

Reiwa 7 (2025) Year-End Mutual Support Encouragement Fund Application Form

Higashiomi City Council of Social Welfare President Morino Saiji

Personal information provided in this application will be used to share necessary details with commissioned welfare volunteers and child welfare volunteers, as well as for the year-end donation program administered by the Higashiomi City Council of Social Welfare.

If you wish to apply for the year-end donation, you must consent to the use of your personal information for this purpose. Please check the box below, complete the required information, and submit your application.

Reiwa year month day (2025)

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

Date of Application: _____, 2025

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					
Total income of all household members					Total:

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: Income may also be calculated based on the current year's amount.

Documents to Be Attached to the Application

Please attach documents to the back of the application form that verify the eligibility criteria. 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 details, 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	¥2,390,000 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		

確認できる書類（コピーを必ず貼付してください）
Verified Documents (Please attach photocopies.)

備 考 欄（関係者記入欄）
Remarks Column (Related Persons Entry Form)