



Information on the Year-End Mutual Support Encouragement Fund

Development of the City by Supporting Each Other with Care

We will provide the *Year-End Mutual Support Encouragement Fund*, made possible through citizens' donations, to help those facing economic hardship celebrate the New Year in their familiar communities.

If you are interested, please review the eligibility requirements below before submitting your application.

■ Eligibility Criteria (Households Eligible to Apply)

Households residing in Higashiomori City whose gross household income in the previous fiscal year generally falls below the thresholds listed below are eligible for the grant.

Gross household income includes salary, business income (such as self-employment), pension income (national pension, basic old-age pension, disability pension, survivor's pension, etc.), child support allowance, and similar sources of income.

| 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) | ¥1,230,000 or less | ¥1,810,000 or less | ¥2,390,000 or less | ¥2,970,000 or less | ¥3,550,000 or less |

- An additional ¥580,000 will be added to the base amount for each additional family member.
- All persons living together are regarded as one household. Even if family members maintain separate residences, they are considered one household if they share the same livelihood.
- Households receiving public assistance, as well as those whose members are not living at home due to long-term hospitalization or residential care, are **not** eligible.

| | |
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| ■ How to Apply | Please complete the application form and submit it to a local commissioned welfare volunteer, a child welfare volunteer, or the General Affairs Division of the Council of Social Welfare (CSW), as well as their respective offices. Application forms are available at the CSW (General Affairs Division and branch offices), City Hall, public facilities (such as libraries and community centers), and the homes of local commissioned welfare volunteers and child welfare volunteers. Application forms can also be downloaded from the CSW website. |
| ■ Documents to Be Attached to the Application | Documents to Verify Gross Household Income Please attach one of the following documents to the back of the application form: <ul style="list-style-type: none"> • Copy of taxation (income) certificate • Pension transfer notice • Withholding tax certificate • Child support allowance notice, etc. If you are a sole proprietor, please also submit a copy of your previous year's tax return (Table 1 and 2, and the statement of earnings and expenses). |
| ■ Application Deadline | October 31, 2025 (friday) |
| ■ Aid Decision | The Community Chest Grant Project Review Committee will review applications and make the final decision regarding the grant. <i>The amount of the grant will be determined based on the total donations collected.</i> |
| ■ Aid Method | Households approved for assistance 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 shared with local community welfare volunteers and child welfare volunteers. It will not be used for any purpose other than this project or other initiatives implemented by the Council of Social Welfare (CSW). |
| ■ Contact Us | Inquiries / Contact General Affairs Division, Council of Social Welfare (CSW) Phone: 0748-20-0502 IP Phone: 0505-802-9070 |

This project is funded by donations to the Year-End Mutual Support Fund.

REIWA7 2025Year-End Mutual Support Encouragement Fund Application Form

Higashiomi City Council of Social Welfare

President MORINO SAIJI

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

If you wish to apply, you must agree to the use of your personal information for the purposes of the application process.

Please check the box below, fill in the required information, and submit your application.

October 9, 2025

☒ I agree to the use of my personal information as stated above and hereby apply for the Year-End Mutual Support Encouragement Fund.

《APPLICANT》

Date of Application: October 9, 2025

| | | | |
|------------------|--|--|--|
| 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, 1977 (48years old) | | |
| Address | 〒 527 -〇〇〇〇 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 ¥821,640 + ④ ¥430,280 |
| 2 | Shakyou Tarou | Son | 16 years old | △△ High School | ① Part-time job ¥370,280 |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| Total income of all household members | | | | Total: | ¥1,622,200 |

Total Revenues in the Previous Fiscal Year

Total revenues in the previous fiscal year include all of the following categories ① through ⑤.

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 Other income

Note: The amount of income may also be based on the current year's income.

Documents to Be Attached to the Application

Please attach documents to the back of the application form to verify that the criteria have been met. Photocopies are acceptable. Examples include:

- Taxation (income) certificate
- Pension transfer notice
- Withholding tax certificate
- Child support allowance notice, etc.

If you are a sole proprietor, please also submit a copy of your previous year's tax return (Table 1 and 2, and the statement of earnings and expenses).

Eligibility Criteria

For more detailed information, please refer to the flyer.

| 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) | ¥1,230,000 or less | ¥1,810,000 or less | ¥2,370,000 or less | ¥2,970,000 or less | ¥3,550,000 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 | | |