

Example of application form

Sodegaura City Gaura Living Support Grants Application Form

Application date 令和 8 年 3 月 15 日

1. Applicant (head of household)

Please fill in the applicant's (head of household's) name, furigana, current address, contact information, and date of birth (no seal is required).

Furigana Name of head of household	Current address and contact details	date of birth
Sodegaura Taro	SodegauraCity Sakadoichiba1-1 phone number 090-0000-0000	明治・大正・昭和・平成
Sodegaura Taro		1980 年 1 月 1 日

2. Expected payment (application) amount

The estimated payment amount is based on households registered in the Basic Resident Register as of January 1, 2026.

Expected payment (application) amount ※5,000 yen per person	10,000yen
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3. Bank account (in principle, limited to an account in the name of the head of household)

Please fill in either (1) or (2) the account to which you would like the benefit to be transferred.

(1) Other than Japan Post Bank

Financial institution name	Branch Name	classification	Account number	Account name
〇〇bank	〇〇branch	Regular	1 2 3 4 5 6 7	Sodegaura Taro
Financial number 0 0 0 0	Branch number 0 0 0 0	2 Current		

(2) Japan Post Bank

Japan Post Bank	Bankbook code	Bankbook number	Account name
Please enter the code and number	1 0 ※		

※Please be sure to attach ① a copy of your identification document and ② a copy of the document showing your bank account details on the back of the document.

※If you wish to receive cash benefits because you do not have a bank account or for other reasons, please check the box to apply. (Cash payments are scheduled for late May. Separate information will be provided by the city.) → I would like to receive cash payments

※If you wish to decline the benefit, please check the box and return it. → I will decline the grants

※If you are applying for or receiving benefits through a representative other than the head of household, please fill in the section on proxy application/receive on the back.

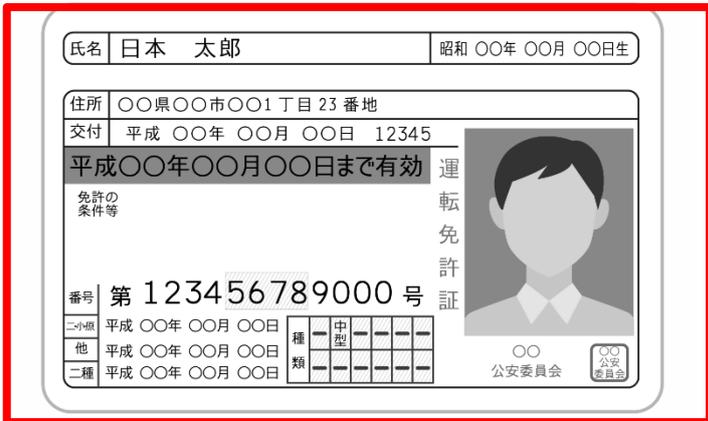
[Please be sure to check the back of the application form and attach the supporting documents]



【Attach identification documents and documents showing the bank account number】

※Please be sure to attach this to your application.

① Please attach a copy of the head of household's identification document.



② Please attach a copy of the document showing the bank account to which the money will be transferred.



【When applying or receiving benefits on behalf of others】 Please fill in only if a representative other than the head of household is applying for or receiving benefits.

agent	Furigana	Relationship with the head of household	Agent date of birth	Agent's address and contact details	
	Name of agent			phone number	
			明治・大正・昭和・平成 年 月 日		
I hereby acknowledge the above person as my agent and authorize him/her to (Apply Receive Apply and receive) the benefits.				Name of head of household	Signature (or name and seal) 印

【Those who can apply and receive on behalf of others】

- ①Members of the household to which the recipient belongs as of the reference date
- ②Legal representatives (parents, guardians of minors, guardians of adults, curators who have been granted the power of attorney, and assistants who have been granted the power of attorney)
- ③Relatives and other people who regularly take care of the recipient and are specially approved by the mayor