Gifu Prefectural Council of Social Welfare, a social welfare corporation Livelihood Support Department, Fund Loan Section

Special Loans for Emergency Retail Fund Due to Impact of New Coronavirus Infectious Disease **Notification of Exemption and Repayment** 

We hereby inform you as follows, in connection with the commencement of redemption (repayment) of the Special Loans for Emergency Retail Fund Due to Impact of New Coronavirus Infection having been loaned by our council.

This is an important notice, so please be sure to check it.

Particulars:

#### 1. Documents (enclosures herein) sent to you this time

[1]	Notice Concerning Special Loans for Emergency Retail Fund (this notice) / Application Form for Repayment Exemption (for Non-Taxable Households) *Right side of this notice Certificate of tax exemption (flyer)	An example of how to fill out the form is provided on the reverse side.
[2]	Procedure Confirmation Flowchart / Notification of Repayment Exemption	*Please be sure to check the following
[3]	List of mailing addresses (CSW of each municipality) and other information	Other information is written on the reverse side.
[4]	Notification of change of name/address	An example of how to fill out the form is provided on the reverse side.

[2] Please follow the flowchart to identify the procedures that apply to you, and then please follow the procedures for exemption from repayment and for repayment.

#### 2. Contact Information

Fund Loan Section, Livelihood Support Department, Gifu Prefectural Council of Social Welfare [Telephone Number/Contact Number] 058 - 201 - 2100 [Hours for Acceptance/Reception Time] Weekdays 9:00 a.m. to 5:00 p.m.

QR code for information on our

website
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### [Note]

- Documents are not accepted in person. Please do not bring the documents with you to complete the procedure.
- For further information on this matter, please contact the above telephone number. Immediately after this notice is delivered, for example, it may be difficult to get through to the phone. Thank you for your understanding.
- We cannot return documents that have been submitted once. Thank you for your understanding.
- It may take about one month from the time of application to receive the result of approval or disapproval of the exemption.

Non-taxable for the fiscal year 2024

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*Please fill in ever	ything following the example on the reve					
Fund Name	e Comprehensive Support Fund (Relending)					
Name of Borrower						
		um amount of repayment exemption of type of funds	the relevant			
Reason for Application for Exemption	Both per capita and per income resider		-	rom taxation.		
Status of Household *Please check ☑ for any one of the followings	I am (Borrower is) currently the Currently, a person other than head of household, and the continuous household was in a separated borrower at the time of the load Currently, a person other than head of household, but becaut due to domestic violence, etc. unable to obtain an income confined to the continuous continu	n the borrower is urrent head of household from an application. In the borrower is use of the evacu I, the borrower i	the the the ation	The case does not fall into any of the categories listed on the left		
Required Documents	[1]-1: Application form for exemption (this document) [2]-2: A certificate of residence containing all members of the current household (one containing the name and relationship of the head of household) [3]-3: Tax certificate of the borrower for fiscal year 2024 (showing that he/she is exempt from residential tax) *Those who are exempt from both per capita and per income residential taxes are eligible for the exemption.		[2]-1: Application form for exemption (this document) [2]-2: A certificate of residence containing all members of the current household (one containing the name and relationship of the head of household) [2]-3: Tax certificates of the borrower and the head of household for fiscal year 2024 (showing that they are exempt from residential tax) *Those who are exempt from both per capita and per income residential taxes are eligible for the exemption.			
For application, I a [1] I agree to pro information for	Gifu Prefectural Council of Social Wellingree to the following six items and appoide my personal information to the independent of the performance of the work of said or independent this special exemption program.	oply for exemple ependence cour	nseling su	upport organization for the purpose of u		
<ul> <li>I agree to provide the filled out personal information to a third party to the extent necessary for this program.</li> <li>I agree that your council will make inquiries to relevant organizations, such as Japan National Council of Social Welfare, other prefectural councils of social welfare, municipal councils of social welfare, local governments, public employment security offices, independence counseling support organizations and organizations for support of household economy improvement, and will</li> </ul>						
[4] Neither I nor necessary, re members of (including me	either I nor any member of my household is a member of an organized crime group. I agree that your council may, as ecessary, request from public agencies, etc. the provision of organized crime group membership information pertaining to me or embers of my household. [An "organized crime group" means "an organization that is likely to encourage its members ncluding members of organizations constituting such organization) to collectively or habitually commit violent and illegal acts, as stipulated in Article 2, Item (ii) of the Act on Prevention of Unjust Acts by Organized Crime Group Members.]					
[6] I have not ch stated in this	[5] I agree that even if the examinations result in the disapproval of the repayment exemption, the reasons will not be disclosed.					
,	(Month Day Year) *Please insert the date ye	ou completed this docu	ment			
Borrower's Name (Signature)  Phone Number/TEL Please provide a phone number where you can be reached during the day.						

*	Loan Code	Accepted by Prefectural Council of Social Welfare	Accepted by Municipal Council of Social Welfare
		[Month] [Day], [Year]	[Month] [Day], [Year]

# **Example of Description**

## [Please write with a ballpoint pen]

(Form 1-1) Application Form for Repayment Exemption for Special Loans for Emergency Retail Fund, Etc.

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line>

\*Please fill in everything following the example on the reverse side **Fund Name** Borro Loan Amount Reason for Both per capita and per income residential taxes are exempt from taxation. Application for Exemption I am (Borrower is) currently the head of household. Currently, a person other than the borrower is the head of household, and the current head of Status of household was in a separate household from the Household The case does not fall into any of the borrower at the time of the loan application \*Please check ☑ categories listed on the left Currently, a person other than the berrower is the for any one of the head of household, but because of the evacuation due to domestic violence, etc., the borrower is unable to obtain an income certificate for the head [1] (All of the following three documents are [2] (All of the following three documents required) are required) [1]-1: Application form for exemption (this document) [2]-1: Application form for exemption (this [2]-2: A certificate of residence containing all members of the document) current household (one containing the name and relationship [2]-2: A certificate of residence containing all Required members of the current household (one containing of the head of household) [3]-3: Tax certificate of the borrower for fiscal year 2024 the name and relationship of the head of (showing that he/she is exempt from residential tax) household) \*Those who are exempt from both per capita and per income residentia [2]-3: Tax certificates of the borrower and the taxes are eligible for the exemption head of household for fiscal year 2024 (showing that they are exempt from residential tax) \*Those who are exempt from <u>both per capita and per income</u> residential taxes are eligible for the exemption. To: Chairman of Gifu Prefectural Council of Social Welfare -application, I agree to the following six items and apply for exemption. I agree to provide my personal information to the independence counseling support organization for the purpose of utilizing such information for the performance of the work of said organization, in the event that the decision is made for the exemption of the repayment under this special exemption program. I agree to provide the filled out personal information to a third party to the extent necessary for this program I agree that your council will make inquiries to relevant organizations, such as Japan National Council of Social Welfare, other prefectural councils of social welfare, municipal councils of social welfare, local governments, public employment security offices, independence counseling support organizations and organizations for support of household economy improvement, and will receive my personal information to the extent necessary for this program. Neither I nor any member of my household is a member of an organized crime group. I agree that your council may, as necessary, request from public agencies, etc. the provision of organized crime group membership information pertaining to me or members of my household. [An "organized crime group" means "an organization that is likely to encourage its members (including members of organizations constituting such organization) to collectively or habitually commit violent and illegal acts, etc." as stipulated in Article 2, Item (ii) of the Act on Prevention of Unjust Acts by Organized Crime Group Members.] I agree that even if the examinations result in the disapproval of the repayment exemption, the reasons will not be disclosed I have not changed the head of household for the purpose of repayment exemption. In addition, I agree that if the information stated in this application form is found to be false or if it is found that the requirements for repayment exemption are not met after the decision of the repayment exemption, the repayment exemption will be rescinded. (Month Day Year) \*Please insert the date you completed this documen Borrower's Name (Signature)
Phone Number/TEL

[2] Please refer to the flowchart on the front page and check appropriate parts

Please check all of Items [1] through [6]

- Date of entry
- Name in own
- handwriting
   Telephone
  Number

Do not forget to write it down



Please check ✓ exactly (clearly) in the box □.















and so on