

(Attachment)

**Application for deferment of repayment of special loans such as emergency small amount funds in the Livelihood Welfare Fund Loan Program**

I have confirmed each of the following statements listed alongside the **consent check boxes** below, and will apply for deferment of repayment as follows.

- (a) I agree to provide my personal information to the Self-Support Counseling and Support Organization for utilization in the execution of their duties if/when the deferment on repayment for this special loan program is confirmed.
- (b) I agree to provide the personal information I have entered to a third party to the extent necessary for this program.
- (c) I consent to the Social Welfare Council making inquiries to and receiving my personal information from municipal Social Welfare Councils, the Self-Support Counseling and Support Organization, local governments, and other related organizations to the extent necessary for this program.

mm/dd/yy

Loan code

Name of borrower

Address

Phone number

Chiba pref Chair, Social Welfare Council

Reason for application (Check applicable box(es) <input checked="" type="checkbox"/> )	<input type="checkbox"/> (1) I have been impacted by an earthquake, fire, etc. <input type="checkbox"/> (2) I have been receiving medical treatment <input type="checkbox"/> (3) I have been unemployed and/or separated <input type="checkbox"/> (4) I have currently received a grace period for the repayment of other loans, such as scholarships, business loans, etc. (excluding housing loans) <input type="checkbox"/> (5) The chair of the prefectural Social Welfare Council has recognized that it is extremely difficult for me to make the repayment due to circumstances that are equal to or similar to the circumstances described above	
Loan type (Circle applicable text)	Emergency small amount funds / General support funds (Initial loan) General support funds (Extended loan) / General support funds (Further loan)	
Loan details	Borrowed amount	yen
	Deferment period	mm/yy
	Repayment	Annually / Semi-annually / Monthly



	method			
	Repayment period	From mm/dd/yy to mm/dd/yy	Repayment period after change	From mm/dd/yy to mm/dd/yy

\*If applying based on reasons (1) to (4) under “Reason for application,” attach documents/materials that confirm this reason.

\*If applying based on reason (5) under “Reason for application,” you will need to submit to an interview, etc., and a hearing on your living conditions, etc. If the municipal Social Welfare Council or a Self-Support Counseling and Support Organization (through the Self-Support Program for the Needy) are to conduct the interview, etc., you must request a written opinion from the institution using a separate form.