

# Notice of Emergency Assistance Benefit (100,000 yen / Additional Benefit for Children) for Households Who Have Newly Become Exempt from Residents' Tax in Fiscal Year 2024

In light of the recent trend of households finding it increasingly difficult to afford high prices, 100,000 yen will be provided per household to those whose household finances are particularly affected, namely, those who are exempt from Residents' Tax, and 50,000 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	100,000 yen	Households whose names are recorded in the Basic Resident Ledger of Nagoya City <b>as of June 3, 2024</b> in which all members are exempt from Residents' Tax in Fiscal Year 2024.  <div style="border: 1px solid black; padding: 5px;"> <p>However, the following households are not eligible for this benefit.</p> <ul style="list-style-type: none"> <li>• Those households who were eligible for (a) the benefits for households exempt from Residents' Tax in fiscal year 2023 (70,000 yen) and (b) the benefits for households subject to Residents' Tax on per capita basis only in fiscal year 2023 (100,000 yen)</li> <li>• Those households who consist only of dependents under the law relating to Residents' Tax</li> </ul> </div>
	Additional Benefit for Children	Among the households eligible for 100,000 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 <b>about one month</b> after submission of the application form before the payment is made.
Amount of the Subsidy	<b>One time only</b>	<b>100,000 yen</b> per household + <b>50,000 yen</b> per child
Procedure for Receiving Benefit	<ol style="list-style-type: none"> <li>1. Please fill in ① to ④ on the Application Form on the right.</li> <li>2. Please detach the Application Form from this document along the dotted line.</li> <li>3. Please attach a photocopy of your account information on the back of the Application Form.</li> <li>4. Please place the Application Form in the return envelope and drop it into a mailbox. (If you wish to apply through an agent, please be sure to enclose the additionally required documents.)</li> </ol>	

## <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 have newly become exempt from Residents' Tax in Fiscal Year 2024 (100,000 yen / Additional Benefit for Children).

- (1) I fall under the requirements for receiving the Emergency Assistance Benefit for households who have newly become exempt from Residents' Tax in Fiscal Year 2024 (100,000 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 Residents' Tax.
- (3) The household does not consist solely of dependents of an individual paying Resident's Tax under the tax law.
- (4) Our household does not include any person in the same household or the head of such household who was eligible for the benefit for households exempt from Residents' Tax in fiscal year 2023 (70,000 yen) or the benefit for households subject to Residents' Tax on per capita basis only (100,000 yen).
- (5) No one in the household is exempt from taxation under a tax treaty.
- (6) 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.
- (7) In the event that the information cannot be confirmed by the public registry, etc., I will submit the relevant documents.
- (8) I agree that 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 or confirm any missing information with the recipient by October 31, 2024, Nagoya City will deem the submission of this application to have been withdrawn.
- (9) 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.
- (10) 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.
- (11) 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年度新たに住民税非課税となった世帯向け 緊急支援給付金（10万円・子ども加算）申請書

(宛先) 名古屋市長  
以下のとおり申請します。

1 記入日 9月7日

### 1 支給対象世帯 ※①～④を記入してください（裏面あり）

No.	対象世帯員氏名	生年月日
1	名古屋 太郎	平成〇年〇月〇日
2		
3		
4		
5		
6		

3 主（受給者）の氏名 名古屋 太郎  
 2 署名（世帯主の氏名） 名古屋 太郎  
 4 連絡先電話番号★忘れずに記入してください。  
 平日9:00～17:00に連絡の取れる番号（できれば携帯電話番号） 090 ( 1111 ) 1111

### 2 振込先口座名義の確認

(1) 世帯主・世帯員口座の場合 (2) それ以外の口座の場合（代理受給を行う場合）  
下記の者を代理人と認め、本給付金の手続・受給を委任します。

代理人氏名	代理人連絡先	世帯主との関係
		1. 親族 2. 法定代理人 3. それ以外

※裏面の必要書類を添付 「3」はコールセンターへ連絡

3 へお進みください

### 3 振込先口座情報

(1) 金融機関（ゆうちょ銀行を除く）

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	普通 2. 当座	11111111	ナコヤ タロウ

(2) ゆうちょ銀行

ゆうちょ銀行	(通帳) 記号	(通帳) 番号	口座名義（カナ）
通帳・キャッシュカードの 【記号・番号】を記入	12770	12345671	ナコヤ タロウ

記入された口座情報（通帳等）の写しを裏面に貼付してください

事務局使用欄（記入不要）

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

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

3 Please fill in the **name** of the beneficiary printed on the form.  
\* 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.  
We may send a short text message to your cell phone.

4 If you wish to receive this subsidy through an agent, it is required to write the agent's name, the relationship between the agent and the household, and the agent's telephone number where we can contact the 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 you wish to receive this subsidy through an agent, it is required to submit the agent's identification documents (a photocopy of their health insurance card, driver's license, etc.) and a document that confirms the relationship between you and the agent.

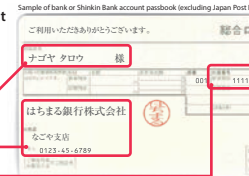
\* If your agent falls under 3. Others as mentioned above, please contact our call center (☎050-3135-3260).

5 • For the account for the payment, fill in the account of a member from "All members of the household eligible for the benefit" ("1" on the left side), or the account of an eligible agent who is a relative, legal representative, or other person with whom you have made an agent agreement, such as a guarantor organization ("2" on the left side).

• Please **attach** a photocopy of a bankbook/cashcard or an image of online banking account that confirms the name of the account holder, name of the financial institution, branch name, classification, and account number to the back of the Application Form.

(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

いずれか一つ