

Application Form for the Cash Handout Program for Inflation

給付市区町村 (※令和5年12月1日時点の住民票所在市区町村)
To Hikone City Mayor



I hereby acknowledge that I have read and understood the conditions, and therefore I am applying for the cash handout program.

1. Applicant's Information (the Head of the Household)

Katakana Name	Date of Birth	Address
	yyyy/mm/dd	Postal Code: -

2. Information of Household Members *Provide all household members' information below as of Deceml

No.	Katakana Name	Relationship to Householder	Birth Date	Did he/she live in a different address as of	If yes, please write the address as of Jan 1, 2023.	Status of Fiscal 2023 Resident Tax
1	Householder	Self	/	<input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> Tax-exempt <input type="checkbox"/> Have not done taxes yet
2				<input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> Tax-exempt <input type="checkbox"/> Have not done taxes yet
3				<input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> Tax-exempt <input type="checkbox"/> Have not done taxes yet
4				<input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> Tax-exempt <input type="checkbox"/> Have not done taxes yet
5				<input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> Tax-exempt <input type="checkbox"/> Have not done taxes yet

3. Conditions *Make sure to read the following conditions from No.1 to No.8, and if you only agree to all of them, check the

By checking the box on the left, I acknowledge that I have read, fully understood and agree to all the following conditions.

- 1: Your household can meet all the eligibility criteria listed as follows to receive the handout payment.**
 - A: All my household members are exempt from fiscal 2023 resident tax.
 - B: None of my household members is a dependent of someone who is subject to fiscal 2023 resident tax.
 - C: None of my household members is a beneficiary of tax exemption under Japan Tax Treaty.
- 2: All your nouseoid members have done taxes to be exempt from fiscal 2024 resident tax (per-capita tax included)**
- 3: You household has not received the handout payment from another municipality under the same cash handout program**
- 4: By checking the box above, your household will be considered to have give consent to the city to look into your household's tax information, etc. registered with its Resident Register Network System and acquiring necessary information on your household from other authorities as part of the screening process.**
- 5: By checking the box above, your household will be considered to have agreed to provide additional information to the city accordingly.**
- 6: This application form will be kept by the city as proof of handout payment once your household receives the money under**
- 7: By checking the box above, your household agrees that if the handout payment cannot be provided due to any error or lack of requirements in your application, and the city cannot get ahold of the head of the household to notify**
- 8: The amount of the handout payment must be returned to the city immediately if false and/or misleading claims have**

Ensure to read the back of this form.

4. Bank Account Information The householder's bank account is required. Avoid registering a bank account you have not used for a

*Do not forget to submit a photocopy of the page of the bankbook showing bank account details.

If you want to receive the handout payment in cash, please call the Hikone City Cash Handout Program Call Center.

Bank Name	Office Name	Type	Account Number *Write it from right to left.	Account Holder's Name in Katakana *The name below must match the one printed on the bankbook/card.
		Checking		
		Savings		
Bank Code		Office Code		

Japan Post Bank	Account Code *The 6th number goes into the box marked by ※	Account No. *Write from right to left.	Holder's Name in Katakana *It must be the one registered with the bank
	1 0		

5. Only If You Want To Appoint Someone As Your Power Of Attorney, Please Fill In The Table Be

Proxy's Information	Katakana	Relationship to the Householder	Date of Birth	Address
	Name		yyyy/mm/dd	Postal Code
			Tel:	
By signing, I acknowledge that I entrust the named person above (to apply for and/or to receive) my household's handout payment.			The householder is required to sign in the right box.	Householder's Name and/or Name Seal 印

Requirements

*Ensure to doublecheck whether you enclose all the required documents together with the application form.

Application Form for the Cash Handout Program for Inflation

*This application form.

Proof of Bank Account

*The first page of a bankbook usually shows details of a bank account, such as a bank name, account number, account holder's name, etc. Please get that page photocopied, and submit it with the application form.

Householder's Identification

*Acceptable forms of identification are a driver's license, a plastic My Number card, a residence card, a passport, a disability handbook, etc.

A Tax Exemption Certificate Issued by the Municipality Where Your Household Was Registered as of 2023

*Only if the current address is different from the address as of January 1, 2023, you are required to submit it.

If you appoint someone as a power of attorney and entrust that person to apply for and receive the handout payment, ensure to submit his/her identification as well as proof of relationship between the householder and that person.

Proxy's Photo Identification And Proof of Relationship Between the Householder and the Proxy.

* If you want to appoint one of your household members as a power of attorney, no need to submit any forms of proof of relationship.
* Acceptable forms of proof of relationship are a certificate of the adult guardianship registration, a certificate of family registry, etc.

[Reminder!]

Have You Checked Whether You Prepared All The Required Documents And Completed The Application Form With No Missing/Wrong Information?

By signing, I hereby declare that the information provided in my application is accurate.

Date: / /

Householder's Name:

*Write the full name and/or stamp the name seal.

Tel:

