

There is an explanation of the required documents. Please be sure to read all pages.

The page on the left is the application form for receiving benefits. Please look at the example on the right page and fill out the application form. After filling out the required information and attaching the documents, please send the left page in the return envelope.

【お問合せ番号】

令和6年度住民税非課税世帯への 緊急支援給付金申請書(請求書)

裏面の【誓約・同意事項】を全て確認しチェックしました。全ての内容に誓約・同意の上、申請します。

1. 申請・請求者(世帯主)

		記入日 令和 7 年 月 日	
(フリガナ) 氏名	性別	生年月日	現住所
		明治・大正・昭和・平成・令和	
		年 月 日	電話 ()

2. 申請者が属する世帯の状況

※令和6年12月13日時点の全ての構成員について記載してください。
※6人以上の世帯の場合は、この用紙をコピーして6人目以降を記載してください。

(フリガナ) 氏名	申請者との 続柄	性別	生年月日	令和6年1月1日時点の住所
(1. 申請者)	本人			
			明・大・昭・平・令 年 月 日	
			明・大・昭・平・令 年 月 日	
			明・大・昭・平・令 年 月 日	
			明・大・昭・平・令 年 月 日	

※他市区町村で実施している低所得世帯への給付金及び子育て世帯への加算給付を受給した世帯は支給対象となりません。
※本給付金は令和5年度、令和6年度に実施した低所得世帯への物価高対策緊急支援給付金(1世帯あたり7万円又は10万円)を受給した世帯も受け取ることができます。

このページの両面に必要事項をご記入の上、ページを切り離し、同封の返信用封筒に入れてご返送ください。
右ページ上部に記載されている「お問合せ番号」は、令和6年度住民税非課税世帯への緊急支援給付金の申請状況等を確認する際に必要となりますので、大切に保管してください。

裏面に口座記入欄、必要書類があります。必ずご確認ください。

処理担当者 記入欄					転
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申請期限 令和7年6月2日(月) (当日消印有効)

↓ This is your number for inquiry. (Otoiawase-bango.)

Please keep this number for future reference.

Number for inquiry
(Otoiawase-bango)

Name of applicant (head of household)

【Sample】
English

How to Fill in the Application (Claim) Form (left side of this sheet)

Fill in your information in Japanese or English alphabet using a ballpoint pen as shown in red below

1. Applicant/Claimant (Head of household) [Example]

Year may be written in Western notation if you do not know the Japanese calendar year

Name in katakana Name		Sex	Date of birth	Current address and telephone number
スミス ジョン SMITH JOHN		男	明治・大正・昭和・平成・令和 1980(year) 9(month) 30(day)	仙台市〇〇区△△町□□番◇◇号 Phone: 000 (1234) 5678

- Please read and agree with all items under [Pledges & Consent] on the reverse side of the application (claim) form before filling in the form.
- If a proxy will be applying/claiming the benefit on behalf of the head of household, the signature of the head of household must be provided on the reverse side of the form.

2. Household members [Example]

Street number is not needed.

	(Name in katakana) Name	Relationship with applicant	Sex	Date of birth	Address as of January 1, 2024
1	(1. Applicant)	Self			〇〇〇〇〇〇市△△△町
2	スミス ジェーン SMITH JANE	妻	女	明・大・昭・平・令 1980(year) 4(month)10(day)	〇〇〇〇〇〇市△△△町
3	スミス ジェームズ SMITH JAMES	子	男	明・大・昭・平・令 2010(year) 6(month)10(day)	〇〇〇〇〇〇市△△△町
4	スミス ケイト SMITH KATE	母	女	明・大・昭・平・令 1950(year) 7(month)10(day)	
5				明・大・昭・平・令 (year) (month) (day)	

- Provide information on all members of your household.
- If your address was in Sendai City continuously from January 1, 2024 to Jun 3, 2024 (reference date), you do not need to provide your address.

3. Transfer account [Example]

Circle the types of financial institution and branch office that apply. If you are unsure, you may leave them uncircled.

Please write in katakana as shown on your bank book

Financial institution	Branch	Account type	Account number	Account holder
〇〇銀行	〇〇支店	普通	0123456	スミス ジョン

↑ Provide information of the account where you wish to receive the benefit (name of financial institution and branch, account number, account holder).

Be sure to read the reverse side of this sheet and prepare the additional documents that are required.
If you are unable to receive the benefit via account transfer by any means, please call the hotline (0120-000-483).

↓ Fill in the following if a proxy will be receiving the benefit. [Example]

Name in katakana Name of proxy	Relationship to head of household	Proxy's date of birth	Address
スミス ジェーン SMITH JANE	長女	明治・大正・昭和・平成・令和 1980(year) 12(month) 10(day)	宮城県仙台市〇〇区△△1-1-1 Phone: XXX (2345) 6789

I (head of household) entrust the above individual to submit the Application (Claim) Form for the Benefit and to receive the benefit on my behalf.

Signature of head of household

Signature (handwritten personally by the head of household)

SMITH JOHN

For "Relationship to head of household," please specify the proxy's relationship from the standpoint of the head of household (such as husband, legal representative, etc.). If the proxy will be receiving the benefit on behalf of the head of household, document proving their relationship to the head of household must be submitted

(Cut along the dotted line and return the left half of this sheet)

(Use the checklist below to make sure you have all the necessary documents before returning the form)

[Documents to be submitted]

- FY 2024 Emergency Support Benefit for Households exempt from Resident Tax application form
- Copy of your personal ID [to be pasted onto the Application (Claim) Form]
 - * Examples of personal ID documents: Resident card, driver's license, My Number card with your photo (front side), etc. (a copy of one of the above)
- Copy of a document showing information of your transfer account [to be pasted on the Application (Claim) Form]
 - * Examples of relevant documents: bank book or cash card showing the name of the financial institution, account number, and account holder of the transfer account

If you wish to use a bank account under the name of your proxy as the account to which the benefit will be deposited into, the following documents are additionally required.

- Copies of identity verification documents of the proxy [to be glued onto the page on the right]
- A copy of a document showing the proxy's relationship with the head of household [please enclose the proof in the return envelope]
 - * Example of documents: Portions of documents that can prove the relationship, such as a copy of the family register or a certificate of registration of adult guardian, etc.

Please attach your identification document.

*If you are providing a copy of your My Number Card, a copy of **only the front side is sufficient.**

If it is to be received in an account of a proxy, attach a copy of both the proxy and the head of household's IDs.

The following documents cannot be accepted.

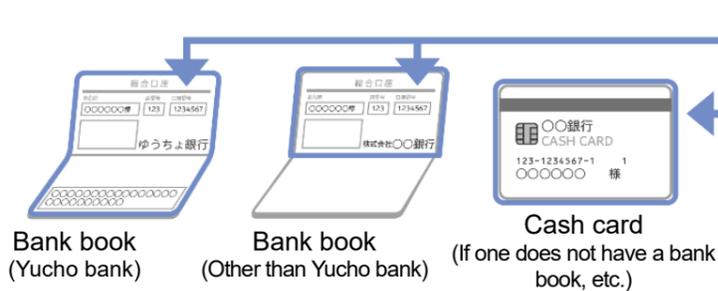
- Back side of your individual number card
- Blurry copy
- Information including name cannot be seen.
- Expired document



Please attach a copy of your bank book or cash card.

*It should show the name of the financial institution and branch, **type and number of the account** and **the name of the account holder** (in *katakana*).

Attach a copy of one of the following.



Be sure to copy the page/side showing the account holder, the name of the financial institution and branch (branch code), and account number.

- * In the case of Yucho Bank, copy the first two facing pages.
- * The copy does not need to fit within the form. If it sticks out, please fold it so it fits into the envelope.
- * If the copy cannot be pasted onto this form, write the name and address of the head of household on the reverse side of the copy and enclose it in the envelope along with the application form.

3. 振込口座 (原則、1. の申請・請求者名義の口座とします。)

金融機関名	支店名	分類	口座番号 (左詰めで記入)	口座名義(フリガナのみ) ※通帳の表記に合わせてください
1.銀行 5.農協 2.金庫 6.漁連 3.信組 7.信濃連 4.信連	本・支店 本・支所 出張所	普通		

●ゆうちょ銀行を振込口座とする場合は、「金融機関名」、「口座名義(フリガナのみ)」のほか、通帳見開き下部に記載の「店名」、「口座番号(7ケタ)」をご記入ください。

※**代理人口座を指定する場合は、下の欄も記入してください。**

(フリガナ) 代理人氏名	世帯主との 関係	代理人生年月日	代理人住所
		明治・大正・昭和・平成・令和 年 月 日	電話 ()

私(世帯主)は上記の者へこの申請書(請求書)に関する申請・請求及び受給を委任します。

世帯主署名欄	署名

●代理人は、親族または法定代理人(成年後見人等)に限ります。

[書類貼り付け欄]

① 本人確認書類のコピー

本人確認書類のコピーを下に貼付してください。
※代理人の口座への振込を希望する場合は、世帯主の本人確認書類と、代理人の本人確認書類が必要です。



※個人番号通知カード(紙製のものは、本申請では確認書類として使用できません。)

下記のものは書類不備となりますのでご注意ください

- マイナンバーカードの裏面
- コピーが薄く読めないもの
- 氏名等が見切れているもの
- 有効期限が切れているもの

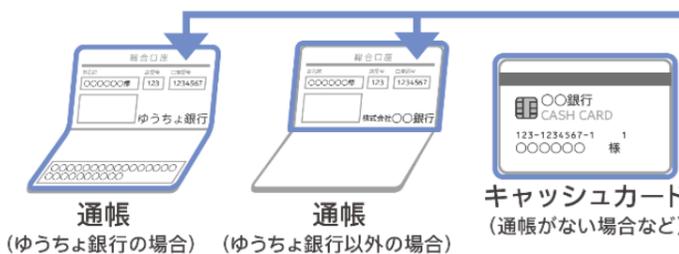


② 振込口座が確認できる書類のコピー

いずれか1つのコピーを下に貼付してください。



※ゆうちょ銀行の場合は、通帳見開きのページ全面のコピーを貼付してください。
※この貼り付け欄からはみ出してもかまいません。郵送の際は折りたたんでください。
※添付欄に貼りきれない場合は、通帳等をコピーした紙の裏面に世帯主の住所・氏名を記入して、**同封してください。**



必ず金融機関名、支店名(支店コード)、口座番号、口座名義(カタカナ・フルネーム)が確認できる面のコピーを同封してください。

[Pledges & Consent]

To apply for the benefit, you must pledge and consent to all items listed below.

- ❶ My household (all household members living together) meets the following criteria for the FY 2024 Emergency Support Benefit for Households exempt from Resident Tax.
 - ① All members of my household are exempt from resident tax for FY 2024.
 - ② All members of my household are not dependents of other family members or relatives who are subject to resident tax in 2024.
 - ③ There are no family members living together who are not subject to resident tax due to tax treaties.
- ❷ My household is not receiving benefits for low-income households provided by other municipalities (including additional benefits for households with children).
- ❸ During screening, regardless of if my household is eligible for the FY 2024 Emergency Support Benefit for Households exempt from Resident Tax, Sendai City may verify my basic resident register and tax ledger and seek and/or provide the necessary materials to other administrative agencies, etc.
- ❹ If Sendai City cannot verify my eligibility based on the above records, I will submit additional documents as requested by the city.
- ❺ After I have been deemed eligible for the FY 2024 Emergency Support Benefit for Households exempt from Resident Tax by Sendai City, the Application Form will be processed as a Claim Form for the benefit.
- ❻ If there was any false information among which I provided, and despite Sendai City's request for amendment the error was not corrected by June 2, 2025 (Monday), my application will be cancelled and I will not receive the benefit.
- ❼ If it was found that I provided false information in the Application Form or that I did not meet the criteria for receiving the benefit after the FY 2024 Emergency Support Benefit for Households exempt from Resident Tax was paid out, I will pay back the benefit. As applying for the benefit based on false information is an illegal act, if I were to receive the benefit fraudulently, I could be accused of fraud under Article 246 of Japan's Penal Code and be sentenced to imprisonment of up to ten years.

[Inquiries]

Hotline for the Emergency Support Benefit for Low-income Households

 **0120-000-483**

[Contact hours] Weekdays 8:30 am to 5:00 pm

[Languages] Japanese, English, Chinese, Korean, Vietnamese, and Nepali