



## Application Process


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### 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.
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### 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.
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### 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.

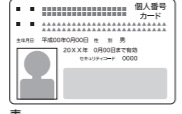
Enclose copies of documents verifying the identity of the head of household (applicant) and the bank account for the transfer.

### 1 Copy of ID

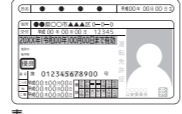
Only the plastic My Number Card can be used as ID. The original notification (the piece of paper version) cannot be used as an ID.  
Foreign residents may submit a copy of their Residence Card or their Special Permanent Resident Certificate as ID. **必須**

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


本人確認書類の例



My Number card  
(front side only)



Driver's license  
(both sides)




Health insurance card  
(both sides)


- 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 head of the household AND a copy of an ID of the representative.

### 2 Copy of proof of bank account


Enclose a copy of **ONE** of the following on a A4 size paper. The account holder **MUST** be the head of the household or the representative designated in your application. **必須**



cash card



Japan Post bank book



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.



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 at City Hall

Or call the Temporary Special Benefit Call Center

HOURS: Weekdays 8:30-17:00

☎ 0120-934-573

※詳しくは、横須賀市ホームページをご覧ください。

横須賀市 非課税世帯等給付金 検索

## 1 Head of household (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**.

Read statements ①, ②, and ③ and verify the content. A household will be considered eligible **ONLY IF ALL** statements ①, ② and ③ are applicable. (If any of the statements is not applicable, your household is not eligible and you will not receive the benefit).

## 2 Bank account information

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

## 3 Additional Benefits for Households with Children

If you have any children that would make your household eligible for additional benefits, please confirm the contents of the table on the right. Please add any children born on or after June 3, 2024.

## 4 If you wish to designate a representative

Complete this section if you wish to designate a representative. The head of household 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.

## 1 Head of household (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 head of household (written by head of household)	フリガナ ヨコスカ タロウ 横須賀 太郎
Date of application	令和 00 年 00 月 00 日
Contact Information	Phone number 000 - 000 - 0000 Name (if other than the applicant) (Relationship with the applicant: )

### Read and verify the following ①, ② and ③ statements.

- The household is not composed solely of individuals who are dependent on others who are subject to resident tax for the 2024 fiscal year.
- There is no one in the household who has income subject to resident tax for the 2024 fiscal year but has not yet filed a tax return.
- There is no one in the household who was eligible to receive any benefit for households exempt from resident tax (70,000 yen) for fiscal year 2023 or any benefit for households only subject to resident tax per capita (100,000 yen) for fiscal year 2023.

A household will be considered eligible to receive the benefit **ONLY IF ALL** statements ①, ② and ③ are applicable. (If any of the statements is not applicable, your household is not eligible and you will not receive the benefit).  
If your application turns out to be incorrect, you may be required to return the benefit. For resident tax for the fiscal year 2024, if you are not sure whether you are receiving support, please check with your parents, children, or other family members. Furthermore, if you intentionally make a false entry, you may be charged with fraud for unfair receipt of benefits.

If you have reported exemption from resident tax for the fiscal year 2024 due to a tax treaty, you are not eligible for the benefit.  
Deadline: if the application form is not POSTMARKED by Thursday, October 31, 2024, or if the form is incomplete and the necessary corrections are not made by the date specified by the City of Yokosuka, the application will be considered renounced.  
Write 辞退 (renounce) in the field below if you do not wish to receive the benefit.

## 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 principle, the account must belong to the head of household designated in 1 Head of household (unless you must designate a 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 savings	Code 0	Bank book number	Number 1
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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
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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 Additional Benefits for Households with Children

- Households with children 18 years old or younger are eligible for an additional 50,000 yen per child.
- Children who are 18 years old or younger (born on or after April 2, 2006) and were a member of the household on June 3, 2024, are listed in the table below. Please add any children born on or after June 4, 2024.
- If any children are dependents of a different household, you will need to submit a notification form. 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).

Name		Date of Birth	Name		Date of Birth
1			6		
2			7		
3			8		
4			9		
5			10		

### Read and verify the following statements ④ and ⑤.

- None of the children listed in the table are living in a facility and have not updated their Certificate of Residence.
  - All of the children listed in the table were dependents of the head of the household on June 3, 2024.
- If either of these statements do not apply to your household, you may not be eligible for any additional benefit or the additional benefit amount may change. 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) to inquire.

## 4 If you wish to designate a representative

フリガナ Representative's name	Relation to head of household	Representative's date of birth yyyy/mm/dd
〒 Representative's address	Phone number	

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

1. Confirm and Request  2. Receive  3. Confirm, Request, and Receive.

Legal representatives do not need to check any boxes.

Signature (write name clearly)

Head of household

If a legal representative is applying on your behalf, the necessary documents may differ depending on their relationship with the head of household, 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).

# 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 the basic resident register information, tax records, or other public records, 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.
- ⑤ No members of my household were eligible to receive from any other municipalities any “benefit for households exempt from resident tax to combat the rising cost of goods (70,000 yen) for fiscal year 2023” or “benefit for households only subject to resident tax per capita (100,000 yen) for fiscal year 2023.”