

仙台市長

【 帳 票 番 号 】

低所得世帯への物価高対策緊急支援給付金 支給要件確認書

低所得世帯への物価高対策緊急支援給付金について、令和5年度の住民税の課税状況に基づき、支給対象世帯に該当するため、以下のとおり支給予定額をお知らせします。
以下の内容を確認して、下記の返送期限までに返送してください。

支給口座	
支給予定額	

※令和2年度特別定額給付金、令和3年度若しくは令和4年度住民税非課税世帯等への臨時特別給付金又は令和4年度電力・ガス・食料品等価格高騰緊急支援給付金で申請された口座です。

■確認事項

次のすべての要件に該当しますので、給付対象に該当します。

- 世帯員全員が住民税非課税です。
- 世帯員全員が住民税が課税されている他の親族等の扶養を受けていません。

※租税条約による住民税の免除を届け出ている方がいる場合は、支給対象となりません。

■上記の内容に相違ありません。また、同意事項に同意します。

世帯主 記入欄	確認日	令和 年 月 日	世帯主	電話番号

※電話番号は日中の連絡が可能な番号を記入してください。

※回答内容について、税情報等に基づき仙台市から確認させていただくことがあります。

記載された口座を既に解約しているなどで**上記口座とは異なる口座への振込みを希望する場合や、上記口座欄が空欄の場合**には、以下の欄に**世帯主又は代理人名義の口座を記入**してください。**(必要書類がございますので必ず裏面をご覧ください)**なお、口座を変更される場合は、支給にお時間をいただく場合がございます。

金融機関名	支店名	分類	口座番号 ※左詰でお書きください	口座名義(カナ) ※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.信漁連 4.信連	本・支店 本・支所 出張所	1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。

処理担当者 記入欄			
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返送期限 令和6年5月31日(金) (当日消印有効)

↓ This is your *chohyo-bango* (form number). Please retain this number for future reference.

Chohyo-bango (form number)	Name of applicant (head of household)
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[Example]
English
英語

← The left side of this sheet is the Confirmation Form for payout of the benefit.

↓ Please fill in the form in reference to the instructions below.

After you complete the form, cut along the dotted line and return the left side of the sheet via post using the supplied return envelope.

How to fill in the Confirmation Form (left side of this sheet)

Replace the **entries shown in red below** with your information in **Japanese or alphabets** using a ballpoint pen

Transfer account	Bank / Branch / Type of account / Account number (Account holder)
Payment amount	70,000 yen

↑ If you have received the FY2020 Special Cash Benefit (100,000 yen per person), the FY2021 or FY2022 Special Temporary Benefit (100,000 yen per household), or the FY2022 Emergency Support Benefit (50,000 yen per person), the account number you used then is printed here. Please check and make sure the information is correct. If you did not receive any benefits in the past or if there has been a change in your household status, this field will be blank. If you wish to have the benefit deposited in your bank account, etc., **please be sure to provide the necessary information in the field at the bottom of the form.**

- All members of my household are exempt from resident tax.
- No member of my household is a dependent of another member or relative who is subject to resident tax.

↑ Please check that your household meets the above two criteria.

To be filled in by head of household	Entry date	2024(year) 2(month) 1 (day)	Head of household	SMITH JOHN	Phone	XXX-1234-5678
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↑ Please fill in the entry date*, the name of the head of household, and telephone number.

*Entry date should be written in the order of year, month, date. Year may be written in Western notation.

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

Financial institution	Branch	Account type	Account number	Account holder
1.銀行 5.農協 2.金庫 6.漁連 3.信組 7.信漁連 4.信連	本・支店 本・支所 出張所	1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).

If you wish to change the account information printed at the top of the sheet or if a proxy will be receiving the benefit, **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).

- ### Pledges & Consent
- You have not received a benefit (70,000 yen) from any other municipality.
 - We may check your basic resident register, tax ledger, or other such records to verify your household's eligibility to receive the benefit.
 - If we cannot verify your eligibility based on the above-mentioned records, we may ask you to submit additional documents.
 - If the benefit cannot be transferred to your account due to a mistake in the account information you provided and you (or your proxy) cannot be contacted for confirmation by Friday, June 28, 2024, you will be construed as having withdrawn your Confirmation Form.
 - If a mistake has been found in the information you provided, or if it is found that you do not meet the criteria for receiving the Emergency Support Benefit, you will be asked to return the benefit.
 - If it is found that you have received the benefit fraudulently by means of a false declaration, you will not only be asked to return the benefit, but you could be accused of fraud under Article 246 of Japan's Penal Code and sentenced to an imprisonment of up to ten years.

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

Circle the Japanese era name that corresponds to the proxy's year of birth. If you are unsure, you may leave it uncircled.

Name of proxy		Relationship to head of household	Proxy's date of birth
Name in <i>katakana</i> スミス ジェーン		長女	明治 大正 1980 (year)
SMITH JANE			昭和 平成 12 (month) 10 (day)
Address	〒000-0000 宮城県仙台市〇〇区〇〇〇1-1	Telephone number	XXX-2345-6789 (Daytime contact number)

I (head of household) entrust the above individual to submit the Application (Claim) Form for the Anti-inflation Emergency Support Benefit for Low-income Households and to receive the benefit on my behalf.

Signature of head of household	Signature (handwritten personally by the head of household) SMITH JOHN
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■代理確認及び受給を行う場合

代理人氏名		世帯主との関係	代理人生年月日
フリガナ			明治 大正 昭和 平成 年 月 日
代理人住所	〒 -		電話番号
			(日付連絡が取れる番号を記入してください)

私(世帯主)は上記の者へ低所得世帯への物価高対策緊急支援給付金の支給要件確認書の確認・請求及び受給を委任します。

世帯主署名欄	署名
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本人確認書類のコピー

(健康保険証、運転免許証、マイナンバーカード等)

※顔写真付きのマイナンバーカードを添付する場合は、番号が載っていない表面のコピーのみ添付してください。
※外国人住民の方の本人確認書類は、在留カード、特別永住者証明書等のコピーも使えます。

表面の「支給口座」に印字されている口座以外に振り込む場合、必ず本人確認書類のコピーを貼付してください。

※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。

振込口座が確認できる書類のコピー

金融機関名、支店名、預金種別、口座番号、口座名義(カナ)がわかる通帳(通帳がない場合はキャッシュカード)

表面の「支給口座」に印字されている口座以外に振り込む場合、下記のいずれか1つのコピーをこの用紙に貼付してください。



※この用紙からはみ出しても構いません。郵送の際は折りたたんでください。
※用紙に貼りきれない場合は、確認書類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。

Copy of personal ID (Residence card, My Number card with your photo, etc.)

*If you are providing a copy of your My Number card, a copy of **only the front side** suffices.

If the benefit is to be received in an account other than the transfer account printed on the front side of the form, be sure to paste a copy of your personal ID as the head of household. If it is to be received in an account of a proxy, paste a copy of your personal ID and the personal ID of the proxy.

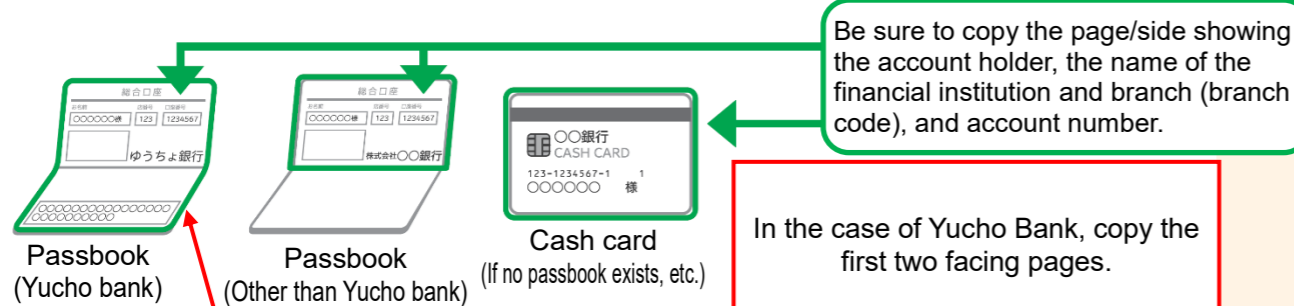


↓ If you filled in your account information on the front side of the form, be sure to paste a copy of the following.

Copy of the passbook or cash card of the transfer account

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

Paste a copy of one of the following.



- * The copy does not need to fit within the form. If it sticks out, please fold it so it fits in 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 Confirmation Form.