

Special Welfare Payment for Low Income Families with Young Children  
低所得の子育て世帯に対する子育て世帯生活支援特別給付金 (ひとり親世帯以外の子育て世帯分)  
(Excluding Single-Parent Households)

Written Declaration and Contract of Loss of Income  
無収入の申立書兼誓約書 (家計急変者用)  
(For those whose household budget was impacted by the increase in the cost of food, etc.)

Rei wa Year Month Day  
令和 年 月 日

To the Mayor of Toyohashi,

Address

Name \_\_\_\_\_

(Date of Birth: Rei wa Year Month Day  
令和 年 月 日)

I am applying for the “Special Welfare Payment for Low Income Families with Young Children (Excluding Single-Parent Households)” because of the increase in the cost of food and other goods and services, as well as due to a loss of income as described below. In addition, if I receive the payment and it is later determined that I lied about my circumstances, I will return the money.

1. Period of no income/reduced income

Rei wa Year Month Rei wa Year Month  
令和 年 月 ~ 令和 年 月

2. Reason you lost income

Put a ✓ in the applicable □, and write when it began.

You can't receive this payment for events that impacted your income from before January 2023.

Was dismissed from/quit work

(The day you were dismissed from / quit work: Year Month Day  
年 月 日 )

Had to be absent from work and was not paid during that time

(Period of absence: Year Month Day ~ Year Month Day  
年 月 日 ~ 年 月 日 )

Stopped receiving orders for work (if self-employed, for example)

(Period of no work: Year Month Day ~ Year Month Day  
年 月 日 ~ 年 月 日 )

Closed your business

(The day you closed the business: Year Month Day  
年 月 日 )

Other (Be specific: \_\_\_\_\_)

(Day/interval of “other”: Year Month Day ~ Year Month Day  
年 月 日 ~ 年 月 日)