

*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 additional 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

- Write the date you filled in this form.
- Write the name of the head of your household (signature).
- 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:**

- Same household:** a person living in the same household as the recipient.
- Legal representatives:** persons exercising parental authority, guardians of minors, guardians of adults, conservators, and limited guardians who have been granted right of representation, etc.
- 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.)

- I am not from a household consisting of only dependent relatives of those who are subject to residence tax.
- There is no one in my household who has income that is subject to residence tax.
- I do not receive similar benefits from other municipalities as the support for households exempt from resident tax.

A

- 住民税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。
- 世帯の中に、住民税が課税となる所得がある者はいません。
- 他自治体で同様の住民税非課税世帯向けの給付を受けていません。

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。

B

フリガナ 世帯主氏名	フリガナ ミナト タロウ 署名(自署) Minato Taro	記入日 令和 ○ 年 ○ 月 ○ 日	①
	連絡先 00-0000-0000	③	

*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。

(フリガナ) 署名	生年月日 (西暦) 年 月 日	住所 〒 -
受給権者との関係 <input type="checkbox"/> 1.同一世帯 <input type="checkbox"/> 2.法定代理人 <input type="checkbox"/> 3.その他()	世帯主氏名 署名	電話 ()

上記のものを代理人と認め、生活支援給付金追加支給の()確認・請求 受給 確認・請求及び受給)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。法定代理人による申請の場合は委任方法の選択は不要です。)

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	<input type="checkbox"/> 銀行 <input type="checkbox"/> 労働金庫 <input type="checkbox"/> 金庫 <input type="checkbox"/> 農協 <input type="checkbox"/> 信用組合
金融機関コード	支店名	<input type="checkbox"/> 本店 <input type="checkbox"/> 出張所 <input type="checkbox"/> 支店
預金種目 <input type="checkbox"/> 1.普通 <input type="checkbox"/> 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
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本給付金を受給しない場合…右欄の 内に 印をご記入ください。【私の世帯は給付金を受給しません 】

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.