Please enter the name of the prefecture where you are registered as a resident.

Dear Chairman of Kanagawa Prefectural Social Welfare Council

In applying, I agree to the following matters and apply for the loan for welfare fund.

no

Darroa that my narroanal information antered in	the application form shall be provided to third parties to the extent necessary for this system	
• I agree that your Social Welfare Council shall	If your household has member(s) falling under any of the following, circle	е
Councils and related organizations including m	in your nousehold has member(s) failing under any of the following, circle	1
Councils and related organizations including in	appropriate items of the "Special notes."	Ŀ

- puncils and related organizations including m
- I un not currently a welfare recipient ∘ I m You will not be eligible for the ìor p
- 0 I wil loan if any one of them does for ł
- o Even not apply to you.

0

- b) A household has member(s) in need of nursing care, and has worker(s) who are required to take care of child(ren) falling under c) or d). c) Child(ren) who attend facilities such as elementary schools which have been temporarily closed as a measure to prevent the spread of COVID-19.
- I and other persons in my household are not during the borrowing period. • I agree that your Social Welfare Council sha
- d) Child(ren) who attend facilities such as elementary schools and who are suspected to be infected with COVID-19, having cold symptoms, etc. e) A household is lacking in expenses necessary for living due to decrease in
- ganized crime group members concerning n income because, for example, there is a sole proprietor in the household. If the application is not approved as a result of t

a) A household has member(s) infected with the novel coronavirus.

I affirm the above to be true and correct in every particular. Signature Ichiro Koro						•	 Fill in the thick-bordered items with a ballpoint pen. Make sure to sign your name and fill in the form in your own handwriting. Erase a mistake in writing with a double line (OO) and . 										
Date of entry April 27, 2020									rewr	rite it	in the r	margin.	-				-4
appli	ount ed for Enter the amo		200,000 yen (Within 12 months) (a) Of				2 months ther: () mor			ption perio			onths	Redemption method	✓ Mon	
	borrow.				ウィチロウ ro Koro			Cseal)	Sev	☑ Male □ Female		r date September 3, 19 (Age:			78 41	
Applicant for loa					deferment period" means a grace for payment is allo redemption period" mean a you make repayments.			allowed ans a p			ing ^m	If you do not have a preferred method, check the box of "Monthly." me phone 000 (000) 0000 bile phone 000 (000) 0000 to-ku, Shakyo City					
						have a pr			d, sel	lect a	a). ²⁰	-ки, ѕпакуо	Cuy		Phone (00 (1000)	0000
	Name Family			elationship Age Bir			ate	Name o	me of workplace/school			Special notes (Victim of COVID-19, person requiring care, closure of school, etc.)					re,
r loan					pany employee, enter the y. If you are a sole pro address.						/our	 a) Victim of COVID-19 b) Person requiring care c) Care of child(ren) during closure of school d) Care of child(ren) who are suspected to be infected with COVID-19 					
Household situation of the applicant for loan	2 Momoko Koro		Husband) Child / Fat Mother / O	ner/	40	May 23, 192	Part-time employee				 e) ole proprietor a) Victim of COVID-19 b) Person requiring care c) Care of child(ren) during closure of school d) Care of child(ren) who are suspected to be infected with COVID-19 e) Sole proprietor 						
sehold situation	3 Kokoro I	Koro	Hastond / Wife / Child Father / Medier / Others		11 March 2,		008	★★ Elementary School				 a) Victim of COVID-19 b) Person requiring care c) Care of child(ren) during closure of school d) Care of child(ren) who are suspected to be infected with COVID-19 e) Sole proprietor 					
	4 Hana Koro		Child Father / 9 March			March 19, 2	rch 19, 2010 🖈			atary So	ahaal	 a) Victim of COVID-19 b) Person requiring care c) Care of child(ren) during closure of school d) Care of child(ren) who are suspected to be infected with COVID-19 e) Sole proprietor 					
Others: 2 persons											ry / 🗆 Ch	astrina					
In the case of transfer to bank account: Financial institution Hifumi Bank Enter a bank account in the same name 1234567					Braile	h name (When e sam									-		
Reason for borrowing																	
*De	*Describe the effect of the spread of infection Decrease in income due to the spread of the novel coronavirus I There will be a demand for money exceeding 100,000 yen in the future.																
Use re	Use record of this special loan:																
Foreig	Foreign national whose period of stay is one year or less: If your period of stay is one year or less and the period is expected to be extended, check the box.																

*Column to be entered by the reception desk:

□ Social Welfare Council of the municipality Labour Bank