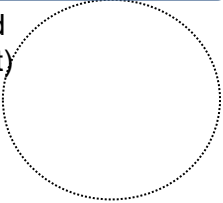


City of Yokohama child rearing household life support special benefit for low-income child rearing households (excludes single-parent households) application form (written request)



(Notification address) **Mayor of the City of Yokohama**

I apply after pledging / agreeing to the [oath / agreement] below.

1. Applicant, spouse, etc.					Written on August 23, 2023					
Applicant	Furigana ○ ○ ○ ○ ○ ○ ○ ○				Tel		* Enter a number that is easy to contact			
	Name ○ ○ ○ ○						xxx-xxxx-xxxx			
	Address 〒 xxx-xxxx				Gender		Date of birth			
	Yo ko Naka Ward 6-50-10 Honcho				Female		Showa October 10, 55 (1980) Heisei			
Write in the right column if it differs from your current address		As of January 1, 2023				As of March 31, 2023				
		* Write the municipality (e.g. △△ City in ○○ Prefecture) if living outside of Yokohama				* Write the municipality (e.g. △△ City in ○○ Prefecture) if living outside of Yokohama				
		City of Yokohama / Outside the City of Yokohama (<u>Kawasaki City, Kanagawa Prefecture</u>)				City of Yokohama / Outside the City of Yokohama ()				
		Overseas				Overseas				
Financial institution name			Branch name		Account	Account number (7 digits)		Account name		
○○○○			○○○ branch		Ordinary			Limited to the claimant. Kana (or alphabet) * Must match the notation in your passbook.		
Financial institution code		xxx	Branch code			xxx		○○○ ○○○○ (Write in katakana)		

* The branch name (code) is a three-digit number for Japan Post Bank. Not a symbol / number.

Spouse	Furigana △△△ △△△				Address and the address differs from him/her			
	Full name * Leave blank if you do not have a spouse.							
				separately				
				live together / separately → ()				

(Note 1) Please fill in the spouse column if you are raising a child with two or more people. "Spouse, etc." means a spouse, a guardian of a minor, etc. who raises a child.
 (Note 2) If there are multiple spouses, etc., please submit the names of spouses, etc. other than the above, whether they live together or separately. If they live separately from you, submit the address on a separate sheet (free format).

2. Payment requirements

Please fill in "✓" in the check box (□) of the corresponding item for each of the following (1) and (2).

<p>(1) Child rearing requirements</p> <p><input checked="" type="checkbox"/> ① Raising children eligible for child allowance [excludes civil servants]</p> <p><input type="checkbox"/> ① " [civil servants]</p> <p><input type="checkbox"/> ② Raising children eligible for the special child rearing allowance [excludes civil servants]</p> <p><input type="checkbox"/> ③ Raises only children who have completed junior high school</p>	<p>(2) Income requirements</p> <p><input type="checkbox"/> ① Resident's tax (per capita) in FY 2023 has been exempted</p> <p><input checked="" type="checkbox"/> ② Sudden household financial changes</p>
---	--

Those whose resident's tax is exempted do not need to attach certificates, etc. as the bureau can check the taxation status of resident's tax for 2023.
 Those with sudden financial changes must attach a separate sheet, "Easy expected revenue petition form."

[Oath / agreement] I apply agreeing to all of the [oath / agreement] items. (Please write ✓ in the check box (□) of all corresponding items)

<input checked="" type="checkbox"/>	City of Yokohama child rearing household life support special benefit for low-income child rearing households (excludes single-parent households) Hereinafter called "benefit (excludes single-parent households)". Corresponds to the payment requirements.
<input checked="" type="checkbox"/>	I agree to the City of Yokohama to check the necessary basic resident register information, tax information, etc., and provide necessary materials to other administrative agencies to examine the eligibility of the payment requirements of the benefits (excludes single-parent households).
<input checked="" type="checkbox"/>	I will submit relevant documents if it cannot be confirmed in the public register, etc.
<input checked="" type="checkbox"/>	This application form will be treated as a written request for the benefit (excludes single-parent households) after the City of Yokohama decides to make the payment.
<input checked="" type="checkbox"/>	I agree that the benefit (excludes single-parent households) will not be paid if the payment cannot be made (hold) if payment is not be made by April 28, 2023 due to inability to make a bank transfer, etc. due to incomplete application forms (written request) after the City of Yokohama decides to make the payment.
<input checked="" type="checkbox"/>	I will refund the benefit (excludes single-parent households) if it is found that the written items in this application are false or the applicant does not meet the requirements of the benefit (excludes single-parent households) after the benefit (excludes single-parent households) has been paid.
<input checked="" type="checkbox"/>	The same child has not received the benefit (for single-parent households) or the benefit (excludes single-parent households) (I will refund the benefit (excludes single-parent households) if he/she has received it.)

It cannot be paid unless you write ✓ on all of the items.

For the bureau to fill in

3. Children, etc. applying for benefit

Fill out the status **at the time of application** in Table A, following the explanation of * at the bottom of Table A about the child applying for the benefit.
 In addition, write the full name of the eligible child in Table B (not Table A) if you have already received the following benefits in 2023: "for single-parent households" or "excludes single-parent households."

Table A * Fill in the required items on a separate sheet (free format) and submit if the number of eligible children is 5 or more.

	(Furigana) Full name	Relation ship ①-④	Date of birth	Residen	Address (if living separately)	Livelihood	(Includes under application)	
							Child rearing allowance Eligible child	Special child rearing allowance Eligible child
C h i l d	○○ ○○○○ ○○ ○○	①	Heisei / Reiwa December 21, 17(2005)	Living together Living separately	△△town △△city △△ prefecture △△ △	Same Maintain		
	○○ ○○○○ ○○ ○○	①	Heisei / Reiwa December 21, 20(2008)	Living together Living separately		Same Maintain	○	
	○○ ○○○○ ○○ ○○	①	Heisei / Reiwa May 21, 4(2022)	Living together Living separately		Same Maintain	○	○
			Heisei / Reiwa	Living together Living separately		Same Maintain		
			Month, date, year					

* In the "relationship" column, enter the following symbols regarding the relationship between the applicant and the child: ① Parents, ② Minor guardian, ③ Other caregivers, ④ Foster parents

* In the "livelihood" column, circle "maintain" only if the child is not the child of the claimant and the claimant maintains the child's livelihood, and write O around "same" otherwise.

* For the "child allowance eligible (includes under application)" and "special child rearing allowance (including under application)" columns, write O if the eligible child is eligible of the payment (includes under application) of the allowances.

Table B If you have already received benefits, please write the name of the child who was eligible for the benefit to check the possibility of duplicate payments.

(The following children are not eligible for this benefit)

	Full name		Full name		Full name		Full name
1	○○ ○○	2	Please write here the child who has already received benefits such as "single"	4			

4. Application amount / request amount

Number of eligible children (Number of Table A)	3 People	Application amount / request amount	150,000 Yen
---	----------	-------------------------------------	-------------

* Please write the number of eligible children for the benefit.

Number of eligible children (The number of people applying for this payment as written in Table A: "Children, etc. applying for benefit.")

* The application amount / billing amount: flat rate of 50,000 yen per eligible child. (E.g.) When there are 3 eligible children: 50,000 yen x 3 = 150,000 yen

(Only for civil servants) * Please fill in and certify this field before submitting it.

Civil servant children's allowance receipt status certification column		Certification column no.
I certify that the applicant of front side is related to the above applicable child (3. t. <u>3</u> Related to eligible child		0801-1
Those who are recipients of the child allowance for April 2022 and who have been certified to receive the child allowance for June		
Prove that it is.		
August 22, 2022	Only for civil servants must provide certifications for this column.	
Verifier ○○Mayor	Certification clerk Division (room) in charge (room) / person in charge ○○○ Division ○○ Section Tel 0000-00-0000	
* Entry not required for [non-civil servants].		

Easy expected revenue (income) petition form [with sudden household financial changes]

Example

I submit this after pledging / agreeing to the [oath / agreement] on the back.

You will be eligible for the payment after meeting [requirement 1] of this sheet (includes the back) and then meeting either [requirement 2] or [requirement 3].

① Please write below. **Write if you meet the requirements**

① My revenue has decreased due to the influence of soaring prices.

* [Requirement 1] Write if the revenue of the applicant (those with higher revenue in ③-1 and ③-2) decreased due to the influence of soaring prices.

②-1 Write the breakdown and the total amount of the applicant's revenue of any month after writing the revenue (1 month) in or after January 2022.

Write the revenue month
February 2023 (As a general rule, use the same "month and year" as ③spouse, etc.)

Submit books, etc. for business

Revenue	Salary revenue [A] (* Total amount paid, not net income)									Yen	* Write here if you have salary revenue. * Submit documents that show the revenue amount of revenue such as pay slips.
	Business revenue or real estate revenue [B]	2	3	5	0	0	0	0	0	Yen	* Write here if you have business revenue or real estate revenue. * Submit documents that show the revenue amount of revenue such as books.
	Public pension revenue [C]									Yen	* Write here if you have public pension revenue (excludes tax exemption). * Submit documents that show the payment amount of revenue such as pension decision notice, notice of pension revision, pension transfer notice.
Total revenue [A + B + C]		2	3	5	0	0	0	0	0	Yen	* Write the total amount of each revenue above.

* If you have multiple jobs, please write all of your revenue.
* It is not necessary to write revenue other than the above.

x12

③-1 Write the amount obtained by multiplying the total amount of revenue of the applicant by 12.

Expected annual revenue (applicant's)

2	8	2	0	0	0	0	0	Yen	* Compare ③-1 (applicant) and ③-2 (spouse, etc.) and confirm that ③-1 (applicant) is higher.
---	---	---	---	---	---	---	---	-----	--

Write the revenue month

②-2 Write the breakdown and the total amount of the spouse, etc.'s revenue of any month after writing the revenue (1 month) in or after January 2022.

Write the revenue month
February 2023 (As a general rule, use the same "month and year" as ②applicant)

Write the total revenue instead of the net income for salary revenue. If you are currently unemployed and have no revenue, write "0" yen and submit this year's employment status, etc. on the petition form separate sheet.

Precautions

Revenue	Salary revenue [A] (* Total amount paid, not net income)	1	0	0	0	0	0	0	0	Yen	* Write here if you have salary revenue. * Submit documents that show the revenue amount such as pay slips.
	Business revenue or real estate revenue [B]									Yen	* Write here if you have business revenue or real estate revenue. * Submit documents that show the revenue amount such as books.
	Public pension revenue [C]									Yen	* Write here if you have public pension revenue (excludes tax exemption). * Submit documents that show the payment amount of revenue such as pension decision notice, notice of pension revision, pension transfer notice.
Total revenue [A + B + C]		1	0	0	0	0	0	0	0	Yen	* Write the total amount of each revenue above.

* If you have multiple jobs, please write all of your revenue.
* It is not necessary to write revenue other than the above.

x12

③-2 Write the amount obtained by multiplying the total amount of revenue of the spouse, etc. by 12.

Expected annual revenue (spouse, etc.'s)

1	2	0	0	0	0	0	0	Yen	* Compare ③-1 (applicant) and ③-2 (spouse, etc.) and confirm that ③-1 (applicant) is higher.
---	---	---	---	---	---	---	---	-----	--

→[Requirement 2] The applicant's (higher revenue) expected annual revenue ③ -1 is less than or equal to the following tax-exempt revenue limit.

* It is not necessary to fill in ④ on the back side if [requirement 2] is met. Fill in the [oath/agreement] column at the bottom of the back.

*When [requirement 2] is not met, you will be paid if you fill in the back side and meet [requirement 3].

<Revenue limit equivalent to tax exemption> * Write in the left column

Check	Number of households at the time of application (Note)	Revenue limit equivalent to tax exemption
<input type="checkbox"/>	2 people (e.g.) husband (wife) 1 child	1.56 million yen
<input type="checkbox"/>	3 people (e.g.) husband, wife, and 1 child	2.057 million yen
<input checked="" type="checkbox"/>	4 people (e.g.) husband, wife, and 2 child	2.557 million yen
<input type="checkbox"/>	5 people (e.g.) husband, wife, and 3 child	3.057 million yen
<input type="checkbox"/>	6 people (e.g.) husband, wife, and 4 child	3.557 million yen
<input type="checkbox"/>	If the applicant is a disabled person, a minor, a widow, or a single parent at the time of application	2.043 million yen

Check the following before writing the number of people in your household.

* The spouse in the example is not included in the number of people in the household because the revenue exceeds 1.03 million yen. If there are 3 children, it will be a 4-person household.

(Note) The number of people in a household is the total number of people below.
 * Applicant
 * Same livelihood spouse (revenue amount of 1.03 million yen or less)
 * Dependent relatives (including those under 16 years old)

(Continues to the next page)

Go to the back as the applicant has exceeded the tax exemption limit

* It is not necessary to fill in ④ if [requirement 2] is met, Fill in the [oath/agreement] column at the bottom and submit.

④ Check if it meets [requirement 3]. (* Fill in if [requirement 2] is not met)

(1) Write the expected annual revenue of ③ for each applicant and spouse, etc. listed on the surface.

Revenue	(Applicant) revenue amount ③-1	2 8 2 0 0 0 0 0 Yen	(Spouse, etc.) revenue amount ③-2	1 2 0 0 0 0 0 0 Yen
---------	--------------------------------	---------------------	-----------------------------------	---------------------

(2) (1) Of the expected annual revenue, write the expected amount of salary income deduction amount for salary revenue [A] (for 12 months).

Deduction	(Applicant) Salary income deduction amount	0 Yen	(Spouse, etc.) Salary income deduction amount	5 5 0 0 0 0 0 Yen
-----------	--	-------	---	-------------------

Salary income deduction

* Calculate the deduction amount from the formula on the right and write it.

12 months' worth of salary revenue [A] on the front

- 1.625 million yen or less → 550,000 yen
- 1.625 million yen or more and 1.8 million yen or less → Salary revenue [A] × 12 months × 0.4 - 100,000 yen
- 1.8 million yen or more and 3.6 million yen or less → Salary revenue [A] × 12 months × 0.3 + 80,000 yen
- Over 3.6 million yen and 6.6 million yen or less → Salary revenue [A] × 12 months × 0.2 + 440,000 yen

(3) (1) Of the expected annual revenue, write the expected amount of necessary expenses for business revenue / real estate revenue [B] (for 12 months).

Deduction	(Applicant) Expenses such as business revenue	1 1 4 5 0 0 0 0 Yen	(Spouse, etc.) Expenses such as business revenue	0 Yen
-----------	---	---------------------	--	-------

Expenses such as business revenue

- ① If you have written business revenue or real estate revenue [B], write the amount equivalent to 12 months of expenses spent for the revenue. **Attach receipt, etc. for business revenue deduction.**
- ② Submit documents that show the revenue amount such as books, etc.

(4) (1) Of the expected annual revenue, write the expected amount of public pension revenue deduction amount for public pension revenue [C] (for 12 months).

Deduction	(Applicant) Public pension deduction	0 Yen	(Spouse, etc.) Public pension deduction	0 Yen
-----------	--------------------------------------	-------	---	-------

Public pension deduction

* Calculate the deduction amount from the formula on the right and write it.

(Under 65 years old) 12 months' worth of public pension revenue [C]

- 600,000 yen or less → Public pension revenue [C] × 12 months full amount
- 600,000 yen or more and below 1.3 million yen → 600,000 yen
- 1.3 million yen or more and below 4.1 million yen → Public pension revenue [C] × 12 months × 0.25 + 275,000 yen
- 4.1 million yen or more and below 7.7 million yen → Public pension revenue [C] × 12 months × 0.15 + 685,000 yen

(65 years old or over) 12 months' worth of public pension revenue [C]

- 1.1 million yen or less → Public pension revenue [C] × 12 months full amount
- 1.1 million yen or more and below 3.3 million yen → 1.1 million yen
- 3.3 million yen or more and below 4.1 million yen → Public pension revenue [C] × 12 months × 0.25 + 275,000 yen
- 4.1 million yen or more and below 7.7 million yen → Public pension revenue [C] × 12 months × 0.15 + 685,000 yen

(5) Calculate the expected annual income and write it. (5) = (1) - ((2) + (3) + (4))

Expected income	(Applicant) Expected annual income	1 6 7 5 0 0 0 0 Yen	(Spouse, etc.) Expected annual income	6 5 0 0 0 0 0 0 Yen
-----------------	------------------------------------	---------------------	---------------------------------------	---------------------

* Compare the amount of money of the applicant and spouse, etc., and confirm that the applicant is higher.

→ [Requirement 3] The applicant's (higher income) (5) expected annual income is less than or equal to the following tax-exempt revenue limit.

* Fill in the [oath/agreement] column at the bottom and submit if [requirement 3] is met.

Income limit to tax exemption * Write in the left column.

Write in the same place as the surface

Check	Number of households at the time of application (Note)	Tax exempt income limit
<input type="checkbox"/>	2 people (e.g.) husband (wife) 1 child	1.01 million yen
<input type="checkbox"/>	3 people (e.g.) husband, wife, and 1 child	1.36 million yen
<input checked="" type="checkbox"/>	4 people (e.g.) husband, wife, and 2 child	1.71 million yen
<input type="checkbox"/>	5 people (e.g.) husband, wife, and 3 child	2.06 million yen
<input type="checkbox"/>	6 people (e.g.) husband, wife, and 4 child	2.41 million yen
<input type="checkbox"/>	If the applicant is a disabled person, a minor, a widow, or a single parent at the time of application	1.35 million yen

(Note) The number of people in a household is the total number of people below.
 • Applicant
 • Same livelihood spouse (income amount of 480,000 yen or less)
 • Dependent relatives (including those under 16 years old)

* For the bureau to fill in

Applicant is also eligible for payment for falling below tax exemption limit 1,675,000 < 1,710,000

[Oath / agreement] (Write in the check box () of all corresponding items and your full name.)

- Corresponds to [Requirement 1] and [requirement 2] or [requirement 3].
- I am submitting documents that show the amount of revenue (pay slips, pension revision notice, etc.) and documents that show the amount of deduction (books, etc.).
 (Note) If you cannot submit a document that shows the amount of revenue (deduction amount), or if your revenue is 0 yen, you need to separately submit a petition form stating the details of your revenue status. Documents showing the deduction amount need to be submitted only if you fill in the [B] column on the front.
- I does not clearly show that the expected revenue (income) for the next year will exceed the tax-exempt revenue limit (tax-exempt income limit) due to circumstances such as high revenue and extra revenue in the next year.
- I agree to the City of Yokohama to check the necessary basic resident register information, public pension information, etc., and provide necessary materials to other administrative agencies to examine the eligibility of the payment requirements of the benefits.
- There is no difference in the content of this petition.

August 23, 2022

Applicant's name ○○ ○○ (* personal signature)
 Name of spouse ○○ ○○ (* personal signature)

It cannot be paid unless you write on all of the items.

Easy expected revenue (income) petition form
[with sudden household financial changes] separate sheet

Mayor of the City of Yokohama

As of **August 23, 2023**

Applicant

Address

Naka Ward **6-50-10 Honcho**

Furigana

ooo oooo

Full name

o o o o

Date of

October 10 1980

Telephone

xxx-xxxx-xxxx

I am attaching documents that certify the revenue status (deduction amount) as the following upon agreeing to the oath / agreement of the [oath / agreement].

For revenue (deduction) for which documents cannot be attached, please check the applicable items.

- | | |
|---|---|
| <input type="checkbox"/> Salary revenue | <input type="checkbox"/> Business revenue or real estate revenue |
| <input type="checkbox"/> Pension revenue | <input checked="" type="checkbox"/> Cannot be attached due to no revenue. |
| <input type="checkbox"/> Deduction amount | |

Reason I cannot attach documents certifying my revenue status (deduction amount)

[It is necessary to fill in at any time]

[Example]

I lost my job in November last year due to soaring prices. I am still looking for a job.

There is no pay slip for this year.

Sudden household financial changes are only for those affected by soaring prices. Not applicable for revenue decrease due to reasons other than soaring prices such as retirement or business closure due to personal reasons. Be sure to check the oaths / agreements. It cannot be paid unless you write the concrete reason.

[Oath / agreements]

- I agree to the City of Yokohama to check the necessary basic resident register information, public pension information, etc., and provide necessary or related materials to other administrative agencies to examine the content, etc. of this petition and eligibility of the payment requirements of the benefits.
- I will refund the benefit if it is found that the written items in this petition form are false or the applicant does not meet the requirements of the benefit after the benefit has been paid.
- The application for benefits including this petition is made only for the payment of benefits, and does not affect the payment decision of other allowances such as children rearing allowance and special child-rearing allowance. I agree to submit it again and undergo examination if I need an application for payment of other allowances or documents related to each notification.

* Used by the City of Yokohama (Do not fill in below from here)

Information	Ward:		Person in charge:			
	Missing documents		<input type="checkbox"/> Others ()			