

Emergency Special Case Small Loan Application Form

Social Welfare Corporation

From the chairman of the Aichi Council of Social Welfare

① SAMPLE

When applying for a loan from the livelihood social welfare fund, applicants must agree to the following terms.

- I agree that the personal information I provide will only be shared with relevant third party organizations to the extent necessary for this process.
- I am not currently receiving social welfare benefits.
- I am not in the process of applying for personal bankruptcy.
- This loan will not be used as working capital for a business.
- No other members of my household have received or will receive this special case loan.
- Neither I, myself, nor anyone in my household is currently a member of a gang, nor will we be for the duration of the loan period.
- I accept that government agencies may provide information related to my involvement in anything that could be considered to be gang-related activity.
- I accept that should the Council of Social Welfare decide to reject my loan application as a result of a public loan review, the reason will not be disclosed. I accept that the police may request information regarding gang-related activities in which I or other members of my household may have been involved.

The information above is correct	Signature
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※Please fill in the fields outlined in bold.

Date of application	Y	M	D
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Branch/Receipt no.

Application amount	20 Man-Yen	Deferment period (Within 1 year)	until the end of Dec,2023	Repayment period (Within 2 years)	A. 24 months	Repayment method	<input type="checkbox"/> Monthly
					B. Other () months		<input type="checkbox"/> Lump sum

Applicant	Full name	印 (stamp)	Gender	<input type="checkbox"/> M <input type="checkbox"/> F	Date of birth Y/M/D	Y M D (___ years old)
	Address (〒 -)					
	Workplace or occupation	Work address		Work phone ()		

Members of household	Name	Relation	Age	Date of birth Y/M/D	Workplace•School name	Special notes (infected patient, caregiver, school suspension, etc.)
	1		Applicant		/ /	
2		Husband•Wife•Child•Father•Mother•Other		/ /		A. Patients, etc. B. Persons requiring nursing care C. Caring for a child who is absent from school D. Caring for a child who may be infected E. Sole proprietor
3		Husband•Wife•Child•Father•Mother•Other		/ /		A. Patients, etc. B. Persons requiring nursing care C. Caring for a child who is absent from school D. Caring for a child who may be infected E. Sole proprietor
4		Husband•Wife•Child•Father•Mother•Other		/ /		A. Patients, etc. B. Persons requiring nursing care C. Caring for a child who is absent from school D. Caring for a child who may be infected E. Sole proprietor
	Other Name					

For bank transfer Loan Payee	Bank name	Branch name	Account type	<input type="checkbox"/> Regular (futsu) <input type="checkbox"/> Checking (touza)
	Account number	Name of account holder (in katakana)		

Reason for loan ※Enter the details of the impact of the spread of COVID-19	Due to decreased income caused by the spread of the new coronavirus infection, <input type="checkbox"/> the ¥100,000 stimulus will be insufficient
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Usage record of this special case loan:
 A. This is my first time borrowing B. I have already borrowed (Receipt date: _____ & borrowed amount: ¥_____)

Foreign nationals with a period of stay of one year or less: My period of stay will be extended (only check here if this applies to you)