

English Translation of Verification Form

NOTE: This English translation is for REFERENCE ONLY.
You must complete the form in Japanese, either on paper or online.

Priority Aid (For Households that are Only Subjected to Per Capita Income Tax & their Children)

Ref #

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Issued Date: 2024/MM/DD

Mayor of Oita ADACHI Shinya

Inflation Relief Payment for Households that are Only Subjected to Per Capita Income Tax and Supplemental Aid for their Children Verification Form

Your household is eligible to receive this relief payment based on your resident registration as of December 1, 2023 and your residence tax status for the fiscal year 2023. Please see the boxed information below for the expected amount you will be receiving from us.

Please verify the information and **mail the filled form to us by May 31, 2024.**

※Failure to submit the filled form to us by the due date will be deemed a refusal of the relief payment.

Method: Bank transfer
Amount:
Eligible Children: _____
(Only Per Capita Income Tax Payer: 100,000 yen per household Supplemental Aid for Children: 50,000 yen per child)

※Please provide your bank account information on the back page and mail it together with the required documents.

※Children eligible for supplemental aid are 18 years old and below, please see attachment (別紙) for the list.

■ Please have the Head of Household fill this form.

Please indicate whether you wish to receive or decline the relief payment by encircling your choice.
To be eligible for the payment, you must meet ALL conditions outlined in numbers 1, 2, and 3.
Even if there is only one condition that does not apply to you, please encircle "decline."

〈Conditions for Receiving the Payment〉

1. All members of the household are not claimed as dependents by any other individuals on the residence tax.
2. No household member is earning undeclared taxable income.
3. I am not receiving inflation relief payment from another municipality.

Please encircle your choice.

My household would like to
accept / decline
the relief payment.

(Reason for declining the payment)

※ If you are exempted from residence tax due to the Income Tax Convention, you are not eligible for this payment.

※ If there are any errors found on this form, you may be asked to return the money.

If you are not sure whether you are a dependent or not, please ask your relatives to confirm if someone is claiming you as a dependent on residence tax. You may be charged with fraud if it is determined that you intentionally filled the form incorrectly.

I hereby declare that the information given above is true and correct.

Date	YY	MM	DD
Head of Household's Name	Daytime Phone Number		

※Please write the name exactly as it appears on the upper left corner of this form.

Proceed to back page

【Account Information】

※ Please provide proof of bank account ownership. See below for details.

※ Please do not provide a bank account that does not have any activity for an extended period.

Financial Institution			Branch		Account Type	Account Number ※ Please make sure the last digit is in the farthest right-hand column.				Account Holder (Katakana or Alphabet) ※ Please provide the name as it appears on the bankbook.	
1. Bank (銀行) 4. Shinren (信連) 7. Shingyoren (信漁連) 2. Kinko (金庫) 5. Nokyo (農協) 3. Shinkumi (信組) 6. Gyokyo (漁協)			本店・支店 本所・支所 出張所		1. Ordinary 2. Checking						
Financial Institution Code			Branch Code								
Japan Post Bank (Yucho Bank)			Bankbook Code (If it is a 6 digit code, write the last digit on the ※ column)		Account Number ※ Please make sure the last digit is in the farthest right-hand column.				Account Holder (Katakana or Alphabet) ※ Please provide the name as it appears on the bankbook.		
If you want to use your Japan Post Bank account, please fill in the following details that can be found on your bankbook or cash card.			1 0 ※								

・ Please fill in the details below if you want to appoint a representative to process the form and/or receive the money on your behalf.

【Representative's Information】

Name in Furigana Representative's Name		Relation to the Head of Household	Date of Birth	Address and Phone Number	
				Daytime Phone Number ()	
I hereby grant permission to the person listed above to : (verify and claim the relief payment receive the relief payment verify and receive the relief payment)			on my behalf. ← You do not need to select anything if the proxy is your legal representative.	Head of Household's Name	Sign or write your name and stamp your inkan here. (印)

※ Please write the name exactly as it appears on the upper-left corner of the front page of this form.

Attachment Checklist

※ Attach photocopies of the required documents and then check the boxes below.



Proof of Identification

※ Photocopy of a valid ID e.g. driver's license, health insurance card, My Number Card (front side), pension book, long-term care insurance certificate, passport photo page, etc.



Proof of bank account ownership

※ Please provide a photocopy of bankbook or cash card that shows the following details:
name of financial institution, account number, and account holder name written in katakana or alphabet



Bankbook



Japan Post Bank Bankbook

(If you wish to use Japan Post Bank)



Cash Card

(If you do not have a bankbook)

You may provide a photocopy of your cash card if you do not have a bankbook or your bankbook does not show the required information.

※ Please photocopy the entire spread page of the Japan Post Bank Bankbook.

※ If you appointed a representative, it is required to provide a photocopy of his/her valid ID and check the box below.



A photocopy of your Representative's valid ID

※ Examples: driver's license, health insurance card, My Number Card (front side), pension book, long-term care insurance certificate, passport photo page, etc.