

Mayor of Yokkaichi City

This Confirmation Form is being sent to you because it is assumed that you are a household subject to residential tax on a per capita basis only and are eligible to receive a Temporary Special Benefit.

Please fill out the Confirmation Form and return it along with the attached documents.

Yokkaichi City Living Support Benefits Office

2023 Yokkaichi City Temporary Special Benefit Confirmation Form for households subject to residential tax on a per capita basis only

Submission deadline: June 28, 2024 (Friday) Postmark valid on the same day

Confirmation Form example and notes

Confirmation Form Side A

Please fill out the form clearly and accurately using "a black ballpoint pen." Do not use erasable pens or pencils.

The head of the household or his/her agent must sign it himself/herself.

Please fill in the information on Side B (5) on the back and enclose a photocopy of your identity verification document and a photocopy of your passbook.

Confirmation Form example showing sections 1-4: 1. Confirmation of eligible persons and payment amount, 2. Pledge/consent, 3. Confirming and signing by the recipient, 4. How to receive the benefit.

1 Confirmation of eligible persons and payment amount

Table with 4 columns: Full name, Date of birth of eligible child, Head of household, Child addition. Includes a Total planned payment amount row at the bottom.

2 Pledge/consent

As of December 1, 2023. 1. None of the members of my household are receiving support from relatives, etc. from another household that is subject to residential tax. 2. No one in the household has unreported income that is subject to residential tax on income basis. 3. No one in my household has already received a benefit for households exempt from residential tax (70,000 yen) or a benefit for households subject to residential tax on a per capita basis only (100,000 yen + 50,000 yen per child), including those in other municipalities.

My household will not receive any benefits [ ]

3 Confirming and signing by the recipient [Pledge and consent]

- The head of the household should confirm the pledge and consent in (2) before signing his/her name (can be signed on your behalf). By signing your name, you are pledging and confirming that you are eligible for the benefit. If your agent confirms the contents of (2) and receives the benefits, the agent should fill in his/her name and also fill out Side B (6).

I have confirmed the contents of (2), so I will apply for the benefit. Table with columns: Date confirmed, Name of head of household, Daytime contact details.

4 How to receive the benefit

- It is necessary to fill in the "Designated financial institution account on Side B (5)" on the back side. Please enclose a photocopy of your financial institution account passbook. Please enclose a photocopy of your identity verification document. If you wish to receive the benefit in a financial institution account of your agent and not that of the eligible person (head of household), the following information and documents are required: Filling out and affixing your seal on Side B (6) on the back side; Photocopy of the identity verification document of the eligible person (head of household); Photocopy of the identity verification document of your agent; Photocopy of the passbook of the designated financial institution account.

多言語によるご案内は、右記のQRコードよりご確認ください。关于本通知的中文版介绍，请扫描右边二维码确认。 다국어 안내는 우측 QR 코드를 통해 확인해 주십시오. Please scan the QR code on the right to get information about this form. Para obtener información multilingüe sobre este formulario, escanee el código QR de la derecha. Favor escanear o código QR para obter informações sobre este documento em várias línguas. chi tiết cù thể bằng các ngôn ngữ khác được hướng dẫn trong đường link này( đọc mã QR)



\*QRコードは(株)デンソーウェブの登録商標です

Yokkaichi City Living Support Benefits Office Inquiry 059-354-8241 Reception time 8:45 am to 5:00 pm Excluding Saturdays, Sundays, and public holidays. When you call us, please tell us your confirmation number.

Continued overleaf

\* Please check the back page for details.

**5 Designated financial institution account**

Please enter your financial institution account and enclose a photocopy of your financial institution account passbook. *\*If you have entered the financial institution account of someone other than the eligible person (head of household), please be sure to fill in (6), check the required attached documents on Side C, and enclose them.*

If you do not have a financial institution account, please contact us.

|   |  |  |  |                |  |
|---|--|--|--|----------------|--|
| Financial institution name                                  |  | Deposit type<br>(1. Savings Account) (2. Checking Account) |  | Account holder |  |
| Branch code (Branch number)<br>* Other than Japan Post Bank |  | Account number<br>* Other than Japan Post Bank             |  |                |  |
| Symbol<br>* Japan Post Bank                                 |  | Number<br>* Japan Post Bank                                |  |                |  |

**6 In the case of receiving the benefit in the financial institution account of your agent on Side B (5)**

Please fill out and affix your seal on the form below. (Even if the head of the household/agent signs it himself/herself, the seal must be affixed.) The spouse, parents, or children of the head of the household can also act as an agent. If your relationship to the head of the household is "Other," please enter the relationship in parentheses. In addition, please enclose the attached documents listed in the table below.

|   |   |                                   |  |      |
|---|---|-----------------------------------|--|------|
| Column to be filled in by head of household | I recognize the following person as my agent and entrust him/her with confirming and receiving the Temporary Special Benefit. |                                   | Name of head of household                                      | Seal |
| Column to be filled in by agent             | Name of agent (Name)  | Agent address (Location)          | Daytime contact details ( )                                    |      |
|   | Date of birth of agent  | Relationship to head of household | Same household   Legal representative   Other (Relationship: ) |      |

|                                  | Relationship to head of household   |  |  |
|----------------------------------|---|--|--|
|                                  | Same household  | Legal representative   | Other  |
| Those who can confirm the agency | • Person who is listed on the same resident record as the head of the household | • Adult guardian<br>• Curator whose authority of representation has been granted<br>• Assistant whose authority of representation has been granted                               | • Relatives and other people who take care of the eligible person on a daily basis |
| Attached documents               | • Photocopy of the identity verification document of your agent                 | • Photocopy of registration certificate of adult guardian, curator, or assistant or copy of court certificate<br>• Photocopy of the identity verification document of your agent | • Photocopy of the identity verification document of your agent                    |

**Example of entry if you wish to receive the benefit in the financial institution account of your agent**

**6 In the case of receiving the benefit in the financial institution account of your agent on Side B (5)**

Please fill out and affix your seal on the form below. (Even if the head of the household/agent signs it himself/herself, the seal must be affixed.) The spouse, parents, or children of the head of the household can also act as an agent. If your relationship to the head of the household is "Other," please enter the relationship in parentheses. In addition, please enclose the attached documents listed in the table below.

|   |   |                                   |  |                |      |
|---|---|-----------------------------------|--|----------------|------|
| Column to be filled in by head of household | I recognize the following person as my agent and entrust him/her with confirming and receiving the Temporary Special Benefit. |                                   | Name of head of household                                      | Taro Yokkaichi | Seal |
| Column to be filled in by agent             | Name of agent (Name)  | Agent address (Location)          | Yokkaichi City XXXXXX  |                |      |
|   | Date of birth of agent  | Relationship to head of household | Same household   Legal representative   Other (Relationship: ) |                |      |

Please fill in clearly and accurately using "a black ballpoint pen." Do not use erasable pens or pencils.

**Attached documents [Important]**

Please be sure to check and enclose the required attached documents.

| How to receive the benefit (designated account)                              | Attached documents   |
|--|--|
| Those who have written their own account information on Side B (5).          | • Photocopy of the identity verification document of the eligible person<br>• Photocopy of passbook of financial institution account   |
| Those who have written the account information of their agent on Side B (5). | • Photocopy of the identity verification document of the eligible person<br>• Photocopy of the identity verification document of your agent<br>• Photocopy of passbook of financial institution account<br>• Please see the relationship to the head of household on Side B (6).<br>* You will need to fill out and affix your seal on Side B (6). |

**Photocopy of identity verification document**

**① For those with Japanese nationality**

\* For **any one** of the documents listed below that is still within the expiration date, the part where the name and date of birth are written and the part where changes are written

- Driver's License
- Health Insurance Card
- Passport
- Physical Disability Certificate
- Rehabilitation Certificate
- Long-term Care Insurance Certificate
- Pension Handbook, etc.
- Basic Resident Register Card (with photo)
- My Number Card (photo side only)
- My Number Notification Card (without photo) cannot be used.

**② For those who do not have Japanese nationality**

\* Among the documents listed below, those within the expiration date, or documents listed in ① (issued within Japan)

- Residence Card (front/back)
- Special Permanent Resident Certificate (front/back)

**Photocopy of passbook of financial institution account**

Financial institution account specified on Side B (5)

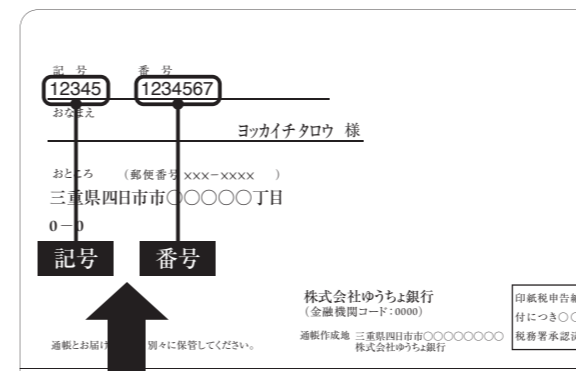
**○ In the case of Japan Post Bank**

- Photocopy of passbook two-page spread  
(Page where you can see the "symbol" and "number" for transfer)

**○ In the case of banks other than Japan Post Bank**

- A copy of one of the following
  - Photocopy of passbook two-page spread
  - If the account is without a passbook, a copy of the cash card (both front and back)
- \* If the "financial institution name," "deposit type," "account holder," "branch number," and "account number" are not printed on the two-page spread, please also enclose a photocopy of the passbook cover.

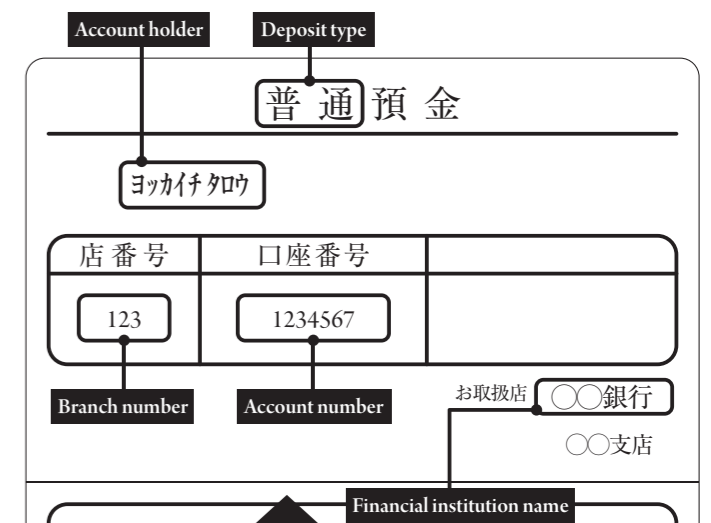
**Example of photocopy of passbook (in the case of Japan Post Bank)**



Please make a photocopy so that the "symbol" and "number" are clearly visible.

- Please make photocopies of your identity verification documents and financial institution account passbook on A4 (vertical) paper.
- Please do not cut out the photocopied documents, fold them in thirds or fourths, and return them in the return envelope together with the Confirmation Form.

**Example of photocopy of passbook (in the case of banks other than Japan Post Bank)**



Please make a photocopy so that the "financial institution name," "deposit type," "account holder," "branch number," and "account number" are clearly visible.