

Application Deadline : Must arrive by the 10th of March 2022 (Thu)

(Sample Application 3) ※Check income limit on reverse side before application

High School Students	2021 Fiscal Year Special Benefit for Child Rearing Families Application Form	To be Included <small>手付印</small>
Registered Residing Municipality as of 30th September 2021 Hamamatsu City		※Head of household should complete the form

1. Applicant ※Unstamped applications will NOT receive payment.

	Date	202X	Month	Day
(Furigana) Full Name カスミ タロウ KASUMI Tarō	Gender <input checked="" type="radio"/> Male <input type="radio"/> Female	Date of Birth Year Month Day		
My Number (if available) 1 2 3 4 5 6 7 8 9 0 1 2		Applicant's Address (Registered Address) ●●市××丁目△△番地 (English, Katakana OK) Phone Number 111(111)1111		
		Applicant's Registered Address (On January 1st 2021) ※Leave blank if same as above □□市▲▲丁目□□番地		

※I am applying having understood and agreed to the below points (1)-(6) of the contract

2. Spouse

Do you have a spouse? Yes No

(Furigana) Full Name カスミ ハナコ KASUMI Hanako	Gender <input type="radio"/> Male <input checked="" type="radio"/> Female	Date of Birth Year Month Day		
My Number (if available) 1 2 3 4 5 6 7 8 9 0 8 7		Spouse's Address (Registered Address) ※Leave blank if same as applicant ●●市××丁目△△番地 Phone Number 111(111)1111		
		Spouse's Address (On January 1st 2021) ※Leave blank if same as above □□市▲▲丁目□□番地		

3. Child's Details

※Fill in details for your children (high-school students) born between April 2nd 2003 and April 1st 2006.

No	(Furigana) Full Name	Relation to applicant	Gender	Date of Birth	Put a ○ if they are married	Living together or Separately	Reason for living separately (if applicable)
1	カスミ イチロウ KASUMI Ichirō	child	<input checked="" type="radio"/> Male <input type="radio"/> Female	Year Month Day		Together <input checked="" type="radio"/> Separate	Entering highschool
2	カスミ ハナヨ KASUMI Hanayo	child	<input type="radio"/> Male <input checked="" type="radio"/> Female	Year Month Day		Together <input checked="" type="radio"/> Separate	
3			<input type="radio"/> Male <input type="radio"/> Female	Year Month Day		Together <input type="radio"/> Separate	
4			<input type="radio"/> Male <input type="radio"/> Female	Year Month Day		Together <input type="radio"/> Separate	

Fill in details for your children born between April 2nd 2003 and April 1st 2006.

If living separately, please include the child(ren)'s Certificate of Residence (Jumin Hyō).

Fill out the applicants account name and details.

4. Bank Account Details

Name of Financial Institution	Branch	Name	Account Type	Account Number (Fill one number per box)	(Furigana) Name on Account
○○	Chiyoda	本店 支店 本所 支所 出張所	1 普通 2 当座	○○○○○○○○	カスミ タロウ KASUMI Tarō
Financial Inst. No. ○○○○○	Branch Number ○○○○				

※If using a Yūcho bank account, write your branch name, account type and 7 digit account number (as written in two page spread of your passbook)

※Do not enter details of a bank account you haven't used in a long time.

5. Attached Documents

- Municipal Tax Certificate or Tax Exemption Certificate for 2021 Fiscal year (2020 Fiscal Year Section)**
※Only for those who were not residents in Hamamatsu as of the 1st of January 2021
- Copy of documents for bank account**
※Copy of passbook and cash-card or a copy of a document you can use to prove the account is yours.
- Certificate of Residence for the Child(ren)'s Entire Household (Setai Zenin)**
※Only if child and applicant are living separately

[Contract / Terms of Agreement]

- (1) If you are approved to receive the 2021 Fiscal Year Special Benefit for Child Rearing Families by dishonest acts such as falsifying information, you will be asked to return the money.
- (2) I understand and agree to input my tax and income details and submit my records correctly in order to qualify for and receive the Special Benefit for Child Rearing Families.
- (3) If I cannot verify my public records, I will submit the closest corresponding documents.
- (4) Should payment be granted, this application will be treated as an invoice for benefits by the municipality.
- (5) Should payment be granted by the municipality, but the payment does not get lodged correctly due to errors in the application and the applicant/claimant receives no contact from the municipality within a set period of time, it will be deemed as an applicant's withdrawal of application.
- (6) Should payment be granted, but there are changes to your income for the Fiscal year of 2020 which cause you to exceed the ceiling amount for received Child Allowance payments, you will no longer qualify for the benefit and be asked to return the money.

●Ceiling Level for Total Income

※The person who is the breadwinner for the household should be the applicant.

Number of Dependants	Ceiling Level for Net Income	Approximate Gross Income
0	¥6, 220, 000	¥8, 333, 000
1	¥6, 600, 000	¥8, 756, 000
2	¥6, 980, 000	¥9, 178, 000
3	¥7, 360, 000	¥9, 600, 000
4	¥7, 740, 000	¥10, 020, 000
5	¥8, 120, 000	¥10, 400, 000