Multiple copies may be sent to according to the number of applications for support

2023

To all borrowers of livelihood and welfare fund special loans

Hyogo Council of Social Welfare (social welfare corporation)

Notice of Repayment Forgiveness Procedures

Those who meet the requirements set by the national government for special loans for livelihood welfare funds (temporary loan emergency funds and comprehensive support funds) may have their repayments forgiven after following the required procedures.

Those who are not forgiven must register a bank account to be debited for repayments.

Those who have already registered a bank account are not required to register again.

Please read the materials and perform the necessary procedures.

Multiple copies of documents may be sent according to the number of applications that have been made. Those who receive multiples copies are required to submit them all even if the content is the same.

| | Cont | ntents of Envelope (in the order of the numbers written in the upper right corner of each ument) | | | |
|--|------|--|--|--|--|
| | docu | | | | |
| | 1 | Livelihood and Welfare Funds: Repayment Forgiveness Procedures for Special Loans for COVID-19 (Green) | | | |
| | | One Copy | | | |
| | 2 | Application for Repayment Forgiveness of Temporary Loan Emergency Funds and Other Special Loan Funds | | | |
| | | (Green) | | | |
| | 3 | Application for Repayment Forgiveness of Temporary Loan Emergency Funds and Other Special Loan Funds | | | |
| | | <example> (White) One Copy</example> | | | |
| | 4 | Livelihood and Welfare Funds: Registering a Bank Account to Repay Special Loans for COVID-19 (Orange) | | | |
| | | One Copy No enclosed supplementary documents | | | |
| | 5 | Contacting the Tax Office | | | |
| | 3 | In addition to the five documents, one self-addressed, stamped envelope [Green] (send without a stamp) | | | |

Click here if you want to learn about the procedures in languages other than Japanese Click here if you want to know the procedure in languages other than Japanese



If you have any questions, please call us below

Hyogo Council of Social Welfare: Special Loans Call Center

TEL: 0120-552-039

[Open] Weekdays 9:00 to 17:00

Note: Five languages other than Japanese available. (English, Spanish, Portuguese, Vietnamese, Nepalese)

[Website] https://www.hyogo-wel.or.jp/topics/coronatokurei.repayment1.php

2

Tax exempt per fiscal year (Comprehensive Support Funds Extension) (Form 1-1)

Application for Repayment Forgiveness of Temporary Loan Emergency Funds and Other Special Loan Funds

Comprehensive Support Funds Extension

<Office Use>

令和

月

年

日

| Note: All section | ns enclosed in bold line n | nust be completed. | | | | | |
|---|--|-------------------------------|--|---|--|--|--|
| Fund Type | Comprehensive Support Funds Extension | | | | | | |
| Borrower's Name | HYOGO Hanako | | | | | | |
| Amount of Loan | 100,000 yen | Amount Applied F | For Upper limit | Upper limit amount for repayment forgiveness of such loan fund | | | |
| Reason for | I am deemed to be exempt from municipal tax (both on a per capita basis and an income- | | | | | | |
| Application | based basis). | | | | | | |
| Household Condition Note: Check one of the four boxes | I, the borrower, serve as the head of the household. A household member other than the borrower currently serves as the head of the household, and he/she had been a member of another household at the time of application for loan. A household member other than the borrower currently serves as the head of the household, but it is not possible to obtain the certificate of income of the head of the household because of the borrower's escape from domestic violence. | | and d at the None of borrower out it is f the | the categories on the left apply to the | | | |
| | (1) (All of the following | three documents are required. | (2) (| All of the following three documents are required) | | | |
| Required Documents | (1)-1: Application for repayment forgiveness (this form) (1)-2: Copy of residence certificate that lists the names of all current household members (and that also contains the name of the head of the household and his/her relationship with the borrower) (1)-3: Tax certificate for 2023 for the borrower (showing that the borrower is exempt from municipal tax) | | (2)-1: Applications or mes of all current between the name of relationship (2)-3: Tax celement wing (2)-4: Applications or mes of all current between the name of relationship (2)-3: Tax celement wing (2)-4: Applications or mes of all current between the name of relationship (2)-3: Tax celement with the name of relationship (2)-3: Tax celement w | (2)-1: Application for repayment forgiveness (this form) (2)-2: Copy of residence certificate that lists the <u>names of all current household members</u> (and that also contains the name of the head of the household and his/her relationship with the borrower) (2)-3: Tax certificate for 2023 for <u>the borrower and the head of its household</u> (showing that the borrower is exempt from municipal tax) | | | |
| | Note: A person who is exempt from both a per capita portion and | | on and Note: A person | Note: A person who is exempt from both a per capita portion and | | | |
| | an income-based portion of mu | unicipal tax is eligible for | an income-bas | ed portion of municipal tax is eligible for | | | |
| | forgiveness. | | forgiveness. | | | | |
| _ | n of the Hyogo Counc for repayment forgivene | | | nts below, from (1) through (6), and | | | |
| then check the boxes | (e.g. ☑). | | | | | | |
| | | | | sent to my personal data being provided to | | | |
| | e consultation and support c | | | | | | |
| (2) I consent to my personal data that was entered being provided to a third party to the extent necessary to implement this measure. (3) I consent to your organization contacting the Japan National Council of Social Welfare, other municipal social welfare councils, local government, public employment security offices, independence consultation and support centers, household improvement support centers or other relevant organizations to obtain my personal data to the extent necessary to implement this measure. (4) Neither I nor other household members are members of organized crime groups. I consent to, when necessary, your organization obtaining information about whether I or other household members belong to organized crime groups from government and municipal offices or other organizations. (An organized crime group means a group that is likely to induce its members [including members of its sub-groups] to engage in illegal acts of violence collectively or habitually as provided in Article 2, Paragraph 2 of the | | | | | | | |
| | ts sub-groups) to engage in i ntion of Unjust Acts by Orga | _ | | as provided in Article 2, Paragraph 2 of the | | | |
| | ion is denied as a result of s | | | not being provided to me. | | | |
| | No change of the head of the household is to be made in order to qualify for repayment forgiveness. If any false information is | | | | | | |
| detected in this application form or I am deemed not to meet the requirements for forgiveness after the application is a | | | | | | | |
| Day: Month: | e approval being withdrawn Year: * date of si | | ow in the same order | and spelling as written in print above. | | | |
| | Borrower's (Signature | e) | | | | | |
| Phone Number — Note: Please provide a daytime phone number where we can reach you. | | | | | | | |
| Note: Please leave the following sections blank. | | | | | | | |
| <u></u> | 資金コード | 貸付コード | 受付番号 | 兵庫県社協受付 | | | |
| | | | | | | | |

Example

Areas in red must be filled in.

Red is only used for demonstration purposes, please ensure the form is filled in using a black pen.

2

Applications made using erasable pens (e.g. friXion pen) will be deemed

Omer opeciai Loan Funus

Comprehensive Support Funds Extension Note: All sections enclosed in bold line must be completed.

<Office Use>

| Fund Type | Comprehensive Support Funds Extension | | | | | | |
|--|--|---|--|--|--|--|--|
| Borrower's Name | HYOGO Hanako | | | | | | |
| Amount of Loan | 100,000 yen Not Requi | nit amount for repayment forgiveness of such loan fund | | | | | |
| Reason for Application | I am deemed to be exempt from municipal tax (both on a per capita basis and an incomebased basis). | | | | | | |
| Household Condition Note: Check one of the four boxes | ✓ I, the borrower, serve as the head of the household. A household member other than the borrower currently serves as the head of the household, and he/she had been a member of another household at the time of application for loan. A household member other than the borrower currently serves as the head of the household, but it is not possible to obtain the certificate of income of the head of the household because of the borrower's escape from domestic violence. | None of the categories on the left apply to the borrower. | | | | | |
| Required Documents | (1) (All of the following three documents are required.) (1)-1: Application for repayment forgiveness (this form) (1)-2: Copy of residence certificate that lists the names of all current household members (and that also contains the name of the head of the household and his/her relationship with the borrower) (1)-3: Tax certificate for 2023 for the borrower (showing that the borrower is exempt from municipal tax) Note: A person who is exempt from both a per capita portion and an income-based portion of municipal tax is eligible for | (2) (All of the following three documents are required) (2)-1: Application for repayment forgiveness (this form) (2)-2: Copy of residence certificate that lists the <u>names of all current household members</u> (and that also contains the name of the head of the household and his/her relationship with the borrower) (2)-3: Tax certificate for 2023 for <u>the borrower and the head of its household</u> (showing that the borrower is exempt from municipal tax) Note: A person who is exempt from both a <u>per capita portion and an income-based portion</u> of municipal tax is eligible for | | | | | |
| To the Chairperson [Check Box] To app then check the boxes | ly | d. s below, from (1) through (6), and | | | | | |
| independence (2) I consent to m (3) I consent to you government centers or of (4) N Please | mpleted this form. ler household members below organized crime group mean | heir business. arty to the extent necessary to implement this measure. cial Welfare, other municipal social welfare councils, local on and support centers, household improvement support | | | | | |
| Act on Prevention of Unjust Acts by Organized Crime Group Member (5) If my application is denied as a result of screening, I consent to the recommendate of the head of the household is to be made in order to qual detected in this application form or I am deemed not to meet the requirements for forgiveness after the application is approved, I consent to the approval being withdrawn. | | | | | | | |
| (5) If my applicat (6) No change of detected in the | ention of Unjust Acts by Organized Crime Group Members ion is denied as a result of screening, I consent to the result of the head of the household is to be made in order to quals is application form or I am deemed not to meet the requirements. | you can be reached. <required></required> | | | | | |
| (5) If my applicated (6) No change of detected in the consent to the | ention of Unjust Acts by Organized Crime Group Members ion is denied as a result of screening, I consent to the result of the head of the household is to be made in order to quals is application form or I am deemed not to meet the requirements. | you can be reached. < Required > ents for for fiveness after the application is approved, I | | | | | |
| (5) If my applicated (6) No change of detected in the consent to the | ention of Unjust Acts by Organized Crime Group Members ion is denied as a result of screening, I consent to the result of the head of the household is to be made in order to qualcis application form or I am deemed not to meet the requirement approval being withdrawn. | you can be reached. < Required > ents for for fiveness after the application is approved, I | | | | | |
| (5) If my applicated (6) No change of detected in the consent to the | ention of Unjust Acts by Organized Crime Group Members ion is denied as a result of screening, I consent to the result he head of the household is to be made in order to qualcis application form or I am deemed not to meet the requirement approval being withdrawn. Year 2023 * date of signing *Sign name below in the same | you can be reached. < Required > ents for for fiveness after the application is approved, I | | | | | |
| (5) If my applicated (6) No change of detected in the consent to the Day 27 Month 6 Y | ention of Unjust Acts by Organized Crime Group Membrion is denied as a result of screening, I consent to the reche head of the household is to be made in order to qualtis application form or I am deemed not to meet the requirement approval being withdrawn. The recommendation of the household is to be made in order to qualtis application form or I am deemed not to meet the requirement approval being withdrawn. The recommendation of the household is to be made in order to qualtis application form or I am deemed not to meet the requirement approval being withdrawn. The recommendation of the household is to be made in order to qualtis application form or I am deemed not to meet the requirement approval being withdrawn. The recommendation of the household is to be made in order to qualtis application form or I am deemed not to meet the requirement approval being withdrawn. The recommendation of the household is to be made in order to qualtis approval being withdrawn. The recommendation of the household is to be made in order to qualtis approval being withdrawn. The recommendation of the household is to be made in order to qualtis approval being withdrawn. The recommendation of the household is to be made in order to qualtis approval being withdrawn. The recommendation of the household is to be made in order to qualtis approval being withdrawn. The recommendation of the household is to be made in order to qualtis approval being withdrawn. The recommendation of the household is to be made in order to qualtis approval being withdrawn. The recommendation of the household is to be made in order to qualtis approval being withdrawn. | you can be reached. < Required > ents for for fiveness after the application is approved, I ame order and spelling as written in print above. | | | | | |

Check the box with a clear tick \square .





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etc.