

Application Form for the Cash Benefits Program for Low-Income Households

提出用

To City Mayor

C2

お問合せ番号

市受付印

1. Applicant's Information (Householder)

Katakana	Date of Birth	Current Address
Name		

2. Information of Household Status \*Please provide all the required information for each household member as of December 13, 2024 in the table below.

	<div>Katakana</div> <div>Name</div>	Relationship to the Applicant	Date of Birth	<div>Is the current address the same as the one as of</div> <div>Check either Yes or No Below</div> <div><div>Yes</div><div>No</div></div>	<div>If your current address is not the same as the one as of January 1, 2024, please write the address as January 1, 2024.</div>	<div>Fiscal 2024 Resident Tax Status, Including <i>Kintowari</i> Resident Tax</div>	<div>Additio nal Cash Benefit for Childre</div>
1	<div>Householder's Name</div>	<div>Myself</div>		<div>Yes</div> <div>No</div>			
2				<div>Yes</div> <div>No</div>			○
3				<div>Yes</div> <div>No</div>			○
4				<div>Yes</div> <div>No</div>			○
5				<div>Yes</div> <div>No</div>			○
6				<div>Yes</div> <div>No</div>			○

3. Eligibility Criteria and Consent for Applying for the Cash Benefits Program

① Ensure that your household can meet all the following criteria to claim the cash handout payment.

- All household members must be exempt from fiscal 2024 resident tax, including Kintowari (head tax) resident tax.
- Households that are not eligible for any cash benefits from other municipalities under the same and similar programs.
- No household members are exempt from taxes under the tax treaty.
- Households that are not financially supported by someone subject to resident tax.

\*To cite an example, a university student living alone and financially depending on his/her parents, tax-exempt parents financially supported by their child subject to resident tax, and those who joined the workforce in 2024, live alone, and are no longer covered by their parents' social security plans, are not eligible for this cash benefits program. If you are not sure, please consult with your family members or reach out to the call center at the number below.

- ② In order for the city to verify your eligibility, we may confirm details through public records or other sources.
- ③ If the city cannot confirm your eligible through public records or other sources, we may require you to submit additional documents.
- ④ Once your application is approved and the cash benefit payment is made, this application form will serve as proof of the payment.
- ⑤ Beware that if you obtain the benefit payment by providing fraudulent and/or misleading information, you must return the payment and may face legal charges for benefit fraud.

⚠ Ensure that you read and complete the back of this notice. If you fail to provide all the required information on the form, the cash benefits payment cannot be provided.



By signing below, I hereby acknowledge that I have read and understood the eligibility criteria for this cash benefits program. I agree that if there is any error or missing required documents in my submission, and I fail to make the necessary corrections by Friday, May 30, 2025, my household will be automatically considered to have withdrawn from the cash benefits program.

I also certify that the bank account details provided below are accurate and request that my cash benefit payment be deposited into this bank account.

Applicant's Information (Household)

Name		Date	Reiwa 7    mm    dd	Tel	(       )       —
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\*If no correct name is written above, the payment cannot be provided.

Bank Account Details (The householder's bank account is required to be registered. Please avoid registering a bank account that has not been used for a long time)

Bank Name		Brach Office Name	Type	Bank Account Number	Holder's Name in Katakana
				*Write it from right to left.	*Make sure to write the name in Katakana.
			1. Saving 2. Checking		
Financial Institution Code		Office Code			

Japan Post Bank	Bank Account Number							Bankbook Number								Holder's Name in Katakana	
	If your bank account number consists of 6 digits, please write the 6th number in the field marked "※".							*Write it from right to left.								*Make sure to write the name in Katakana	
Please refer to your JP bankbook or check your JP bank card when filling in your bank account details.	1					0	※									1	

\* If you do not have any bank accounts, you live far away from the nearest bank office, or there are other legitimate reasons to request the payment in cash, please contact the Hikone City Call Center for Special Temporary Cash Handout Programs at 0120-139-105 at your earliest convenience.

\* A power of attorney is required if you appoint someone to complete all the necessary procedures or receive your cash benefit payment on your behalf.

For more information about appointing someone as your attorney-in-fact, please call the Hikone City Call Center for Special Temporary Cash Handout Programs.

Attach a photocopy of proof of your bank account and a photo identification below using glue.

① A Photocopy of Proof of Your Bank Account

The first and second pages of the bankbook or both the front and back of your bank card.  
(If you do not have a bankbook or card, print out the page showing your bank account details from your online banking or mobile app.)

\*Make sure to get a clear photocopy of your bank account information, including the account number, account holder's name, and other relevant details.

② A Photocopy of a Valid Photo Identification Form

A Plastic My Number Card, a Driver's License, a Residence Card, a Disability Handbook, etc.

③ A Fiscal 2024 Resident Tax Certificate

Issued by the Municipality Where Your Address Was Registered as of January 1, 2024

\*Only necessary if your current address is different from the one as of January 1, 2024.



Be sure to check that your submission is complete and free of mistakes. Any errors or missing required documents may significantly delay the cash benefit payment.

Contact Info:  
Hikone City Call Center for Special Temporary Cash Handout Programs, Tel. 0120 - 139 - 105