



Information about Year-End Mutual Support Encouragement Fund

Development of the City by Supporting Each Other with Care

We will grant the "Year-End Mutual Support Encouragement Fund" through citizens' donations so that those in need of support due to economic hardship can celebrate the New Year's holiday in their familiar areas.

If you are interested, please check the conditions below to see if you are eligible or not before applying.

■Requisition Criteria (Households Eligible to Apply)

Households residing in Higashiomori city with gross household income of the previous fiscal year generally below the following thresholds are eligible for the grant. Gross household income includes salary, business income (self-employment etc.) pension income (national pension, basic old-age pension, disability pension, survivor's pension, etc.), child support allowance, etc.

Number of persons in the household	1-person Household	2-person Household	3-person Household	4-person Household	5-person Household
Standard Amount (Total revenues in the previous fiscal year)	¥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

※¥480,000 will be added to the base amount for each additional family member.

※All persons living together are considered as one household. Even if the households are separated, they are considered as one household if they share the same livelihood.

(Households receiving public assistance and those not living at home due to long-term hospitalization or residential care are not eligible.)

■How to Apply	Please fill out the application form and submit it to a local commissioned welfare volunteer, child welfare volunteer, or the General Affairs Division of the Council of Social Welfare (CSW), or their respective offices. Application forms are available at the CSW (General Affairs Division and offices), City Hall, public facilities (libraries, community centers, etc.), and the homes of local commissioned welfare volunteers and child welfare volunteers. (Application forms can also be downloaded from the CSW's website.)
■Documents to Be Attached to the Application	(Documents that can verify gross household income) Please attach to the back of the application form. Copy of taxation (income) certificate, pension transfer notice, withholding tax certificate, child support allowance notice, etc. (Please attach to the back of the application form.) If you are a sole proprietorship, please submit your previous year's tax return in addition. (copy of Table 1 and 2, statement of earnings and expenses)
■Application Deadline	<u>October 31, 2024 (Thursday)</u>
■Aid Decision	The Community Chest Grant Project Review Committee will review and decide on the grant. ※The amount of the grant will be determined based on the actual amount of donations collected.
■Aid Method	Households that are determined to be aided will receive the encouragement fund through local welfare volunteers and child welfare volunteers.
■Handling of Personal Information	Personal information obtained through this project will be provided to local community welfare volunteers and child welfare volunteers. It will not be used for any purpose other than this and projects implemented by the CSW.
■Contact Us	General Affairs Division, the Council of Social Welfare (CSW)



This project is funded by the donations from the year-end mutual support fund.

REIWA6 2024 Year-End Mutual Support Encouragement Fund Application Form
Higashiomori City Council of Social Welfare
President Ms. Fusa Otsuka

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

If you wish to apply for the year-end donor incentive grant, you must agree to the use of your personal information in the application process, so please check the box below, fill in the required information, and submit your application. October 3, 2024 I agree to the use of my personal information below and apply for the year-end donor incentive fund.

《APPLICANT》

Date of Application: October 3, 2024

Name in Hiragana	しゃきょう はなこ (Shakyou Hanako)		
Name	社協 花子 (Shakyou Hanako) seal		
Date of Birth	September 1, 1976		(48years old)
Address	〒 527 -0000 Higashi Omi-shi 〇〇-cho 〇〇-〇〇 Apartment Name: △△Heights Room 202		
Phone Number	(Cell phone) 〇〇〇-〇〇〇-〇〇〇〇		

《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	Shakyou Hanako	Applicant	48 years old	Part-time (Super XX)	① ¥621,640 + ④ ¥430,280
2	Shakyou Tarou	Son	16 years old	△△ High School	① Part-time job ¥378,280
3					
4					
5					
Total income of all household members					Total: ¥1,422,200

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.) If you are a sole proprietorship, please submit your previous year's tax return in addition.(copy of Table1 and 2, statement of earnings and expenses)

《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
Standard Amount (Total revenues in the previous fiscal year)	¥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: seal commissioned child welfare volunteer		

