

*This is the homepage for entry examples in foreign languages.
Please scan the two-dimensional code on the right with a smartphone.
The available languages are **English**, **中文** and **한국어**.



Entry examples for the confirmation form for those requiring the payment of Minato City relief benefits for supporting the livelihoods of the households that are exempt from resident tax

Please fill in all required information, using the following as a reference.

***Please do not write in an erasable way.**

A Please check these three items for Confirmation and tick the box.

B ① Write the date you filled in this form.
② Write the name of the head of your household (signature).
③ Write a phone number where you can be reached during the day.

C If a person other than the recipient (head of household) who filled in ② will confirm/receive the support payments, please fill in all the required information, and tick one of the terms of delegation.

◆ People who can confirm/receive support payments on behalf of the recipient:

1. **Same household:** a person living in the same household as the recipient.
2. **Legal representatives:** persons exercising parental authority, guardians of minors, guardians of adults, conservators, and limited guardians who have been granted right of representation, etc.
3. **Others:** relatives or other persons who are specially recognized by the mayor to be taking care of the recipient on a routine basis (please confirm in advance.)

*If you have any questions, please contact us.

*If the person confirming falls under 2 or 3 above, the documents described on the back of the confirmation form must be attached.

1 Confirmation that you are eligible for payments (Please tick the box.)

All items from ① to ③ below apply.

← (You may receive the support payments **only** when the box has been ticked.)

- ① The household does not consist solely of the dependents of a person who is subject to resident tax per capita levy for fiscal year 2024. (E.g., households of students living alone who are supported by a relative [taxpayer] are not eligible.)
- ② No one in your household has income that is subject to resident tax per income levy for fiscal year 2024.
- ③ You have not received a similar payment of benefits (e.g., 30,000 yen) from another municipality before moving to Minato City.

*We may contact you if we have any doubts during the screening.

1 確認事項 (□に✓チェックを記入してください。)

✓ 以下の①から③に該当します。
← (チェックがある場合に給付金が受け取れます。)

- ① 令和6年度住民税均等割が課税されている者の扶養親族等のみからなる世帯ではありません。(例: 一人暮らしの学生等で親族(課税者)に扶養されている世帯などは対象となりません)
- ② 世帯の中に、令和6年度住民税所得割が課税となる所得がある者はいません。
- ③ 転入前において、既に他自治体で同様の給付(3万円等)を受けていません。

※審査を進める上で、疑義がある場合は連絡させていただく可能性があります。

2 受給権者(世帯主) 上記確認事項について相違ないことを確認しました。

フリガナ	フリガナ	フリガナ	タロウ	記入日	令和 〇 年 〇 月 〇 日
世帯主氏名	署名(自署)	Minato Taro		連絡先	00-0000-0000
				※日中に連絡可能な電話番号を記入してください。	

3 代理で確認・受給を行う場合

※代理で確認・受給できる方等の詳細については裏面をご覧ください。

代理(フリガナ)	生年月日	住 所
署名	(西暦) 年 月 日	〒 - 電話 ()
受給権者との関係	□1.同一世帯 □2.法定代理人 □3.その他()	世帯主の署名
上記の者を代理人と認め、生活支援給付金の(□確認 □受給 □確認・受給)を委任します。(委任される事項の該当箇所の□に✓を記入してください。)		

4 振込口座

※①、②のどちらかに必要事項をご記入ください。

① 金融機関(ゆうちょ銀行を除く)の場合は、下記にご記入ください。

口座名義(カタカナ)	金融機関名	銀行	労働金庫
		金庫	農協
		信用組合	
金融機関コード	支店名	本店	出張所
		支店	
預金種目	□1.普通 □2.当座	支店コード	口座番号(右詰め)

② ゆうちょ銀行の場合は、下記にご記入ください。

口座名義(カタカナ)	
記号	1 0 番号(右詰め) 1

D Please write the details of the bank account where you wish to receive the support payments in either ① or ②.

[Important Points]

- The name on the bank account must be either the head of household or the representative.
- If you do not know the bank identification code or branch number, please leave it blank.