

## Application Process

**1** **Fill out and submit the application**  
Review these contents and fill out the required sections. Enclose the below “Required Documents” along with the application form.

**2** **Verification**  
The City of Yokosuka will verify your application. If there are any errors on your application, it may be sent back to you.  
• It may be determined that the applicant does not qualify for the benefit.

**3** **Payment of the benefit**  
If it is determined that the applicant qualifies, the benefit will be transferred to the bank account designated in your application. Once your application has been received, the transfer will be processed after **about four weeks**. You will not receive a notification about the payment of the benefit, so please check your bank account to see if the benefit was transferred.  
• Be aware that a missing document could lead to a late payment.

## Deadline

**The application must be postmarked by Thursday, October 31, 2024**

## Required Documents

• The benefit will not be granted if the required documents are not submitted.

**1 and 2 are REQUIRED.** Enclose copies of documents verifying the identity of the taxpayer (applicant) and the bank account for the transfer.

**1** **Copy of ID** 必須  
• Only the plastic My Number Card can be used as ID. The original notification (the piece of paper version) cannot be used as an ID.  
• Foreign residents may submit a copy of their Residence Card or their Special Permanent Resident Certificate as ID.  
Enclose a copy of **ONE ID**, such as a My Number card (front side only), driver’s license, health insurance card, etc. on a A4 size paper.  
**ID Examples**  
  
• Make a copy so that it shows your address on June 3, 2024.  
• If a representative will be designated to receive the benefit, enclose a copy of an ID for the applicant AND a copy of an ID of the representative.

**2** **Copy of proof of bank account** 必須  
Enclose a copy of **ONE** of the following on a A4 size paper. The account holder **MUST** be the applicant or the representative designated in your application.  
  
The copy must show the name associated with the account, what type of account it is (savings, etc.), bank name, bank branch (branch code), and account number.  
\*For Japan Post bank books: copy the whole two-page spread.



Scan the code to view English HP

## 1 Taxpayer (designated person to receive the benefit)

Read the “Pledge and Terms of Agreement” and then write your name, the date of application, and a **daytime phone number**.

**1 Taxpayer (designated person to receive the benefit)**  
I hereby declare the following information is true and correct. I have confirmed and agree to the Pledge and Terms of Agreement.

Name of taxpayer (written by taxpayer)	フリガナ ヨコスカ タロウ 横須賀 太郎	Date of application	令和 ヨヨ年 mm 月 dd 日
Phone number	000 - 000 - 0000		

## 2 Bank account information

Write your bank information here. The account must belong to the applicant. (Please do not submit an account which has not been used to make deposits or withdrawals for a long time).

**2 Bank account information**  
• Check the box of the type of bank you wish to use (check either option 1 or 2) and fill out the required fields.  
• In principal, the account must belong to either the applicant or their representative.  
• Enclose a copy of proof of the account with your application.  
• Please do not submit an account which has not been used to make deposits or withdrawals for a long time, because it may not be able to accept wire transfers.

1 Transfer to Japan Post Bank Account

Account holder name	Account type	Code	Bank book number	Number
	savings 1	0-		1

If you choose a Japan Post Bank account, please enter the code and number on the top left of the main page of your savings book or on your cash card.

2 Transfer to Bank Account other than Japan Post Bank

Account holder name	Bank name	Branch name	Account type	Bank code	Branch code	Account number
	1.銀行; 3.信託; 5.農協; 7.信濃連	(本-本店) (出張所)	(Savings) (Checking)			

If you cannot open a bank account or if you cannot receive the benefit by bank deposit, please come to the first floor of City Hall for help in English at the Temporary Special Benefit Help Desk(臨時特別給付金窓口), or contact the Yokosuka Temporary Special Benefit Call Center (0120-934-573).

## 3 If you wish to designate a representative

Complete this section if you wish to designate a representative. The taxpayer (applicant) must clearly write their own name by hand (this serves as a signature). There are three options you can choose for your representative: “1. Confirm and Request,” “2. Receive,” “3. Confirm, Request, and Receive.” Please check one of these boxes to indicate which responsibilities you delegate to your representative.

**3 If you wish to designate a representative**

フリガナ Representative's name	Relation to taxpayer (applicant)	Representative's date of birth	yyyy/mm/dd
		Phone number	- -
〒 - - - - Representative's address	Signature (write name clearly)		

I have confirmed that the person I listed above is my representative, and I delegate them to

Confirm and Request  
 Receive  
 Confirm, Request, and Receive.

Legal representatives do not need to check any boxes.

Taxpayer (applicant)

If a legal representative is applying on the taxpayer’s (applicant’s) behalf, the necessary documents may differ depending on their relationship with the taxpayer, please come to the first floor of City Hall for help in English at the Temporary Special Benefit Help Desk(臨時特別給付金窓口), or contact the Temporary Special Benefit Call Center (0120-934-573).

## Inquiries in English for the Temporary Special Benefit

Come to the Temporary Special Benefit Help Desk 臨時特別給付金窓口 on the first floor of City Hall

Or call the Temporary Special Benefit Call Center

☎ 0120-934-573

HOURS: Weekdays 8:30 — 17:00  
Scan barcode for more information.

横須賀市 調整給付金 検索

# Pledge and Terms of Agreement

※Read the entire following Pledge and Terms of Agreement and then sign section **1** of the application form

- ① If the information I provide cannot be confirmed by public records, etc., I will submit the relevant documents.
  
- ② I agree that if, after the City of Yokosuka has made a payment decision, payment is not completed for reasons such as inability to transfer funds due to incomplete confirmation, and the recipient (designated party, etc.) cannot be contacted or confirmed by the date specified by the City of Yokosuka, the benefit will not be paid.
  
- ③ I agree that if after the payment of the benefit, it is found that any of the information in the application form is false or otherwise does not meet the eligibility requirements for the payment of the benefit, I will return the benefit to the City of Yokosuka.
  
- ④ I understand that there may be an unavoidable delay in payment due to issues such as incomplete documentation.