

Please try to write inside the boxes as best you can.

Example

The guardian with the highest income during previous fiscal year(s) is the applicant

ア: Employee's Pension Insurance (Shakai Hoken)
ウ: National Health Insurance (Kokumin Hoken), Shakai Hoken dependent, No pension/insurance enrollment

Submission Date (Y/M/D)	※受付確認年月日
Reiwa 6・9・2	令和 . .
※認定・却下年月日	※支給開始年月
令和 . .	令和 年 月 月分

A P P L I C A N T 請 求 者	① (Furigana) Name 氏名 (or company name)	とよはし とに Toyohashi Tony		② Sex Male • Female	ア. Employed イ. Government employee ウ. Unemployed	③ Date of Birth	昭和・平成 53・8・9	⑤ Spouse?	Yes • No	
	⑥ Address (or company main/official address)	〒441-8501 Toyohashi-shi Imahashi-cho 1 Higashi-kan 2-kai 18-gou TEL (090) 1234-5678			Address on January 1 (Jan-May payment is based on previous year, June-Dec based on current year)		Nagoya-shi Naka-ku Sannomaru □-△-○			
	⑦ My Number	* * * * *		⑧ Enrolled public pension classification	ア. Kousei Nenkin Hoken (Shakai Hoken) イ. Kokumin Nenkin ウ. Other () ※Please place a ○ in the parentheses below if you are a member of the corresponding Kyousai Kumiai (mutual aid association) () Mutual Aid Association of Private School Personnel () National Public Servant Kyousai () Local Government		⑨ 所得の状況		令和 年分所得 (請求者)	
Spouse, etc. 配偶者等	⑩ (Furigana) Name 氏名	とよはし ていな Toyohashi Tina		⑫ Date of Birth	昭和・平成 53・7・5	⑭ My Number	* * * * *		⑮ 請求者の控除対象配偶者または同一生計配偶者の場合に○印	
	⑪ Address (if different from ⑥)	〒 -			Address on January 1 (Jan-May payment is based on previous year, June-Dec based on current year)		(write only if it's different than address to the left)			

If the applicant lived outside of Toyohashi on January 1 of the current year, please write the address at which

Dates in year/month/day format

If you say "Yes" to either of "child in your custody and care?" (監護相当の有無) or "support child financially?" (生計費負担の有無) for a child in ⑯, you will have to also submit a form confirming guardianship and financial responsibility (監護相当・生計費の負担についての確認書) along with this authorization request.

Children who go here: children for whom the first March 31 following their 18th birthday has Not Yet passed

⑯ Older siblings of eligible children* (Children who are in between the first March 31 following their 18th birthday and the first March 31 following their 22nd birthday)	Furigana Name 氏名	Relation 続柄	Date of Birth (Y/M/D)	Child in your custody and care?	Support child financially?	Same or Separate Home	If studying abroad, date child left the country	Address (if different than applicant's)	※児童との関係該当する場合に○印	※第3子以降の場合に○印	※3歳未満の場合に○印	※左記以外の場合に○印	※手当月額
	とよはし たみー Toyohashi Tammy	子 Child	17・10・10	Yes No	Yes No	Same Separate	年 月						
	とよはし ていみ Toyohashi Timmy	子 Child	平成 20・4・3	Yes No	Supporting (Iji)	Same Separate	年 月	Tokyo-to ○ × ku x x x	・未成年後見人 ・父母指定者 ・同居父母	(月額30,000円)	(月額15,000円)	(月額10,000円)	円
	とよはし とり Toyohashi Tori	子 Child	平成 27・2・2	Yes No	Supporting (Iji)	Same Separate	年 月			(月額30,000円)	(月額15,000円)	(月額10,000円)	円
	とよはし とっど Toyohashi Todd	子 Child	平成 6・11・13	Yes No	Supporting (Iji)	Same Separate	年 月			(月額30,000円)	(月額15,000円)	(月額10,000円)	円

• If the child is in the applicant's custody and care, circle ○ Yes (有).
• If the applicant is the child's direct biological parent or adoptive mother/father, please circle ○ "same" (同一).
• If the child is the applicant's spouse's child, or applicant's grandchild, circle ○ supporting/ Iji (維持).
※If a child falls under Iji (維持), you must complete a separate moushitate-sho (申立書).

Documents to be attached

- A copy of relevant pages from applicant's bankbook, or copy of their cash card
※The bank name, branch name, account number, and account holder information should all be visible
- Copy of applicant's health insurance card
※Only if applicant has child under 3 years of age