

This is a guide for the required documents. It cannot be used for application.

Emergency Petty Cash Fund Special Case Loan Application Form

To the Chair of the Tokyo Council of Social Welfare,

Desk handling

Upon making this application, I agree to the following terms, and request a loan from the Life Social Welfare Fund.

- I consent to the sharing of any personal information that I provide with third parties to the extent necessary for this system.
- I consent to your Council of Social Welfare making inquiries of and providing my personal information to relevant organizations, such as the National Council of Social Welfare, other prefectural Councils of Social Welfare, and local governments, to the extent necessary for this loan.
- I am not currently receiving social welfare benefits.
- I am not currently in the process of applying for personal bankruptcy.
- This loan will not be used as working capital for business.
- No other members of my household are taking out this special case loan.
- Neither I nor any member of my household are members of a gang, nor will we become members of a gang for the duration of this loan.
- I consent to your Council requesting the provision of information pertaining to me or a member of my household in connection with a gang from government authorities as necessary.
- If my loan is disapproved after a loan review, I consent to the reason not being disclosed.

The information above is correct	Signature
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***Please fill in the sections outlined in bold**

Date of application	Reiwa	Y	M	D	Branch/receipt number	
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Amount requested	Yen	Deferral period <small>(Within 12 months)</small>	<input checked="" type="radio"/> 12 months B. Other: () months	Duration <small>(Within 24 months)</small>	<input checked="" type="radio"/> 24 months B. Other: () months	Repayment method	<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Lump sum
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Applicant	Furigana Full name		(Stamp/sign)	Gender	<input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	Taisho Showa Heisei Y M D (____ years old)
	Current address	(Zip code -)		Home telephone no. ()		Cell phone no. ()	
	Workplace or occupation	Work address		Phone no. ()			

Members of applicant's household	Furigana Full name	Relationship	Age	Date of birth	Workplace /school name	Special notes (infected patient, person requiring care, leave from school, etc.)	
	1	Applicant			Explanatory notes Taisho=T, Showa=S Heisei=H, Reiwa=R		A. Infected patient, etc. B. Person requiring care C. Looking after a child on leave from school D. Looking after a child who may be infected E. Sole proprietor
	2	Husband / Wife / Child / Father / Mother / Other			T • S • H • R Y M D		A. Infected patient, etc. B. Person requiring care C. Looking after a child on leave from school D. Looking after a child who may be infected E. Sole proprietor
	3	Husband / Wife / Child / Father / Mother / Other			T • S • H • R Y M D		A. Infected patient, etc. B. Person requiring care C. Looking after a child on leave from school D. Looking after a child who may be infected E. Sole proprietor
	4	Husband / Wife / Child / Father / Mother / Other			T • S • H • R Y M D		A. Infected patient, etc. B. Person requiring care C. Looking after a child on leave from school D. Looking after a child who may be infected E. Sole proprietor
Other People							

Bank transfer Loan to be paid to	Financial institution		Branch name		Account type	<input type="checkbox"/> Regular (futsu) <input type="checkbox"/> Checking (toza)
	Account number	Account holder (in katakana)				

Reason for loan <small>*Enter details of impact from e.g. the COVID-19 pandemic</small>	Reduced income due to the impact of the COVID-19 pandemic	<input type="checkbox"/> I have a need for more than 100,000 yen
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Usage record of special case loans:

A. This is my first time borrowing B. I have already borrowed (Date of receipt: /Amount borrowed: Yen)

Foreign nationals with a period of stay of one year or less: My period of stay is to be extended