

# 【Example】

## Form1 Confirmation Form for The Households Exempt from Resident Tax(Additional Child Benefit) (Front)

Red : Required  
Blue : Required under some situations  
Green : Explanatory notes

915-8530  
越前市府中一丁目13-7  
越前 太郎 様

日  
\*The head of household eligible for the benefit is listed.  
\*This benefit will be paid to the head of the household. The eligible person for the benefit may differ from the person who is actually responsible for supporting the children.

**【Deadline】**  
Failure to apply by the submission deadline will result in denial of the benefit.

### 越前市令和5年度住民税非課税世帯に対する支援給付金 (こども加算) 支給要件確認書

貴世帯は、こども加算対象児童を含む令和5年度住民税非課税世帯であることから、越前市令和5年度住民税非課税世帯に対する支援給付金(こども加算)の支給対象に該当するため、以下のとおりお知らせします。

内容を確認(記入)して、**令和6年8月31日**までに、この書類を返送してください。

\*The payment account\* for the most recently received benefit is listed.  
\*Only the last 4 digits of the account number should be displayed.

\*If there is no account corresponding to the above, this field will be left blank. In this case, the receiving account needs to be specified. Please fill in the blue box on the reverse side of this form.

支給方法	口座振替
支給口座	〇〇銀行〇〇支店 普通 ****4567 エチゼン 知ウ
支給見込額	10万円(加算対象となる児童一人あたり5万円)

■以下は対象となる世帯の世帯主(左上欄に記載)

基準日(令和5年12月1日)時点で、世帯内で確認して、生計同一確認欄にレ点を入れてください。

※こども加算は、18歳以下(平成17年4月2日生まれ以降)の児童が対象です。

Estimated payment amount is the number of eligible children in the household × 50,000 yen. Benefit amount will be decided after confirmation of the same livelihood by submission of this form. Please confirm the benefit amount by checking your bank account.

### Entry①

\*Children who meet the payment conditions are listed.  
\*Please confirm that children listed in this field are in the same livelihood and put  in the box.  
\*Only children who are marked  are eligible for Additional Child Benefit.

No.	加算対象となる児童氏名	生計同一確認欄	No.	加算対象となる児童氏名	生計同一確認欄
1	越前 都	<input checked="" type="checkbox"/>	2	越前 紫	<input checked="" type="checkbox"/>
3		<input type="checkbox"/>	4		<input type="checkbox"/>
5		<input type="checkbox"/>	6		<input type="checkbox"/>
7		<input type="checkbox"/>	8		<input type="checkbox"/>

※生計同一確認欄にレ点がある児童に限り、加算対象として給付金が受け取れます。

※受給辞退は、右欄に×印を記入し返送してください。【私の世帯は給付金を受給しません 】

If you decline to receive Additional Child Benefit, put "x" in the box and send back this form.

上記の記入内容に間違いがないことを確認しました。

世帯主氏名	越前 太郎	確認日	令和 6 年 〇 月 〇 日	電話番号	0*0-1234-5678
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### Entry②

\*The head of household is the person whose name is on the top left of the form.  
\*The confirmation date is the date the form was completed.  
\*Write the phone number at which you can be easily reached.

The following children are additionally eligible for Additional Child Benefit. In order to receive the benefit for the applicable child, a separate application form(Form2) must be submitted. Please confirm the details on Echizen City Home Page.

### 【Additionally Eligible Children】

\*Children who were born after the next day of the reference date.  
\*Children who are not in the household but currently reside in a student dormitory etc, and are supported by parents.

# 【Example】

## Form1 Confirmation Form for The Households Exempt from Resident Tax(Additional Child Benefit) (Back)

Fill in only if the payment account field on the front is blank or if you want to change the transfer account.

\* If you do not change the account, the entries in the blue frame are not required.

In the case of ① account ⇒ Attach "Applicant's Identification documents"

In the case of ② account ⇒ Mark a  on your desired account among those registered in the city.

Attach "Applicant's Identification documents". If you have some accounts registered in the city, fill in transfer account entry field to clarify your account information.

In the case of ③ account ⇒ Fill in your account information in transfer account entry field. Attach applicant's identification documents and applicant's account confirmation documents.

■表面の支給口座に代えて(または口座欄が空欄の場合)、次の口座への振込を希望します。

※次の①～③のいずれかのうち、希望する振込口座にレ点を入れてください

① 申請者(世帯主)名義の公金受取口座【必要書類】

※ 利用にはマイナポータル等から公金受取口座を

② 本市で現に使用している世帯主(申請者)名義

(希望口座)  水道料引落口座  住民税等の

※ 上記の記入(レ点)により税部局等への口座照会

③ 申請者(世帯主)名義のその他口座【必要書類】

【振込口座記入欄】 ※長期間入出金のない口座を記入しないでください

金融機関名		支店名		分類	口座番号 ※右詰め記入			口座名義 (カナ)				
○○	1. 銀行 4. 信連 2. 金庫 5. 農協 3. 信組 6. その他	○○	本・支店 本・支所 出張所	1 普通	2	3	4	5	6	7	8	エチゼン タロウ
金融機関番号	0 0 0 *	店番号	0 0 *	2 当座								
ゆうちょ銀行		通帳記号 6桁目がある場合は ※欄に記入			通帳番号 ※右詰め記入			口座名義 (カナ)				
貯金通帳の見開き左上またはキャッシュカードに 記載された記号・番号をご記入下さい。		1										

【One of your identification documents】

My Number card, driver's license card, passport, health insurance card, etc.

【Account confirmation documents】

bankbook or cash card

(The page where the financial institution name, branch name, your account number and your katakana name can be confirmed)

■世帯主に代わって代理人が確認・受給を行う場合にのみ記入してください。

代理人	フリガナ	世帯主	代理人	代理人住所	
	代理人氏名	との関係	生年月日		
	エチゼン キクコ 越前 菊子	妻	明・大・昭平 50年8月8日	越前市府中一丁目13-7 電話番号 0*0 ( 5678 ) 1234	
上記の者を代理人と認め、 本給付金の <span style="border: 1px solid green; border-radius: 50%; padding: 2px;">確認・請求</span> 受給 <span style="border: 1px solid green; border-radius: 50%; padding: 2px;">確認・請求及び受給</span>			を委任します。 ←法定代理の場合は、	世帯主 氏名	署名(又は記名押印)  越前 太郎 <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">印</span>

確認・請求(Confirmation, Request): A proxy applies on behalf of the head of household and the head of household receive the benefit.  
受給(Receipt): The head of household applies and a proxy receive the benefit on behalf of the head of household.  
確認・請求及び受給(Confirmation, Request and Receipt): A proxy is responsible for the entire process from application to receipt of the benefit on behalf of the head of household.

### 【注意事項】

申請期間までに返信がない場合は、本給付金の支給を辞退し、またの申し込みを

Fill in the form only if you confirm and receive the benefit on behalf of the head of household.

Only the following people may confirm and receive the benefit as a proxy.

- ① Household members
- ② A relative, etc.
- ③ A legal representative (An adult guardian or a conservator, etc. who has granted the right to act on behalf of the head of household.)

Required additional documents when a proxy confirm and receive the benefit on behalf of the eligible head of household.

Attach identification documents both the head of household's and a proxy's.

\* If it can be confirmed that a proxy is a youth guardian through a registration matters certificate based on the Youth Guardian Registration System, a proxy can submit a copy of the certificate in place of filling in the proxy field on the form.

\* If it can be confirmed that a proxy is a conservator or an assistant, and a proxy has been granted proxy regarding receipt of public benefits through a registration matters certificate based on the Youth Guardian Registration System, a copy of the certificate can be substituted instead of filling in the proxy field on the form.