

Notice of Emergency Assistance Benefit (30,000 yen / Additional Benefit for Children) for Households Who Are Exempt from Resident Tax in Fiscal Year 2024

In light of the recent trend of households finding it increasingly difficult to afford high prices, 30,000 yen will be provided per household to those whose household finances are particularly affected, namely, those who are exempt from Resident Tax, and 20,000 yen per child will be provided to such households in which there are any children 18 years old or younger.

This notice has been sent to households that were potentially eligible for the benefit at the time the notice was sent. (Please note that benefits may not be provided in some cases after screening.) Before proceeding with the application process, please confirm the enclosed materials and read the attestation and agreement printed on the right side of the back of this Application Form, and submit the Application Form by the above deadline. We will deem your submission of the Application Form as your confirmation of the attestation and agreement on the back.

Eligible Households	30,000 yen	Households whose names are recorded in the Basic Resident Ledger of Nagoya City, as of December 13, 2024 , and all household members are exempt from paying Resident Tax for Fiscal Year 2024. However, a household which consists only of dependents, etc. of the person who pays Resident Tax is not eligible for this benefit. • A student living alone who is a dependent on their parents who pay Resident Tax • Parents who are dependents of their child who pays Resident Tax
	Additional Benefit for Children	Among the households eligible for 30,000 yen benefits, those households in which there are any children 18 years old or younger (date of birth on or after April 2, 2006). *Please see the back regarding Additional Benefit for Children.
Beneficiary	Head of the household *It will take about one month after submission of the application form before the payment is made.	
Amount of the Benefit	<div>One time only</div> 30,000 yen per household + 20,000 yen per child	
Procedure for Receiving Benefit	1. Please detach the Application Form along the dotted line. 2. Please fill out the Application Form and place it with required documents in the return envelope, and drop it into a mailbox. Please refer to the Instructions for Completing the Application Form upon filling out the Application Form. As for the required documents, please refer to the back side of this document.	

<Attestation and Agreement> ***Please be sure to confirm the following.**

Confirmation of the following Attestation and Agreement is required when submitting the Application Form for the Emergency Assistance Benefit for households who are exempt from Resident Tax in Fiscal Year 2024 (30,000 yen / Additional Benefit for Children).

- (1) I fall under the requirements for receiving the Emergency Assistance Benefit for households who are exempt from Resident Tax in Fiscal Year 2024 (30,000 yen / Additional Benefit for Children) (hereinafter referred to as the "Benefit").
- (2) Our household does not include any person who has undeclared income subject to Resident Tax.
- (3) The household does not consist solely of dependents of an individual paying Resident Tax under the tax law.
- (4) No one in the household is exempt from taxation under a tax treaty.
- (5) I agree that Nagoya City may check public records such as the Basic Resident Registers and tax information, etc., as necessary to examine whether or not I meet the requirements for receiving benefits, and may request or provide other administrative agencies, etc., with necessary materials.
- (6) In the event that the information cannot be confirmed by the public registry, etc., I will submit the relevant documents.
- (7) I agree as follows: After Nagoya City has made the decision to provide benefits, if the account transfer, etc. is not completed due to incomplete application forms or other reasons and if Nagoya City is unable to contact me or confirm any missing information by April 30, 2025, Nagoya City will deem the submission of this application to have been withdrawn.
- (8) If, after payment of the benefits, any information on this application is found to be false, or if it is found that the recipient does not meet the requirements for payment of the benefits, the benefits will be returned by the recipient to Nagoya City.
- (9) I agree that Nagoya City will strictly manage the personal information contained in the application form and will not use it for any purpose other than the purpose of payment by Nagoya City, and that the said information will be stored for five years.
- (10) I have not already received the same kind of benefit from other cities.

Instructions for Completing the Application Form

If there are any errors, please correct them by striking the error out with double lines and writing the correct information in the margin.

Please also read the reverse side of this paper.



Please fill in 1 to 4 on the Application Form using black ink.
Do not use an erasable ballpoint pen.

令和6年度住民税非課税世帯向け 緊急支援給付金（3万円・こども加算）申請書（請求書）

（宛先）名古屋市長
裏面記載の誓約・同意事項に同意の上、申請します。

1 申請・請求者 世帯主の氏名等を記入してください。

申請額	
世帯主の氏名	申請日 令和7年 4 月 1 日
名古屋 太郎	電話番号 090-1111-1111
住所	

2 支給対象世帯

3	対象世帯員氏名	生年月日
世帯主（申請者）	名古屋 太郎	平成〇年〇月〇日

3 振込先口座 (1) または (2) のいずれか一つを記入してください。

4	金融機関名	支店名	分類	口座番号	口座名義（カナ）
はちまる銀行	なごや支店	1. 普通 2. 当座	11111111	ナコヤ タロウ	

①受取口座を確認できる書類（通帳やキャッシュカードのコピー）を添付してください。
②世帯主または世帯員以外の口座に振込を希望する場合は、裏面の「4 代理受給を行う場合」への記入が必要です。

※金融機関で口座が作れない等、どうしても口座による受取ができない方は、名古屋コールセンター（☎050-3135-3260）にお問い合わせください。

裏面もご確認ください

事務局使用欄（記入不要）

1 Please fill in the **date** of submission.

2 Please fill in the **name** of the head of the household.

* If you wish to decline the application, please write "Decline" in the signature line and return the form.

In case there are any errors in the Application Form, we may call you to confirm the details, so please be sure to provide a **telephone number** (cell phone number if available) where we can reach you on weekdays from 9:00 a.m. to 5:00 p.m. JST.

3 Please check the names and date of birth of all members of the household eligible for the benefit.

4 Please fill in the account of the head or a member of the household.

If you wish the benefit to be credited into an account other than an account of the head or a member of the household, please fill in the section "If you wish to receive this benefit through an agent." (The telephone number should be one which we can reach your agent on weekdays from 9:00 a.m. to 5:00 p.m. JST.)

Eligible agents are the following:

1. Relatives
2. Legal representatives (adult guardian, curator, and assistant)
3. Others with whom you have made an agency agreement (guarantor organization, etc.)

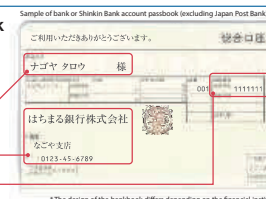
* If your agent falls under 3. Others as mentioned above, please contact our call center (☎050-3135-3260).

* If you wish to receive this benefit through an agent, it is required to submit a photocopy of your and your agent's identification documents (driver's license, health insurance card, etc.) and a document that confirms the relationship between you and your agent.

(1) Financial institution (excluding Japan Post Bank)

Bank account or Shinkin Bank
account information
(excluding Japan Post Bank)

Account holder name
Bank name and branch
Account type and number

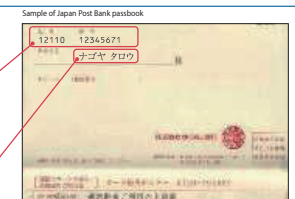


(2) Japan Post Bank

Japan Post Bank (Yucho)
account information

Symbol/Number

Account holder name



* Please attach a photocopy of a bankbook (such as the front inside cover of a bankbook), cash card or the like that confirms the information of the account so that the benefit can be credited.

いずれか一つ