

# 2023 Year-End Mutual Support Encouragement Fund Application Form

Higashiomi City Council of Social Welfare

President Ms. Fusa Otsuka

I would like to apply for the Year-End Mutual Support Encouragement Fund as follows.

In addition, I agree that the following personal information will be used to provide information to commissioned welfare volunteers and commissioned child welfare volunteers, and for projects implemented by the Higashiomi City Council of Social Welfare.

《APPLICANT》

Date of Application: \_\_\_\_\_, 2023

Name in Hiragana	
Name	(seal)
Date of Birth	( _____ years old )
Address	〒 _____
Phone Number	(Cell phone)

《Family members living together》 ※Please fill in all family members' income for the previous year including the applicant.

	Name	Relationship	age	Occupation or school name	Total revenues in the previous fiscal year (①+②+③+④+⑤)
1					
2					
3					
4					
5					
				<b>Total income of all household members</b>	<b>Total:</b>

Total revenues in the previous fiscal year includes all of the following ① through ⑤ below. Please enter the total amount of all applicable income.

- ① Salary income ② Business income(self-employment etc.) ③ Pension income(national pension, basic old-age pension, disability pension, survivor's pension, etc) ④ Child support allowance, etc.
- ⑤ Others

※The amount of income may be based on the current year's income.

## 《Documents to be attached to the application》

Please submit documents on the back of the application form that verify that the criteria have been met. ( Photocopies are acceptable.) (e.g., taxation (income) certificate, pension transfer notice, withholding tax certificate, child support allowance notice, etc.) copy is approved. If you are a sole proprietorship, please submit your previous year's tax return in addition.

《Requisition Criteria》 ※Please see the flyer for details.

Number of persons in the household	1-person Household	2-person Household	3-person Household	4-person Household	5-person Household
<b>Standard Amount (Total revenues in the previous fiscal year)</b>	¥1,030,000 or less	¥1,510,000 or less	¥1,990,000 or less	¥2,470,000 or less	¥2,950,000 or less

## 《Related Persons Entry Form》

Opinion Column	(Special Note) Please describe the living conditions of the applicant household to the best of your knowledge.	seal of acceptance by the CSW	seal of acceptance
	The above applicant is deemed appropriate as a recipient of the encouragement fund. commissioned welfare volunteer / Name: _____ commissioned child welfare volunteer (seal)		

**Verified Documents** (Please attach the photocopies.)

**Remarks Column** (Related Persons Entry Form)