

For your records
(For Applicant)

Inquiry Number

For submission

Application deadline: Tuesday,
June 30, 2026 (postmarked on or
before that date.)

Column used by the City:

Inquiry Number

STG22

Acknowledgment and Application for Benefit Requirements for Setagaya City Fiscal Year 2025 Price Hike Countermeasure Benefit

To the Mayor of Setagaya City

1 Pledge and agreement

- (1) The household meets all of the following requirements for receiving the Setagaya City Fiscal Year 2025 Price Hike Countermeasure Benefit.
- ① Members of the households shall be registered as residents of Setagaya City as of the reference date (December 22, 2025).
 - ② Members of the households shall be composed entirely of individuals who are either exempt from resident tax or subject only to resident taxation on a per capita basis for fiscal year 2025.
- (2) No one in the household has undeclared income that is subject to resident taxation.
- (3) I agree that in order to screen 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.
- (4) I agree that after the submission of the Confirmation and Application Form or after the decision by the City 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 City, the Payment shall not be disbursed.
- (5) 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.
- (6) I have confirmed the "▼Note" on the back of **For your records (Reverse side)**.

2 Applicant confirmation column **Required**

I hereby pledge and agree to the Pledge and Agreement stated above and apply as follows.

Date of entry	2026/MM/DD
Name of the head of the household	Date of birth
Furigana	YYYY/MM/DD
Residential address of certificate of residence as of December 22, 2025	Telephone number
〒 -	- -

*If the application is incomplete, the call center (0120-667-517) may contact you.

3 Receiving account information **Required**

- Account of the head of the household
 Representative's account

In principle, the account should be that of the head of the household. If you wish to receive the payment on the account of a representative, please also complete "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 Sub-branch office Ordinary	*Please complete with the numbers right aligned.	*Please match the name written in the bankbook.
Bank code	Branch code			

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

Please fill in either one of the following.

*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 call center (0120-667-517.)

Setagaya City Fiscal Year 2025 Price Hike Countermeasure Benefit

▼ Eligible household (based on Basic Resident Register information as of December 22, 2025)

Head of the household (eligible recipient)

Name	Date of birth
Household members	
Name	Date of birth

▼ How to apply

① Online application

Please access the application portal site using the 2D code on the right or the URL below and enter the necessary information.

*Only the head of the household can apply to receive benefits on their personal account. If you wish to receive benefits on the account of a representative, please apply by mail using Application by Mail ②.

Online Application Portal Site URL: <https://seikatsushien-benefit.setagaya.city-portal.jp>

Login ID:

Password:

For Online
Application 2D code

② Application by mail

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

Application deadline

June 30 (Tuesday), 2026 (postmarked on or before that date.)

For your records (Front side)

For submission (Front side)



Detach along the line



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

*Even when receiving benefits in the account of the head of the household, if a representative is applying, this column must be completed, and the documents listed below must be attached.

Column written by the representative	Name of the representative Furigana	Representative's date of birth YYYY/MM/DD
	Representative's address 〒 -	Representative's telephone number - -
	Relationship to the head of the household <input type="checkbox"/> Adult guardianship / Minor guardianship <input type="checkbox"/> Voluntary guardianship <input type="checkbox"/> Curator / Assistant <input type="checkbox"/> Residents of the same household on the resident registration (As of December 22, 2025) <input type="checkbox"/> Custodial parent or relative in a separate household on the resident registration card	
Column signed by the head of the household	I, the head of the 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 the head of the household _____ *If the representative is a legal representative (adult guardian, curator, assistant, person with parental authority, or minor guardian), the signature of the head of the household is not required for this column.	

*Separate documents must be attached. Please confirm 5 Representative verification document.

End of form.

Please detach this Confirmation and Application Form along the perforated line, attach the following required documents, and return the form and documents by mail using the enclosed return envelope.

5 Representative verification document

Documents for submission

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

If the head of the household and the representative are members of the **same household as noted on the resident registration card** as of December 22, 2025.

Please attach the following **two items**.

- Identification document of the head of the household (copy)
- Identification document of the representative (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, curator, assistant, person with parental authority, or minor guardian), the identification documents of the head of the household are not required.

If the head of the household and the representative are members of a **separate household as noted on the resident registration card** as of December 22, 2025.

Please attach the following **three items**.

- Identification document of the head of the household (copy)
- Identification document of the representative (copy)
- Documents showing the relationship between the head of the household and the representative (copy)

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

*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, curator, assistant, person with parental authority, or minor guardian), the identification documents of the head of the household are not required.

For submission (Reverse side)

▼ About documents for submission

If a representative is applying and receiving benefits, the documents listed below must be submitted.

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

Copy of one of the following documents <A4>

Examples of identification documents



Driver's license (both sides)



Passport (identification page)



My Number card (front side)
*Do not copy the reverse side
*Notification card (made of paper) is not acceptable



Resident card (both sides)

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

Copies of the following documents <A4>

Relationship to the head of the household	Necessary documents
● Adult guardianship	1. Certificate of registered matters
● Curator ● Assistant ● Voluntary guardianship	1. Certificate of registered matters 2. List of Authorized Acts
● Custodial parent or relative in a separate household on the resident registration card ● Minor guardianship	1. Family register / Family register transcript

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

<Important Notes>

- In principle, a relative who is not recognized as having the authority of representation is generally ineligible to apply for or receive benefits as a representative.
- Submitted documents cannot be returned.
- If any representative verification documents are missing, you will be required to submit them separately, which will delay the payment process. Please ensure that all required documents are attached.

▼ Note

- (1) After the City receives your application, a notification of the screening results will be sent to you by mail. If you do not receive notification from the City within 1.5 months of submitting the application, please contact the call center.
- (2) The recipient eligible for this benefit is the head of the qualifying household.
- (3) Since this benefit is distributed on the basis of the City's implementation guidelines, it is classified as a gift contract. For those eligible under the Confirmation and Application Form, the gift contract is established upon the City's receipt of the online application or this form. If the head of the household (the eligible recipient) as of December 22, 2025, passes away before the gift contract is established, the handling of the benefit will be as follows:

In the case of a single-person household as of December 22, 2025	Since the eligible household no longer exists, the gift contract will not be established, and the benefit cannot be received.
In the case of a multi-person household as of December 22, 2025	Another household member living in the same household as of December 22, 2025, will become the new eligible recipient and can receive the benefit. Please fill out the "2 Applicant confirmation column" and "3 Receiving account information" with the new eligible recipient's details before submitting your application. (Note) Individuals who joined the household on or after December 23, 2025, do not have the right to receive the benefit. If such an individual is completing the procedure, a representative application is required.

- (4) This benefit is not treated as income under the public assistance system. Under the tax laws, it is treated as occasional income. Please consult your local tax office for instructions on how to handle the benefit for tax purposes.
- (5) Please note that the City cannot be held responsible for any non-delivery or accidents involving mail.

▼ Contact information

本給付金の制度について、ご不明点やご質問があれば以下までお問い合わせください。

If you have any questions, please call us at the following phone number.

Setagaya City Priority Support Benefits Center

0120-667-517

Office hours

Until June 30, 2026

July 1, 2026, to August 31, 2026

8:30 a.m. to 8:00 p.m. (weekdays only)

8:30 a.m. to 5:00 p.m. (weekdays only)

○ Heavy traffic is expected. If the line is busy, please wait a while and call again.

For your records (Reverse side)