

<Inquiries>
Toyoake City Community Welfare and Services
Division Benefit Payment Officer, Postal
Code: 470-1195
TEL: 0562-92-1119

Notice of Confirmation for Households Subject Only to the Equal Allocation of Resident Tax for FY 2023 and Guidance on Priority Support Grants in Response to Price Increases

The national government is implementing a “Priority Support Benefit in Response to Rising Prices” as a measure to alleviate the burden on household budgets due to soaring prices. The recipients of the grant are households consisting solely of individuals who are not subject to the resident tax income share for FY 2023 (excluding households dependent on taxpayers, etc.).
*We kindly ask for your understanding and cooperation if you have received this notice by mistake after amending your income, etc. If eligible for the grant, please return the confirmation form on the right. Please note that you will be required to refund payment of benefit if it is subsequently found that your household was not eligible to receive it, such as in the case you have income on which residence tax should be levied, so please be sure to check the eligibility requirements before returning the confirmation form.

Eligibility	Eligibility to receive the benefit Households exempt from the per-capita portion of resident tax for FY 2023. *Excluding households consisting solely of dependents of a person who is subject to the per-capita portion of resident tax.
Benefit amount	Benefit amount 100,000 yen per
Submission method	<div>Documents required for payment</div> <div>Priority Support Benefit in Response to Rising Prices Eligibility Confirmation Form Copy of identity verification documents (My Number card, driver's license, residence card, etc.) *Only for the head of household (recipient) Copy of bank passbook or cash card</div>
Submission deadline	Submission deadline By 5:00pm on May 29, 2024 (Thu) (accepted if postmarked on the same day) *Please contact us in advance if you cannot meet the submission deadline.
Timing of payment	Payment period Approximately 2-3 weeks after the confirmation form is received by Toyoake City.

Please be sure to read the important points to note on the reverse side.

Priority Support Benefit in Response to Rising Prices Eligibility Confirmation Form

Your household is eligible to receive the Priority Support Benefit in Response to Rising Prices based on your FY 2023 residence tax taxation status, so we would like to inform you of your scheduled benefit payment as follows:

Municipality where your Basic Resident Register is located as of December 1, 2023
To the Mayor of Toyoake City

Please fill in by the head of the household.

1

Eligibility to receive payment of the benefit (please check the check boxes (□) after confirming the following items)

☐

(1) Not all members of the household are dependents of other relatives, etc. who are subject to resident tax.

☐

(2) No members of the household have undeclared income that is subject to resident tax.

2

Proceed to 2

*Your household is eligible to receive the benefit only if you checked the boxes for both item (1) and (2) above.
(If either of these boxes are unchecked, then you are not eligible to receive the benefit)

2

Intention to receive the benefit

I wish to receive the Priority Support Benefit in Response to Rising Prices

☐ Yes

☐ No

3

Proceed to 3

(No payment will be made)

3

Please fill in the necessary information regarding the payee account. (Please do not use an account that has not had any deposits or withdrawals for a long period of time.)

The payee account should be in the name of the head of the household in principle.

Account name

Furigana

Financial institution (excluding Japan Post Bank)

Financial institution name

1. Bank 2. Shinkin Bank 3. Shinyo Kumiai 4. Shinren 5. Agricultural Cooperative 6. Fisheries Cooperative 7. Shingyoren

Branch name

Head office branch office Honjo branch Local office

Branch code

Account type: (1) Ordinary deposit account (2) Current account

Account number Align to the right

Align to the right

Japan Post Bank

Please write the symbol/number written on the top left of the double-page spread of your savings passbook or on your cash card.

Passbook codePassbook number Align to the right

Align to the right

1

0

※

Please choose one and fill in

The information entered above is true and correct.

Please be sure to check the reverse side if someone other than the head of the household will receive payment of the benefit.

Recipient entry field

Confirmation date

Reiwa

Year

Month

Day


Name

Phone number

If confirming (receiving payment) by proxy

(in the case of legal representation, delegation method selection is not required).

4

Proxy name	Furigana		Proxy date of birth		Meiji Showa	Taisho Heisei	Year	Month	Day
			Phone number		() -				
Proxy address	〒 -								
I acknowledge the above person as my proxy and delegate them to <input type="checkbox"/> confirm/claim <input type="checkbox"/> receive <input type="checkbox"/> confirm, claim and receive					<input checked="" type="checkbox"/> Name of Head of Household		Imprint 		

the Emergency Support Benefit for Price Increases.

the Emergency Support Benefit for Price Increases.

<Points to note>

1. When confirming eligibility to receive payment of the benefit, we may check your Emergency Support Benefit in Response to Rising Prices payment status and public register, etc.
2. If we are unable to confirm your eligibility through public register, etc., we will ask you to submit relevant documents.
3. If we have transferred payment of the benefit to the payee account listed on the front page of this form and the transfer was not completed due to some error or omission of information, etc., and we are unable to contact the person confirming/receiving the payment (including your agent) during the period from issuance of the Priority Support Benefit in Response to Rising Prices Eligibility Confirmation Form to the submission deadline for the same form, then we will regard you as having declined payment of the benefit.
4. You will be required to refund payment of the benefit if you have received the Emergency Support Benefit in Response to Rising Prices in another municipality.

About enclosed documents

When sending your confirmation form by postal mail, please enclose the following documents:

1

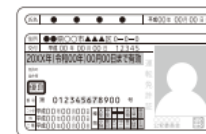
Copy of identification documents (health insurance card, driver's license, My Number card)

Please be sure to enclose a copy of one of the following.

*Needed only for the head of household.

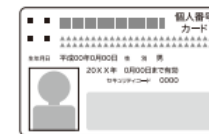
Examples of identification document

table



Copy of health insurance card
(front side only)

table



Copy of driver's license
(front side only)

- *For My Number Cards, please only enclose a copy of the front side that does not contain your individual number.
- *My Number Notification Card (paper version) cannot be used as an identity verification document.

Or two of the following: Health insurance card, long-term care insurance card, medical care certificate, pension notebook, etc.

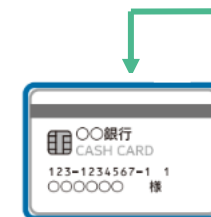
2

A copy of a document that verifies the bank account for the transfer

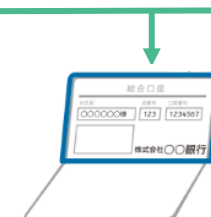
Bankbook (or ATM card if you do not have a bankbook) that clearly shows the name of the financial institution, branch name, account type, account number, and account holder's name (written in Katakana).

Please make sure to include a copy of one of the following.

*Must be the account of the head of household or their proxy.



ATM card
(if you do not have a bankbook, etc.)



Bankbook
(for banks other than Japan Post Bank)



Bankbook
(for Japan Post Bank)

Please be sure to enclose a copy of the side that shows your name, financial institution name, branch name (branch code) and account number.

*For Japan Post Bank, please enclose a copy of the entire page of the bankbook pages fully opened.