-ku Maisaka-cho Maisaka 2701-9 Maisaka Branch Office 3 F	053-596-1730
Kita Ward (Except Mikatahara area.)	Kita Center	〒431-1305 Hamana-ku Hosoe-cho Kiga 4581 Hosoe Care Prevention Center	053-527-2941
	Inasa Office	〒431-2212 Hamana-ku Inasa-cho Inoya 616-5 Inasa Community Collaboration Center 2F	053-542-3486
	Mikkabi Office	〒431-1404 Hamana-ku Mikkabi-cho Ushi 803 Mikkabi General Welfare Center	053-524-1514
Hamakita Ward	Hamakita Center	〒434-0031 Hamana-ku Kobayashi 1272-1 Fureai Exchange Center Hamakita	053-586-4499
Tenryu Ward	Tenryu Center	〒431-3314 Tenryu-ku Futamata-cho Futamata 530-18 Tenryu Health welfare center	053-926-0322
	Haruno Office	〒437-0604 Tenryu-ku Haruno-cho, Miyagawa 1330 Haruno Welfare Center	053-989-1261
	Sakuma Office	〒431-3908 Tenryu-ku Sakuma-cho Chubu 18-11 Sakuma Branch Office	053-965-0294
	Misakubo Office	〒431-4101 Tenryu-ku Misakubo-cho, Okuryoke 2980-1 Misakubo Branch Office	053-982-0046
	Tatsuyama Office	〒431-3803 Tenryu-ku Tatsuyama-cho, Tokura 711-2 Tatsuyama Health Center Yasuragi	053-969-0082