

FY2024 Priority Stipend in Response to Rising Prices and Additional Child Allowance Application Form

Mayor of Anjo City

The head of the household must be the applicant.

Example of filled form

I have checked the application form for Priority Stipend in Response to Rising Allowance, hereby pledge and agree that the contents are correct, and submit

Application date 2025/ <input type="radio"/> MM/ <input type="radio"/> DD	
Furigana Applicant (Head of household) name Anjou Tarou 安城 太郎	Date of birth Showa/Heisei/Reiwa <input type="radio"/> YY/ <input type="radio"/> MM/ <input type="radio"/> DD
Current address and telephone number Postal Code 446-0000 XX Number, XX Chome, XX Town, Anjo City Phone 0566 - 00 - 0000	
Payment amount of Priority Stipend in Response to Rising Prices 30,000 yen per household	

1. Household status as of December 13, 2024

	Furigana Name	Circle those eligible for the additional child	Date of birth	Current address and address status as of January 1, 2024	Address as of January 1, 2024, if different
1	Applicant (Head of household)			<input checked="" type="checkbox"/> Same <input type="checkbox"/> Different	
2	Anjou Hanako 安城 花子		Showa/Heisei/Reiwa <input type="radio"/> YY/ <input type="radio"/> MM/ <input type="radio"/> DD	<input type="checkbox"/> Same <input checked="" type="checkbox"/> Different	XX Number, XX Town, XX City, XX Prefecture
3	Anjou Ichirou 安城 一郎		Showa/Heisei/Reiwa <input type="radio"/> YY/ <input type="radio"/> MM/ <input type="radio"/> DD	<input checked="" type="checkbox"/> Same <input type="checkbox"/> Different	If your current address is different from your address as of January 1, 2024, enter your address as of January 1.
4	Anjou Jirou 安城 二郎		Showa/Heisei/Reiwa <input type="radio"/> YY/ <input type="radio"/> MM/ <input type="radio"/> DD	<input checked="" type="checkbox"/> Same <input type="checkbox"/> Different	
5	Anjou Saburou 安城 三郎		Showa/Heisei/Reiwa <input type="radio"/> YY/ <input type="radio"/> MM/ <input type="radio"/> DD	<input checked="" type="checkbox"/> Same <input type="checkbox"/> Different	Be sure to check the pledges and agreements and then tick the box.
6	Anjou Shirou 安城 四郎		Showa/Heisei/Reiwa <input type="radio"/> YY/ <input type="radio"/> MM/ <input type="radio"/> DD	<input checked="" type="checkbox"/> Same <input type="checkbox"/> Different	
7			Showa/Heisei/Reiwa <input type="radio"/> YY/ <input type="radio"/> MM/ <input type="radio"/> DD	<input type="checkbox"/> Same <input type="checkbox"/> Different	
8			Showa/Heisei/Reiwa <input type="radio"/> YY/ <input type="radio"/> MM/ <input type="radio"/> DD	<input type="checkbox"/> Same <input type="checkbox"/> Different	

☐ I share the same living expenses with the eligible child/children mentioned above.

2. Additional Child Allowance

*The child must be under 18 years of age (born after April 2, 2006) who is registered reference date (December 13, 2024). *Enter the number of children eligible for the application amount is 20,000 yen per eligible child. *Children living overseas are r

Confirm all the attached documents and then tick the box.

Number of eligible children	2 child/children	Application amount (Additional Child Allowance only)	40,000 Yen
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*For newborns born on or after December 14, 2024 (a separate application form for newborns must be submitted) or children who live in a separate household but share the same living expenses, contact Benefit Call Center (0566-77-9511).

For Anjo City use only

Enter the number of children born on or after April 2, 2006.

*Children living overseas are not eligible

Number of children x 20,000 yen

3. Applicant (Head of household) bank account

Name of the Financial institution Excluding Japan Post Bank	Branch Name	Deposit Type	Account Number	Account name (Kana) Mention the same notation as that on the passbook.
Anjo	Sakuramachi	1. Ordinary account 2. Current account	1 2 3 4 5 6 7	Anjou Tarou
Financial Institution Code 1 2 3 4	Branch Code 1 2 3			

JAPAN POST BANK Co., Ltd.	Passbook Code Number If there is a 6th digit, fill in the column marked as ※	Passbook number	Account name (Kana) Mention the same notation as that on the passbook.
If you want to transfer the payment amount to Japan Post Bank, fill in the details here.	1		

- A copy of passbook or cash card that can confirm the name of the financial institution, branch name, deposit type, account number, and bank account name must be attached.
- If you do not have an account, or are otherwise unable to receive your payment via a bank account, contact the Benefit Call Center (0566-77-9511).

4. Pledges and Agreements (Payment will be made if only all checkboxes are selected)

Confirm all the items and put a check (✓) mark in the box.

- ☒ All household members are "exempt from residence tax (both per income and per capita) for FY2024."
- ☒ No member of the household is dependent on "other relatives, etc. who are subject to resident tax in FY2024."
- ☒ Not receiving a similar benefit (30,000 yen) from municipalities other than Anjo City.
- ☒ A household does not include "a foreign national who is exempted from resident tax based on tax treaties."
- ☒ The household does not include a person who is 17 years of age or older as of January 1, 2024, and has not yet filed a tax return.
- ☒ I will submit the relevant documents, if the necessary information cannot be confirmed in the public register, etc.
- ☒ If the payment amount transfer cannot be made due to an incomplete application form or other reasons, the applicant will be contacted. However, if the confirmation is not received by the end of May 2025, the applicant agrees that this Stipend will not be paid.
- ☒ I agree that if, after the payment of the Stipend is made, it is found that the information on the application form is false or that the applicant does not meet the requirements for the payment of this benefit, I will return the Stipend.

5. Attached Documents (Payment will be made only if all checkboxes are selected)

Confirm if all of the following documents are attached and put a check (✓) mark in the box.

- ☒ Copy of the identity verification document of the applicant
*Driver's license, individual number card (front only), basic resident register card, passport, residence card, health insurance card, etc.
*Please copy the part where your name and current address are written.
- ☒ Copy of document that confirms bank account
*Passbook or cash card
*Please copy the part where the financial institution name/branch name, account type, account number, and account name are listed.
- ☒ Copy of 2024 resident tax exemption certificate
*You must file a resident tax return in the city or town where you live as of January 1, 2024.