

# 記入例

## 低所得世帯支援給付金

管理番号   
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### 令和6年度大分市低所得世帯支援給付金支給要件確認書

標記の件につきまして、令和6年12月13日(基準日)時点の住民登録、令和6年度の住民税の課税状況に基づき、支給対象者に該当するため、以下のとおり、支給予定額をお知らせします。  
以下の内容を確認して、回答期限(2025年6月2日)までに、この確認書を返送してください。  
※上記の回答期限までに返信がない場合は、本給付金の受給を辞退したとみなします。

支給方法 口座振込  
支給予定日 大分市が確認書を受領した日から3週間程度  
振込予定口座 (例) ○○銀行 ○○支店 普通 \*\*\* 1 2 3  
オオイタ タロウ  
支給予定額 50,000円  
対象児童 1 人分  
〔非課税世帯: 1世帯あたり 30,000円〕  
〔こども加算: 対象児童1人あたり 20,000円〕  
※18歳以下の児童(平成18年4月2日以後に生まれた児童)を扶養等している世帯は、「別紙:対象児童確認表」で対象児童の氏名等を確認してください。

※上記の振込予定口座欄が印字されていない場合又は別の口座への振込を希望する場合には、裏面の受取口座記入欄に記入し、この確認書と本人確認書類、受取口座を確認できる書類のコピーを返送してください。

■世帯主の方が記入してください。

支給を希望するか、辞退するかを選び、どちらかに○をつけてください。  
支給要件①、②、③の全てに当てはまる場合、受給できます。  
なお、ひとつでも該当しない場合は、「辞退します」に○をつけてください。

#### 〈Requirements for Payment〉

- No member of your household is a dependent of a relative or other individuals who are subject to resident tax.
  - There is no person in your household who has undeclared income that should be subject to resident tax.
  - Neither your household nor the head of the household has received similar aid from other municipalities.
- \* If you intentionally provide false information, you may be charged with fraud for illegally receiving the payment.

どちらかに○をつけてください。

私の世帯は、給付金の支給を

希望します / 辞退します

(Reason for declining)

※確認内容が誤っている場合は、給付金の返還を求める場合があります。  
住民税の扶養を受けているか分からないときは、親族等に確認してください。  
また、意図的に虚偽の確認をした場合は、不正受給として詐欺罪に問われる場合があります。  
※If someone in your household is exempt from resident tax under the Income Tax Convention, you are not eligible for this payment.

上記記入内容に相違ありません。

Verified Date	令和7年 ○月 ○日		
Name of head of household	大分 太郎	Contact telephone number	xxx-xxx-xxxx

※本書左上に記載の氏名を記入してください。

※日中に連絡可能な電話番号を記入してください。

裏面も必ず確認してください

## How to fill in the Verification Form

### FRONT PAGE

1

Make sure to submit the form by **June 2, 2025.**

2

Payment will be made by bank transfer.  
Please make sure to check that the printed payee's account information is correct.

Only the last three digits are printed.  
If it is not printed or if you wish us to transfer funds to another account, please fill in the "Receiving Account Entry Column" on the back page.

3

Please check the requirements (i) through (iii). Put a circle around your choice to indicate whether you would like to receive (希望します) or decline (辞退します) the payment.

If you decline the payment, please indicate the reason in the square brackets [ ].

4

Check if ALL the information written on this paper is correct, then fill in the Verified Date (Year/Month/Day), Head of Household's Name, and Telephone Number.

Write the name EXACTLY as it is on the top left of this form.

If payee's account is not printed on the form or if you wish to change the account, please fill in the back page as well.

If you would like to receive the payment to the account listed on this form, there is no need to fill out the back page or provide supporting documents.

If the information is not printed in the receiving account column on the front side or if you wish us to transfer funds to any different account from the one printed on the form, please fill in the “Receiving Account Entry Column” below and submit a copy of the document to confirm the receiving account.

[Receiving Account Entry Column]

※下欄に振込を希望する口座を記入の上、受取口座を確認できる書類のコピーを提出してください。  
※長期間入出金のない口座を記入しないでください。

Name of financial institution	Branch name	Classification	Account number	Account holder (in kana or alphabet)
<div>1 Bank 2 Credit association 3 Credit union 4 Association of credit federation 5 Agricultural cooperative 6 Fishing cooperative 7 Credit federations of fishery cooperatives</div> <div>金融機関コード</div>	<div>Head office Branch office Main office Branch office Sub-office</div> <div>支店番号</div>	<div>1 Ordinary 2 Current</div>	<div></div>	<div></div>
Japan Post Bank	Bankbook symbol (If there is a sixth digit, please fill in the (*) column.)		Bankbook number	Account holder (in kana or alphabet)
If you choose Japan Post Bank, please enter the symbol and number that are written on the left-hand side of the opening page of the bankbook or on the cash card.	1 0 ※			

・代理人が確認・受給等する場合は、以下の【代理人欄】に記入してください。

[Representative Section]

Furigana	Relationship with the head of household	Date of birth of the representative	Address and telephone number of the representative
Name of the representative			
オオイタ ハナコ	妻	昭和 〇 年 〇 月 〇 日	大分市〇〇町〇〇-〇 Telephone number that can be contacted during the day ××× (×××) ××××
I hereby grant permission to the person listed above to : (verify and request the payment) on my behalf. (verify and receive the payment) ← If your representative is your legal representative, you do not need to select anything.		Name of head of household	Signature (or name and seal)
		大分 太郎	大分 太郎

\*Please enter the name written in the top left corner of the front page.

Documents to be submitted

☒ Verification Form for Oita City's 2024 Low-Income Household Aid (this document)

●Please fill in the required information.

- ☒ (Front Page) whether you want to receive or decline the payment, the verified date, name of the head of household, contact telephone number
- ☒ (Back Page) Receiving Account Entry Column

☒ “A copy of the head of household’s identification document”

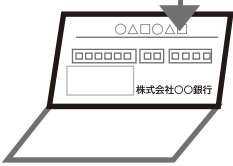
\*It is not necessary, if you wish us to transfer funds to the “payee’s account” stated on the front side.

●Please attach a copy of one of the public identification documents (driver’s license, My Number Card (front side), pension book, nursing care insurance certificate, passport, etc.) of the head of household, which has not expired, to the “Affixing Form for Identification Documents, etc.”

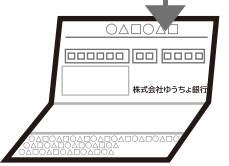
☒ “A copy of the document to confirm the receiving account”

\*It is not necessary, if you wish us to transfer funds to the “payee’s account” stated on the front side.

●Please attach a copy of the part of the bankbook or cash card that shows the name of the financial institution, account number, and account holder’s name (in kana or alphabet) of the receiving account to the “Affixing Form for Identification Documents, etc.”



Bankbook  
(For other banks than Japan Post Bank)



Bankbook  
(For Japan Post Bank)



Cash card  
(For example, if you do not have a bankbook)

Please attach a copy of the bankbook showing the name of the financial institution, branch name, deposit type, account number, and account holder’s name (in kana or alphabet), or if you do not have a bankbook, please attach a copy of your cash card, etc.

\*For Japan Post Bank, please copy the entire opening page of the bankbook.

**\*If a representative confirms or receives the payment, etc., please be sure to attach a copy of the representative’s identification documents in addition to the above-mentioned documents and be sure to check the checkbox ( ).**

☒ (If a representative confirms or receives the payment, etc.)

“A copy of the representative’s identification document”

●Please attach a copy of one of the public identification documents (driver’s license, My Number Card (front side), pension book, nursing care insurance certificate, passport, etc.) of the representative, which has not expired, to the “Affixing Form for Identification Documents, etc.”

\*Please check that you have not missed out any of the required information in any of the columns, or that you have not submitted any incomplete documents.

(If there are any omissions in the form, or if the submitted documents are incomplete, you will not be able to receive the benefit.)

How to fill in the Verification Form

BACK PAGE

5 Please enter the account in which you would like to receive the payment.

In principle, please enter the account of the head of household.

6 If you have appointed a representative, please complete the Representative Section.

Please also put the signature (or name and seal) of the head of household in the column of the name of the head of household.

7 If the account information on the front page is where you would like to receive the payment, you do not need to provide these details.

8 Please check the documents, then put a check in the boxes.

Please submit “a copy of the head of household’s identification document” and “a copy of the document to confirm the receiving account.” (Only if necessary)

If you have appointed a representative please be sure to submit a copy of the representative’s identification documents in addition to the above-mentioned documents.