【Example】 Form2 Application Form（Front）

様式第2号（第6条関係）

越前市令和5年度住民税非課税世帯に対する支援給付金（追加給...

The application deadline for this benefit is (Friday)March 8,2024．【Deadline】

本申立て内容に相違ありません。
また、【誓約・同意事項】（本紙裏面）を全て確認し、誓約・同意の上、申請します。

Entry①
Fill in the head of household on your certificate of residence as of December 1,2024.

申請日	令和 6 年 ○ 月 ○ 日	
申請・請求者（世帯主）	フリガナ	エチゼン　タロウ
	氏 名	越前　太郎
	現住所	（〒915 - 8530 ）越前市府中一丁目１３－７
	連絡先	0*0 （ 1234 ）5678

Entry②
Fill in the information of all members of your household.

● 申請者が属する世帯の状況　※令和5年12月1日時点の世帯の全ての構成員について記載

○ 令和5年1月2日以降に市外から転入した方は、令和5年1月1日時点でお住まいの市区町村（課税地）が発行する「令和5年度住民税非課税証明書」を添付して下さい。（該当者全員分）
※証明書の添付がない場合、この給付金は支給できません。未申告の方 は、申告後に申請してください。

	（ フリガナ ）氏　名	申請者との続柄	生年月日	現住所と令和5年1月1日時点の住所が異なる ※市内転居は「現住所と同一」	令和5年1月1日時点の住所を記載	令和5年度住民税均等割課税状況
1	申請・請求者（世帯主）	本人	明・大・㊎・平・令 50年 4月24日	☑現住所と同一 □異なる（本市外）		☑非課税 □課税 □未申告
2	エチゼン　ハナコ 越前　花子	妻	明・大・㊎・平・令 50年 6月20日	□現住所と同一 ☑異なる（本市外）	○○県××市○○町○○アパート101	☑非課税 □課税 □未申告
3			明・大・昭・平・令 年 月 日	□現住所と同一 □異なる（本市外）		□非課税 □課税 □未申告
4						□非課税 □課税 □未申告
5						□非課税 □課税 □未申告

Entry③
Indicate your residential taxation status in fiscal year 2023.

If **your current address differs from your adress as of January 1,2023**, you are required to attach " **Resident Tax Exemption Certificate for 2023**" issued by the municipality∗ of your address as of January 1,2023.
∗ Please note that in some cases, the address on the certificate of residence may differ from the place of taxation.

Entry④
Mark a ☑ on your desired account. Specify the account of the applicant's name(the head of household).

● 振込口座　次の口座への振込を希望します　※次の口座のうち、希望の振込口座に☑してください。

□ ① 世帯主（申請者）名義の公金受取口座【裏面貼付：本人確認書類の写し】
　　※ 利用にはマイナポータル等から公金受取口座を登録している必要があります。
□ ② 下記の現に使用している世帯主（申請者）名義の口座【裏面貼付：本人確認書類の写し】
　　(Requested account) □Water bill withdrawal account □Resident tax withdrawal account □Child allowance receiving account
　　※ 上記の記入（レ点）により税部局等への口座照会を承諾したものとします。
☑ ③ 世帯主（申請者）名義のその他口座【裏面貼付：本人確認書類・通帳等の写し】
【受取口座記入欄】　※長期間入出金のない口座を記入しないでください

金 融 機 関 名	支店名	分類	口座番号（右詰め記入）	口座名義（カナ）※世帯主名義に限る。※通帳の表記に合わせてください。
○○ 1.銀行 5.農協 2.金庫 6.漁協 3.信組 7.信漁連 4.信連 金融機関コード 0 0 0 0	×× 本店 本・支店 出張所 支店コード 0 0 0	1普通 2当座	0 1 2 3 4 5 6	エチゼン　タロウ
	通帳記号		通帳番号	口座名義（カナ）

【Receiving account】
In the case of ① account ⇒ Attach " Identification documents "
　　　　　　　　∗ Only the account of the head of household is eligible.
In the case of ② account⇒ Mark a ☑ on your desired account among those registered in the city. Attach "Identification documents".
　　　　　　　　∗ Only the account of the head of household is eligible. If you have some accounts registered in the city, fill in " Receiving account entry field" to clarify your transfer account.
In the case of ③ account ⇒ Fill in your account information in "Receiving account entry field". Attach identification documents and account confirmation documents.

【Example】
Form2 application Form(Back)

【誓約・同意事項】 ※必ず全ての項目を確認してください。

①	My household meets the requirement to receive the support benefit for households exempt from resident tax for 2023. ※In order to be eligible to receive the benefit(additional benefit), you are required to meet all conditions below. ・All household members are exempt from resident tax for 2023 based on the income from January to December, 2022. ・All household members are not dependents of relatives , etc. who are subject to resident tax for 2023. (note) Please confirm with your family members(parents or children , etc.) whether you have a dependent or not , if you are not sure. ・No one in the household has reported tax exemption under tax treaties.
②	No one in my household has undeclared resident tax.
③	No one in my household has received similar benefit from other municipalities.
④	I agree that the City may confirm necessary information such as basic resident register information or tax information, or request or provide other administrative agencies , etc. necessary materials to examine whether the requirements for payment of support benefit are met. If the information cannot be confirmed by public record,etc. the relevant documents will be submitted.
⑤	I agree that this application form (including attached documents)will not be returned.
⑥	I agree that , after the city has made a payment decision, if payment is not completed for reasons such as failure to transfer benefit due to incomplete application forms, and the city is unable to contact or confirm the applicant, the benefit(additional benefit) will not be paid.
⑦	If, after the payment of benefit, any information in this application is found to be false , or if it is found that the applicant does not meet requirements for the payment of benefits, the benefits will be returned.

【Required Documents】

☑ 『令和5年度住民税非課税世帯に対する支援給付金（追加給付）申請書』（本書）
※必要事項をご記入ください。 **This Form**

☑ " A copy of applicant's identification document "
＊Please prepare one of a copy of the applicant's driver's license, health insurance card, My Number card(My Number notification card is not accepted.), pension book, nursing care insurance card, passport, etc.

☑ " A copy of document to confirm your receiving account" (Only the person whose receiving account is ③ ,"Other accounts in the name of the head of household(The applicant)" on the front side, is eligible.)
＊Please prepare one of a copy of your bankbook or cash card to confirm financial institution's name , account number and account holder of the receiving account.

☑ "For all those who marked ☑ on "異なる", " the current address differs from the address as of January 1, 2023 on the front side."
A copy of "Resident Tax Exemption Certificate for 2023" issued by the municipality where you live as of January 1, 2023.
＊ Please issue your resident tax exemption certificate for 2023 at the municipality where you live as of January 1,2023.
(Please note that the issuance of the certificate will be at the applicant's own expense.)

※記入済
給付が受

【公金受取口座が
マイナンバーカー
※ 登録は本給
※ 公金受取口

In addition , the submission of a letter of attorney is required , if you apply on behalf of the head of household.
Those who may act on behalf of the head of household are limited to the following.
①Household members ②Regal representative (Youth guardian, curator who has been granted power of attorney.) ③Relatives ,etc.
＊The details of proxy application and examples of a letter of attorney is posted on the special page of Echizen City Support Benefit.