

# Temporary Loan Emergency Funds Exemption Application Form Emergency Small Amount Fund/General Support (First Payment)



\*Answer within bold box

(Administration use)

<b>Borrower's Name</b>		
<b>Repayment Exemption Application Amount</b>	Total amount of temporary emergency funds for the reason stated below	
<b>Repayment Exemption Application Reason①</b> <u>If multiple answers are true, select longest existing reason</u> <input checked="" type="checkbox"/>	<input type="checkbox"/> Persons receiving public assistance for protection of livelihood <input type="checkbox"/> Persons with mental disability certificate (grade 1) or a physical disability certificate (grade 1 or 2)	Exemption from repayment of <b>total amount</b> applicable
<b>Repayment Exemption Application Reason②</b> <u>No answer required for those eligible for Reason ①</u>	<input type="checkbox"/> Persons with outstanding payment amount of 12 months or more + the amount of non-payment is increasing despite repayments being made in installments or small amounts + it is an elderly only household, a disabled household, or a single parent household, etc. <u>where the residential tax based on income is exempted.</u>	Exemption from repayment of <b>amount of overdue payments amount</b>

Application to Chairperson of the Kyoto Prefectural Council of Social Welfare

**[Consent Form] Before submitting this application, carefully read the following points ① to ⑥ and check (☑)the boxes to consent.**

- ① If exemption from repayment under this special scheme is confirmed, I agree to provide my personal information to the independence counseling and support organization to be used in line with said organization's work.
- ② I agree to provide the personal information submitted to a third party to the extent necessary for the execution of this scheme.
- ③ I agree to the council of social welfare using, to the extent necessary for this scheme, my personal information with the National Council of Social Welfare, other prefectural councils of social welfare, municipal councils of social welfare, local governments, public employment security offices, and independence counselling and support organizations. I also agree to the sharing of my personal information to related organizations such as household management improvement support organizations.
- ④ I, nor my household members are gang members. I agree to comply with any request from the Council of Social Welfare to provide information on whether I or my household member is a member of an organized crime group to be submitted to public offices, etc. (Organized crime groups are defined according to article 2 section 2 of 'Act on Prevention of Unjust Acts by Organized Crime Group Members' as groups that may encourage the practice of violent and unlawful acts, etc.)
- ⑤ I acknowledge that no reason may be given in the case that my application for exemption is rejected.
- ⑥ The head of household has not been changed to apply for exemption from repayment, and I agree to the exemption from repayment will being canceled if it is found that the information provided in this application is false or does not meet the requirements for exemption from repayment even after the result of application has been notified.

Year:      Month:      Day:      \*Please write the date of filling out this application form.

Borrower's name (Signature): \_\_\_\_\_

Tel. No.:                      —                      —                      \*Contactable during daytime

\*Do not fill out below

*	Fund Code	Loan Code	Application No.	Kyoto Pref. Social Welfare Council Application	Local Municipality Social Welfare Application
•				Year    Month    Day	Year    Month    Day