

Application for Emergency Support Benefits for Households with Sudden Changes in Household Finances (Request Form)

Use a black ballpoint pen to fill in the fields enclosed in red.

Date	MM / DD / YY
	/ /

**Submit by:
Tuesday,
January 31,
2023**

To : Mayor of the City of Nagoya

Per my application, I hereby agree and consent to items (1) to (9) listed below.

(I) Review the following items and place a "✓" in the check box (□).

Check box	Item to review
□	The household saw an unforeseen and sudden decrease in income low enough to become eligible for exemption from resident tax.

* Receiving benefits through a falsified application is illegal and may be punishable as fraud with imprisonment of up to 10 years.

(II) Applicant (Head of Household)

* Make sure to handwrite your name and fill in a phone number you can be contacted at in the fields enclosed in red.

Applicant Name (Head of Household)	Applicant Date of Birth (Head of Household)
	/ /
Phone Number ★ Important! Please fill in. A number you can be contacted on. (Cellphone numbers are also supported)	
()	
Address	

(III) Household eligible for benefits

No.	Name of eligible members of household	Date of Birth
1	(Applicant)	
2		
3		
4		
5		
6		
7		

(IV) Bank Account Information

Enter a bank account of the person listed under "(II) Applicant (Head of Household)".
 If you would like the benefits to be transferred to an account that does not belong to the person(s) listed under "Name of eligible household members" of "(III) Household Eligible for Benefits", please contact the call center at (☎050-3135-3260).

Account Holder's Name (in katakana) <small>Use a separate block for voiced marks such as (力) for (ga). Also, leave a space between the first and last name.</small>	Financial Institution Name	Branch Name
	①銀行 ②信金 ③信組 ④信連 ⑤農協 ⑥漁協 ⑦信漁連	支店 本店 出張所
Type	①普通 ②当座	Account Number (right-aligned)

Attach a copy of bank account information such as a passbook to the attached form.

<Terms and Agreement>

- I meet all of the following requirements to receive the emergency support benefits for households with sudden changes in household finances, hereinafter referred to as "benefits".
- I am not a part of a household that has already received emergency support benefits for rising prices of electricity, gas, food, etc., nor does my household only consist of people who have already received the aforementioned benefits.
- Benefits are available for households that saw an unforeseen and sudden decrease in income low enough to become eligible for exemption from resident tax. However, applications filed for a month outside of the period when income is normally available will fall under fraudulent misconduct. For an example, applying for benefits: after resigning from a job, for a month when you normally do not receive your national pension, or during normally-occurring downtimes in revenue such as: during the off season, or while shipments of items such as agricultural products are in transit, and when there is not a clear overall impact to your income due to an unforeseen change in household finances, and a sudden decrease in household income are forms of misconduct. Applicants must be aware that they can be charged with fraud which may be punishable by law for up to 10 years in prison.
- I comply and consent to my basic resident register, tax, and other necessary public records to be provided and requested by the City of Nagoya between other governing bodies in order for the City of Nagoya to confirm my eligibility to receive the benefits.
- In the event that sufficient information is not available in public records, I will submit any necessary documents.
- This application form may be treated as an invoice for the benefits after the City of Nagoya deems me (the applicant) eligible to receive the benefits.
- I (the applicant) consent to the City of Nagoya considering my application as withdrawn if, after being deemed eligible by the City of Nagoya to receive the benefits, the money transfer is unable to be completed due to inadequate or misinformation on this application form and / or declaration form, and the City of Nagoya is unable to contact and discuss this issue with me by January 31, 2023.
- I (the applicant) will repay in full the benefits I received if it is found that there is falsified information on the application form and / or declaration form, and / or I do not meet the requirements to be eligible for the benefits.
- If the annual income (estimated) exceeds the tax-exempt income limit, and the annual earnings (estimated) are equal to or less than the tax-exempt earnings limit, the application may be deemed to have been made based on the annual earnings (estimated), not the annual income (estimated).

事務局使用欄 (Leave this area blank)

Estimated Income Declaration Form

(I) Review the following items below.

The household saw an unforeseen and sudden decrease in income low enough to become eligible for exemption from resident tax.

(II) Fill in the required information in the fields enclosed in red for all eligible household members.

No.	Name	①	②	③	④	⑤			⑥	⑦
			Number of dependents for the person listed in leftmost column.	FY2022 Municipal & Resident Tax Status	Month and year for any one-month period of income declared	Income for any one-month period			Annual Income (estimated) [D] × 12	Tax-exempt income limit
						Salary Income [A]	Business income or real estate income [B]	Pension Income [C]		
1		<input type="checkbox"/> Person with disabilities <input type="checkbox"/> Minor <input type="checkbox"/> Widow <input type="checkbox"/> Single parent	人	<input type="checkbox"/> Not exempt <input type="checkbox"/> Exempt <input type="checkbox"/> Not declared	2022 月	Total income A+B+C=[D]			円	円
2		<input type="checkbox"/> Person with disabilities <input type="checkbox"/> Minor <input type="checkbox"/> Widow <input type="checkbox"/> Single parent	人	<input type="checkbox"/> Not exempt <input type="checkbox"/> Exempt <input type="checkbox"/> Not declared	2022 月	Total income A+B+C=[D]			円	円
3		<input type="checkbox"/> Person with disabilities <input type="checkbox"/> Minor <input type="checkbox"/> Widow <input type="checkbox"/> Single parent	人	<input type="checkbox"/> Not exempt <input type="checkbox"/> Exempt <input type="checkbox"/> Not declared	2022 月	Total income A+B+C=[D]			円	円
4		<input type="checkbox"/> Person with disabilities <input type="checkbox"/> Minor <input type="checkbox"/> Widow <input type="checkbox"/> Single parent	人	<input type="checkbox"/> Not exempt <input type="checkbox"/> Exempt <input type="checkbox"/> Not declared	2022 月	Total income A+B+C=[D]			円	円
5		<input type="checkbox"/> Person with disabilities <input type="checkbox"/> Minor <input type="checkbox"/> Widow <input type="checkbox"/> Single parent	人	<input type="checkbox"/> Not exempt <input type="checkbox"/> Exempt <input type="checkbox"/> Not declared	2022 月	Total income A+B+C=[D]			円	円
6		<input type="checkbox"/> Person with disabilities <input type="checkbox"/> Minor <input type="checkbox"/> Widow <input type="checkbox"/> Single parent	人	<input type="checkbox"/> Not exempt <input type="checkbox"/> Exempt <input type="checkbox"/> Not declared	2022 月	Total income A+B+C=[D]			円	円
7		<input type="checkbox"/> Person with disabilities <input type="checkbox"/> Minor <input type="checkbox"/> Widow <input type="checkbox"/> Single parent	人	<input type="checkbox"/> Not exempt <input type="checkbox"/> Exempt <input type="checkbox"/> Not declared	2022 月	Total income A+B+C=[D]			円	円

(Note)

- (a) Place a check "✓" in a box (□) in column ① if any apply to you. "Person with disabilities" include those who have been issued a Exemption for Persons with Disabilities Certification.
- (b) In column ② "Number of dependents for the person listed in leftmost column", enter the number of persons supported by the person in the leftmost column as of the date you apply regardless of whether they live together or separate."
- (c) In the "③ FY2022 Municipal & Resident Tax Status" column, place a check mark "✓" in the box (□) applicable to the applicant.

There are two types of applications 1) "income for any one month period between January 2022 and December 2022" and 2) "annual income (estimated) for 2022."

1) Applications for "Annual Income for any one month period between January 2022 to December 2022"

- (d) In column ④ "month and year for any one-month period of income declared," write a month and year between January 2022 and December 2022, when there was a decrease in income.
- (e) In column ⑤ "Income for any one-month period", fill in the income for the same month in column ④ "month and year for any one-month period of income declared".

Fill in the items for the type of income in fields [A], [B], and [C]. Then, write the total of fields [A] through [C] for field [D]. Additionally, you will be required to submit documents for the items you fill in.

[A] Salary Income	Copy of payslips, etc.
[B] Business income or real estate income	Copy of account book, and tax returns, etc.
[C] Pension Income	Copy of notice of pension decision, notice of pension amount, pension transfer notice, etc.

- (f) Multiply your total income [D] in ⑤ "Income for any one-month period" by 12 and write this amount in column ⑥ "Estimated Annual Income".
- (g) Refer to the "Quick Reference Table" on the back of Attachment ② "Application Procedures" when filling out column ⑦ "Tax-exempt income limit".

2) Applications for "Annual Income (estimated) for 2022"

- * You do not need to fill in column ④ "month and year for a 1-month period of income declared" or column ⑤ "Income for 1-month period".
- (h) Fill in your estimated income for the year in column ⑥ "Annual Income (estimated)".
- (i) Refer to the "Quick Reference Table" on the back of Attachment ② "Application Procedures" when filling out column ⑦ "Tax-exempt income limit".

Attachments

Use this paper as the cover sheet when submitting your attached documents. Staple your documents under this sheet with one staple on the top left side.

Check	Attached Documents	
<input type="checkbox"/>	A copy of a document confirming the details surrounding the "income for any one month period between January 2022 and December 2022" application or "annual income (estimated) for 2022" application.	<input type="radio"/> [Applications for "income for any one month period between January 2022 and December 2022" : pay slips, account book, pension transfer notice, etc. <input type="radio"/> Applications for "Annual Income (estimated) for 2022" : withholding records, tax returns, notice of pension decisions, etc.
<input type="checkbox"/>	A copy of proof of identity for applicant	<input type="radio"/> Attach a copy of a form of identification of the applicant. <small>(For more details, refer to the left side on the back of Attachment ① "Announcements")</small> <div style="border: 1px solid gray; padding: 5px; margin-top: 10px; display: flex; align-items: center;"> <div style="background-color: #808080; color: white; padding: 5px; border-radius: 10px; margin-right: 10px; font-weight: bold;">Forms of ID</div> <div style="padding: 5px;">Health insurance card, nursing care insurance card, driver's license, passport, residence card, etc</div> </div>
<input type="checkbox"/>	A copy of the passbook of the financial institution (a copy displaying the information found on " (IV) Bank Account Information ").	<input type="radio"/> Attach a copy of a page showing the account holder's: bank, branch, type of account (checking or savings), and account number. <small>(For more details, refer to the right side on the back of Attachment ① "Announcements")</small> <input type="radio"/> If the last name in column (II) "Applicant (Head of Household)" is different from the name of the account holder for the bank transfer, please write the reason in the margin of the copy of the passbook.

How to apply for Emergency Support Benefits for Households With Sudden Changes in Household Finances

STEP 1 Fill out the required items in an application and the income (estimated) declaration form.

STEP 2 Staple the required documents to the attached cover sheet.

STEP 3 Put the application form, declaration form and attached documents in an envelope and then send by post.

* There are terms and conditions you must agree and consent to when applying for emergency support benefits. Review the contents of the "Terms and Conditions of Agreement" at the bottom of the application form and fill out the required items in the form.

〈Terms and Agreement〉

When submitting a confirmation form to receive emergency support benefits for households with a sudden change in household finances, you must agree to the following items of the terms and conditions:

- (1) I meet all of the following requirements to receive the emergency support benefits for households with sudden changes
- (2) I am not a part of a household that has already received emergency support benefits for rising prices of electricity, gas, food, etc., nor does my household only consist of people who have already received the aforementioned benefits.
- (3) Benefits are available for households that saw an unforeseen and sudden decrease in income low enough to become eligible for exemption from resident tax. However, applications filed for a month outside of the period when income is normally available will fall under fraudulent misconduct. For an example, applying for benefits: after resigning from a job, for a month when you normally do not receive your national pension, or during normally-occurring downtimes in revenue such as: during the off season, or while shipments of items such as agricultural products are in transit, and when there is not a clear overall impact to your income due to an unforeseen change in household finances, and a sudden decrease in household income are forms of misconduct. Applicants must be aware that they can be charged with fraud which may be punishable by law for up to 10 years in prison.
- (4) I comply and consent to my basic resident register, tax, and other necessary public records to be provided and requested by the City of Nagoya between other governing bodies in order for the City of Nagoya to confirm my eligibility to receive the benefits.
- (5) In the event that sufficient information is not available in public records, I will submit any necessary documents.
- (6) This application form may be treated as an invoice for the benefits after the City of Nagoya deems me (the applicant) eligible to receive the benefits.
- (7) I (the applicant) consent to the City of Nagoya considering my application as withdrawn if, after being deemed eligible by the City of Nagoya to receive the benefits, the money transfer is unable to be completed due to inadequate or misinformation on this application form and / or declaration form, and the City of Nagoya is unable to contact and discuss this issue with me by January 31, 2023.
- (8) I (the applicant) will repay in full the benefits I received if it is found that there is falsified information on the application form and /or declaration form, and / or I do not meet the requirements to be eligible for the benefits.
- (9) If the annual income (estimated) exceeds the tax-exempt income limit, and the annual earnings (estimated) are equal to or less than the tax-exempt earnings limit, the application may be deemed to have been made based on the annual earnings (estimated), not the annual income (estimated).

This is an applicant copy. Please keep it in a safe place.