*This is only a sample. Be sure to fill out and send back the actual Japanese form.

(様式1-1)

Application for Repayment Forgiveness of Temporary Loan

Emergency Funds and Other Special Loan Funds

<社協記入欄>

* All sections enclosed in bold line must be completed.

	a in bola line mast be completed.				
Fund type					
Borrower's name		SAMP	LE		
Amount of loan	AmountUpper limit amount for repayment forgivenessapplied forof such loan fund				
Reason for application	I am exempt from municipal tax (both per capita and income-based portion).				
Household condition * Place a check- mark / in one of the boxes.	 I, the borrower, currently serve as the head of household. A household member other than the borrower currently serves as the head of household, and he/she had been a member of another household when the loan was applied for. A household member other than the borrower currently serves as the head of household, but a certificate of income of the head of household cannot be obtained because I, the borrower, escape from the head of household due to his/her domestic violence or other reasons. 			None of the options on the left is applicable.	
Required documents	 (All of the following to the following the following to the following to the following the fol	t forgiveness (this form ficate <u>that lists the nam</u> nd that also contains th his/her relationship w ax Exemption for 2021 oth per capita and incom	n) ne name with the or 2022 e-based	2-1: Application for 2-2: Copy of a res names of all curren also contains the name his/her relationship w 2-3: Certificate of N or 2022 issued to the household, respective * Applicants who are exercise	repayment forgiveness (this form) sidence certificate <u>that lists the</u> <u>t household members</u> (and that me of the head of household and vith the borrower) Aunicipal Tax Exemption for 2021 he borrower and the head of
To: Chairperson of Chiba Prefecture Council of Social Welfare [Checkboxes] To apply for repayment forgiveness, you are required to confirm all statements below, from ① to ⑥, and then place a checkmark (☑) in all the boxes. ① ① If my application for repayment forgiveness is approved under this special measure, I consent to my personal data being provided for independence consultation and support centers to be used to perform their duties.					
 2 I consent to my personal data that was entered being provided to a third party to the extent necessary to implement these measures. 3 I consent to your organization contacting the Japan National Council of Social Welfare, other prefectural and municipal social welfare councils, local governments, 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 these measures. 					
 A Neither I nor other members of my household are members of organized crime groups. I consent to, when necessary, your organization obtaining information on whether I or other members of my household belong to organized crime groups from the government, municipal offices or other organizations. (An organized crime group indicates a group that is likely to induce its members to engage in illegal acts of violence collectively or habitually as provided in Article 2, Paragraph 2 of the Act on Prevention of Unjust Acts by Organized Crime Group Members) If my application is denied as a result of screening, I consent to the reason for denial not being provided to me. No change of head of household has been 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 my application is approved, I consent to approval being withdrawn. 					
2022 [month] [day] * Fill in the date of completion of this form. * Enter your registered name as it appears on your residence certificate (if a nickname is registered, the nickname can also be used). Names not registered on your residence certificate are invalid. Borrower's name (Signature)					
Phone number: — — — * Provide a phone number where we can reach you during the daytime.					
* Please leave the following sections blank.					
※ 地区コード 資		- ド 受付番号	千事	葉県社協受付	

年

月

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