

↓ 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 Application (Claim) 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.

【 帳 票 番 号 】
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### How to fill in the Application (Claim) Form (left side of this sheet)

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

## 低所得世帯への物価高対策緊急支援給付金 申請書 (請求書)

仙台市長

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 6 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5年12月1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5年1月1日時点の住所
1	(1. 申請者)	本人			
2				明・大・昭・平・令 年 月 日	
3				明・大・昭・平・令 年 月 日	
4				明・大・昭・平・令 年 月 日	
5				明・大・昭・平・令 年 月 日	

既に低所得世帯への物価高対策緊急支援給付金の支給を受けた世帯は支給対象となりません。

### 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. 信漁連 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。

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)

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

- 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 <i>katakana</i> ) Name	Relationship with applicant	Sex	Date of birth	Address as of January 1, 2023
1	(1. Applicant)	Self			〇〇〇県〇〇〇市△△△町
2	スミス ジェーン <b>SMITH JANE</b>	妻	女	明・大・昭・平・令 <b>1980</b> (year) <b>4</b> (month) <b>10</b> (day)	〇〇〇県〇〇〇市△△△町
3	スミス ジェームズ <b>SMITH JAMES</b>	子	男	明・大・昭・平・令 <b>2010</b> (year) <b>6</b> (month) <b>10</b> (day)	〇〇〇県〇〇〇市△△△町
4	スミス ケイト <b>SMITH KATE</b>	母	女	明・大・昭・平・令 <b>1950</b> (year) <b>7</b> (month) <b>10</b> (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, 2023 to December 1, 2023 (reference date), you do not need to provide your address.

Must be an account held by the head of household.  
Write the name as shown on the passbook.

### 3. Transfer account (account held by the head of household as a rule) [Example]

Financial institution	Branch	Account type	Account number	Account holder (in <i>katakana</i> )
〇〇〇〇 1. 銀行 5. 農協 2. 金庫 6. 漁連 3. 信組 7. 信漁連 4. 信連	〇〇 本・支店 本・支所 出張所	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 (in *katakana*)).
- If you are unable to receive the benefit via account transfer by any means, please call the hotline (0120-000-483).

In addition to the form at left, there are other documents that you need to submit. Be sure to refer to the examples on pages 2 and 3.

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

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

Name of proxy (Name in katakana) <b>スミス エマ</b>		Relationship to head of household <b>長女</b>	Proxy's date of birth 明治 大正 <b>2000</b> (year) 昭和 平成 <b>8</b> (month) <b>10</b> (day)
Address 〒 <b>000-0000</b> <b>宮城県仙台市〇〇区〇〇〇1-1-1</b>	Telephone number <b>000-2345-6789</b> (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**

For "Relationship to head of household," please specify the proxy's relationship to you from your standpoint as the head of household. If a proxy (such as husband, legal representative, etc.) will be receiving the benefit on behalf of you, we may ask to you submit a document of proof of your relationship with the proxy.

【代理人による申請の場合の記入欄】

代理人氏名 フリガナ		世帯主との関係	代理人生年月日 明治 大正 昭和 平成 年 月 日
代理人住所 〒 -	電話番号		(日中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申請書(請求書)の申請・請求及び受給を委任します。

世帯主署名欄  
署名

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.

Be sure to paste a copy of your personal ID as the head of household. If the benefit is to be received in an account of a proxy, paste a copy of your personal ID and the personal ID of the proxy.

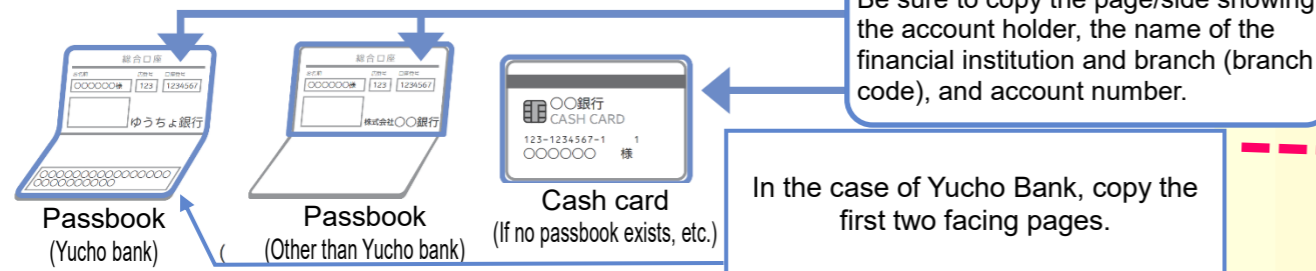


↓ If you filled in your account information on the front side of the form, be sure to paste a copy of the following.

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 Application Form.

\* The copy of the FY2023 Certificate of Exemption from Resident Tax should be enclosed in the return envelope without pasting it onto this form.

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。

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)

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。

※令和5年度住民税非課税証明書の写し(コピー)は、貼り付けせずに返信用封筒に同封してください。

**[Documents to be submitted]** (Use the checklist below to make sure you have all the necessary documents before returning the form)

- Application (Claim) Form for the Anti-inflation Emergency Support Benefit for Low-income Households
- 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: Passbook or cash card showing the name of the financial institution, account number, and account holder of the transfer account
- Copy of the FY2023 Certificate of Exemption from Resident Tax issued by the municipality where you resided as of January 1, 2023, for all members of your household who did not have a certificate of residence in Sendai City as of that date [to be enclosed in the return envelope]
  - \* You may apply for the benefit without submitting the certificate, but it may take time for us to verify your taxation information.
- If you are receiving the benefit in a transfer account of a proxy, a copy of a personal ID of the proxy [to be pasted onto the Application (Claim) Form]

**[Pledges & Consent]**

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

- ❶ My household falls under the following criteria for the Anti-inflation Emergency Support Benefit for Low-income Households (hereinafter "Emergency Support Benefit").
  - ① All members of my household are exempt from resident tax in FY2023.
  - ② No member of my household is a dependent of another member or relative who is subject to resident tax in FY2023
  - ③ No member of my household has filed a notification for exemption from resident tax under a tax convention.
- ❷ My household has not yet received the Emergency Support Benefit (not received a benefit (70,000 yen) from any other municipality).
- ❸ In screening whether my household is eligible for the Emergency Support Benefit, I consent to Sendai City verifying my basic resident register and tax ledger and seeking and/or providing 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 Sendai City deems you eligible for the Emergency Support Benefit, the Application Form will be processed as a Claim Form for the benefit.
- ❻ If, after you are deemed eligible for the Emergency Support Benefit, the benefit cannot be transferred to your account due to a mistake in the information you provided and Sendai City cannot contact you for confirmation by Friday, June 28, 2024, you agree that you will not receive the benefit.
- ❼ If, after the Emergency Support Benefit is paid out, it is found that you have provided false information in the Application Form or that you do not meet the criteria for receiving the benefit, you agree to return the benefit. Note that applying for the benefit based on false information is an illegal act, and if you receive the benefit fraudulently, you could be accused of fraud under Article 246 of Japan's Penal Code and sentenced to an imprisonment of up to ten years.

**[Inquiries]**

**Hotline for the Anti-inflation Emergency Support Benefit for Low-income Households**

 **0120-000-483**

**[Contact hours] Weekdays 8:30 am to 7:00 pm (5:00 pm from April 1, 2024)**

**[Languages] Service is available in Japanese, English, Chinese, Korean, Vietnamese, and Nepalese**