



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

Application must **ARRIVE** by  
**Tuesday, September 30, 2025**

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 head of household (applicant) and the bank account for the transfer.

1

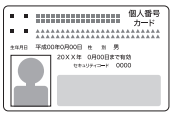
• Only the plastic My Number Card can be used as ID. The original notification (the piece of paper version) cannot be used as an ID.

• Foreign residents may submit a copy of their Residence Card or their Special Permanent Resident Certificate as ID.

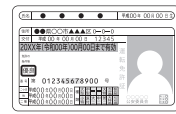
必須

Enclose a copy of **ONE ID**, such as a My Number Card, driver’s license, health insurance card, etc. on a A4 size paper.


表



My Number card (front side only)



Driver’s license or driving history card (both sides)



Health insurance card (both sides)


- Make a copy so that it shows your address on June 2, 2025
- Submit a copy of an ID that is NOT expired. (You can use driving history cards issued on April 1, 2012 or after).

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.



bank book



Japan Post bank book

• 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.

If you do not have a bank book and must submit a copy of a cash card, please make sure that this copy displays the full name associated with the account including any middle names, etc. Please also make sure that the copy does not show your credit card number.



Scan the code to view English HP

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

HOURS: Weekdays 8:30–17:00

Scan barcode for more information.

横須賀市 不足額給付

検索

☎ 0120-934-573

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**.

※If you would like a representative to apply on your behalf, please consult with the Temporary Special Benefit Call Center (0120-934-573)

2 Bank account information

Check the box of the type of bank you wish to use (check either option ①, ②, or ③) and fill out the required fields. 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).

※If you choose to have the payment transferred to the account indicated in option ③, you do not need to write the bank information or submit documents verifying the account. (If your form comes with option ③ blank, please choose ① or ②).

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	Date of application	令和 ヨYY年 mm 月 dd 日
	横須賀 太郎	Phone number	000 - 000 - 0000

※If you would like a representative to apply on your behalf, please consult with the Temporary Special Benefit Call Center (0120-934-573)

2 Bank account information

- Check the box of the type of bank you wish to use (check either option ①, ② or ③) and fill out the required fields.
- The account must be the applicant.
- 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	1. 銀行 3. 信託 5. 農協 7. 信用金庫	Branch name	本・支店 出張所	
Account type	2. 金庫 4. 信託 6. 信託	Branch code	本・支所	
Savings	Checking	Bank code	Account number	

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 Transfer to registered bank account for receiving public funds/bank account previously used to receive benefits

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Write 辞退(renounce) in the field to the right if you do not wish to receive the benefit.

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# Pledge and Terms of Agreement

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

- ❶ If the information I provide cannot be confirmed by the basic resident register information, tax information, or other public records, etc., I will submit the relevant documents.
- ❷ 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.
- ❸ 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.
- ❹ I understand that there may be an unavoidable delay in payment due to issues such as incomplete documentation.
- ❺ For Shortfall Benefit Ⅱ only: NONE of the following applies to me.
  - I was eligible for a fixed-amount tax reduction in 2024.
  - I received a benefit for low-income households, either as the head of household or as household member, in 2024 and/or 2023.
  - I was a beneficiary of the 2024 Adjustment Benefit either as the recipient or as a dependent family member.