

For your records  
(For Applicant)

Inquiry Number

## Introduction for the Setagaya City Fiscal Year 2024 Price Hike Countermeasure Benefit

### Head of household and household member information

**Head of household** (based on Basic Resident Ledger information as of December 13, 2024)

Name		Date of Birth	
<b>Household members</b>			
Name		Date of Birth	

### How to apply

#### ① Mail Application

Please fill out Confirmation and Application Form ① ② (and ③ ④ if necessary) on the right page, detach the form from the center of the page, place it in the reverse envelope, and mail it with the **For submission** and the required documents.

#### ② Online Application

Please access the application portal site using the two-dimensional code on the right or the URL below and enter the necessary information.

\* Only the head of household can apply to receive benefits on their personal account. If you wish to receive benefits on the account of a representative, please apply it with the mail application (1).

\* If you have children living in the same household with you other than the household members listed above, please fill out the ③ "Confirmation column for the additional child allowance" and apply for the allowance by mail.

#### Application deadline

2025

6/30 (Mon)

Same day postmark is valid.

#### Recommend!

For Online  
Application  
2D code

### Setagaya City Fiscal Year 2024 Price Hike Countermeasure Benefit Online Application Portal Site

Top page URL: <https://setagaya.jutenshien-benefits.jp/benefit>

Login ID:

Password:



Several translated versions of this Application form are published on our website. Please check the enclosed leaflet. There are 2D codes that you can use to visit our website.

For your records (Front side)

### For submission

Application deadline: Monday, June 30, 2025.  
Same day postmark is valid.

Column used by the City

Inquiry Number

## Acknowledgement and Application for Benefit Requirements for Setagaya City Fiscal Year 2024 Price Hike Countermeasure Benefit

To the Mayor of Setagaya City

I hereby pledge and agree to the Pledge and Agreement stated **For submission (Reverse side)** and apply as follows.

### ① Applicant **Required**

Date of entry	2025/MM/DD
Name of Head of household	Telephone number
Furigana	— —
Residential address of certificate of residence as of December 13, 2024	
〒 -	

If the application is incomplete, the call center (0120-800-176) may contact you.

### ② Bank Account **Required**

☒ Account of head of household ☒ Representative's account

**In principle, the account should be that of the head of household.** If you wish to receive the payment on the account of a representative, please also complete ④ "When applying for and receiving benefits on behalf of the applicant" written in **For submission (Reverse side)**.

Name of Financial Institution	Branch Name	Type	Account Number	Account name (katakana)
1. Bank 2. Noukyo 3. Kinko 4. Gyokyo 5. Shinkumi 6. Shinren		Head office Branch office Ordinary	*Please complete with the numbers <b>right aligned</b> .	*Please match the name written in the bankbook.
Bank Code	Branch Code			

Type	Symbol	Number	Account name (katakana)
JP Bank		*Please complete with the numbers <b>right aligned</b> .	*Please match the name written in the bankbook.
Ordinary	1 0	1	

\*We have received many delayed transfers due to incorrect or incomplete entries in the account information section. Please check your bankbook or other documents and provide the correct account information.

\*If you do not have an account or have other difficulties receiving the benefits through your account, please contact the Setagaya City Priority Support Benefits Center (0120-800-176).

### ③ Confirmation column for the additional child allowance

\* Please complete this form only if there are children born on or after April 2, 2006 who share the same livelihood with the household members.

If, in addition to the persons listed in the Head of Household and Household Members Information in **For your records (front side)**, there is a child born on or after April 2, 2006, who was registered as a resident in Japan as of December 13, 2024, and whose sharing the same livelihood as those of the head of household. In addition, you are required to submit the certificate for the applicant's custody (on the reverse side) as described in About the "Confirmation column for the additional child allowance" of **For submission (Reverse side)**.

Name	Residential address of certificate of residence as of December 13, 2024	Date of Birth	Relationship to head of household
Furigana		YYYY/MM/DD	
Furigana		YYYY/MM/DD	

If you are receiving benefits on the account of the head of household, this is all you need to fill out. If you are receiving benefits on the account of a representative, please be sure to complete the Reverse side of the form.

For submission (Front side)

4 When applying for and receiving benefits on behalf of the applicant

\*Please be sure to complete this form if you are receiving benefits on behalf of a representative's account.

Representative

Furigana Name of the Representative		Representative's Date of Birth	Relationship to Head of Household
		YYYY/MM/DD	<input type="checkbox"/> Adult guardianship <input type="checkbox"/> Curator / Assistant <input type="checkbox"/> Residents of the same household on the resident registration (As of December 13, 2024) <input type="checkbox"/> Custodial parent or relative in a separate household on the resident registration card <b>* Separate documents must be attached.</b> Please confirm [5] "Attachment of representative verification document".
Representative's Address			
〒 -			
Telephone number	- -		

I, the head of household, hereby acknowledge the above-named person as my representative and authorize that person to handle and receive the Setagaya City Price Hike Countermeasure Benefit.

Signature of Head of Household

\* If the representative is a legal representative (adult guardian, curator, assistant, or person with parental authority), the signature of the head of household is not required for this column.

5 Attachment of representative verification document

\* Must be attached when receiving payment on behalf of a representative's account.

Documents for submission

Please attach the following documents depending on your relationship to the head of household.

All persons Please attach the following two items.

☒ Identification document of the head of household (copy)  
\* Please attach a copy of a driver's license (both sides), My Number card (front side), resident card (both sides), passport (identification page), or other official government-issued identification documents.  
\* If you do not have the identification documents listed above, please contact the call center.  
\* If the representative is a legal representative (adult guardian, conservator, assistant, or person with parental authority), it is not necessary to submit identification documents for the head of household.

☒ Identification document of the representative (copy)

In case of separate households on the residence certificate In addition to the above two items, the following are also required.

☒ Documents showing the relationship between the head of household and the representative (copy)  
\* Please attach a copy of a document that shows the relationship between the head of household and the representative, such as a certificate of registered matters or a copy of the family register.

Pledge and Agreement

(a) Households exempt from residence tax for fiscal year 2024 (all residents)

- The household meets all of the following requirements for receiving the Setagaya City Fiscal 2024 Price Hike Countermeasure Benefit.
  - The household is registered as a resident of Setagaya City (hereinafter referred to as "the City") as of the base date (December 13, 2024).
  - Households consist only of those who are exempt from per capita inhabitant tax for fiscal year 2024.
  - Households are not composed solely of dependents of persons who are taxed on per capita levy of inhabitant tax for fiscal year 2024.
  - Households that do not include a person who has reported an exemption from inhabitant tax under a tax treaty.
  - The household does not include a person who has already received benefits for the same purpose as this benefit from another ward, city, town, or village as the head of the household.
- No one in the household has undeclared income that is subject to resident taxation.
- I agree that in order to examine the eligibility of the applicant for the benefit, the City may check the necessary public registers, such as basic resident register information, tax information, and other information., and may request or provide other administrative agencies with the necessary materials. In the event that the information cannot be verified in the public registry, the relevant documents will be submitted at the request of the City.
- I agree that after the submission of the Confirmation and Application Form or after the decision by the ward to disburse the Payment, if the payment is not completed for any reason, such as failure to transfer the payment because of the incomplete completion of the Confirmation and Application Form, and if the payment is not communicated and confirmed by the deadline set by the ward, the Payment shall not be disbursed.
- If, after the payment of this benefit, it is found that the application details are false or that the applicant does not meet the requirements for the payment of this benefit, this benefit will be refunded.

(b) Additional child allowance (for households whose members have children born on or after April 2, 2006)

- In addition to (1) above, the following payment requirements are met:
  - The household member shares the same livelihood as the child who is eligible for the addition.
- All children born on or after April 2, 2006, among the members of the household are deemed to share the same livelihood with the head of household or household members as of the reference date and agree to receive the additional payment.
- Notwithstanding (7) above, we agree that the children born on or after April 2, 2006, who are institutionalized by measures (excluding children residing with their guardians in a maternal and child living support facility) are not eligible for the additional payment.
- I agree that if the head of household is a child born on or after April 2, 2006, the additional allowance for the child will not be paid to the said head of household.
- I agree that an additional allowance for a newborn baby born on or after the day following the reference date will be paid to the households whose birth is confirmed by the City.
- In the event that it is found that the application is false or that the applicant does not meet the requirements for the payment of the additional allowance for children after the payment of the additional allowance for children has been made, the applicant shall return the additional allowance for children.

The following documents must be submitted to receive benefits on behalf of the representative's account.

\*No need to paste.

Copies of documents showing the relationship between the head of household and the representative

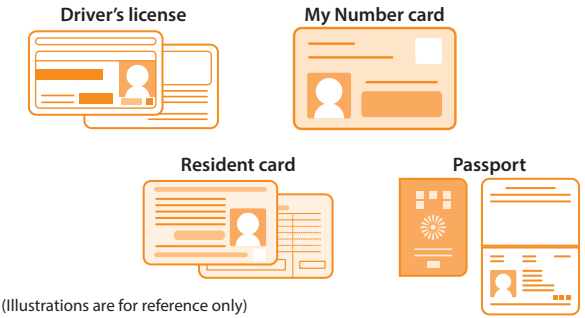
Please be sure to enclose the following documents.

Relationship to Head of Household	Necessary documents
Legal Representative (Adult guardianship)	Certificate of registered matters
Legal Representative (Curator / Assistant)	Certificate of registered matters (Representative acts of representative)
All persons who have parental authority and relatives of a person with a separate family on the resident registration card	Family register / Family register transcript

\*Those living in the same household on the resident registration do not need to submit documents showing their relationship.

Copies of identification documents of the head of household and the representative

One copy of either a driver's license, My Number card (My number notification card is not acceptable), passport, or residence card is required.



(Illustrations are for reference only)

\* A copy of the reverse side is also required for identification documents that have addresses on the reverse side.

About the "Confirmation column for the additional child allowance"

- Please confirm that the child born on or after April 2, 2006, is living in the same household as one of the Household Members listed in the Head of Household and Household Members Information section in [3] of [For your records (Front side)]. If a child who is not living in the same household is listed, please contact the Setagaya Price Hike Countermeasure Benefit Center.
- If a child who shares the same livelihood is not listed in [1], please enter the name, address, date of birth, and relationship to the head of household for the applicable child in [3] of [For submission (Front side)]. **Newborns born** on or after December 14, 2024, and **registered in Setagaya City** are not required to complete this form. In addition, if any of the following apply, a certificate must be submitted along with the Confirmation and Application Form.

When a child is born after moving out of Setagaya City on or after December 14, 2024	A copy of the certificate of residence showing all members of the household, including the newborn, with their family relationships
If the child was born abroad on or after December 14, 2024	Birth certificate and its Japanese translation (The translator's name must be included.)

Note (in the event of the death of the head of household)

- In the provision of this benefit, a gift contract is established by the following [1] and [2].
  - Declaration of intent to donate  
The City sends a confirmation and application form to the head of household expected to be eligible for this benefit, and the form must reach the other party.
  - Confirmation of Intention to Accept  
After the confirmation letter and application form are received, the head of household must apply for the benefit by the deadline set by the City.  
\* In the case of an online application, the application must have reached the City; in the case of a mailed application, the application must have been placed in the mailbox prior to the death.
- If the head of household dies on or after the day after the base date (December 14, 2024) but before the gift agreement is concluded, the treatment is as follows.

Single person household	Since there is no longer a household eligible for the benefit, the gift contract will not be approved, and the recipient will not be eligible to receive the benefit.
Household with members other than the head of household	The new head of household is eligible to receive the benefit. Please fill in the information of the new head of household in [1] "Applicant" and [2] "Bank Account" on the [For submission (Reverse side)].

お問い合わせ

世田谷区物価高騰対策給付金コールセンター 0120-800-176

受付時間 令和7年2月3日から令和7年6月30日 午前8時30分から午後8時まで (平日のみ)  
令和7年7月1日から令和7年8月29日 午前8時30分から午後5時まで (平日のみ)

Foreign language  
Inquiries  
(Multilingual Dialing)

Setagaya City Priority Support Benefits Center 0120-450-277

Office hours February 3rd, 2025 - June 30th, 2025 8:30 a.m. - 8:00 p.m. (weekdays only)  
July 1st, 2025 - August 29th, 2025 8:30 a.m. - 5:00 p.m. (weekdays only)

For submission (Reverse side)

For your record (Reverse side)