## Declaration Concerning the State of Decrease in Income

Dear Chairman of Kanagawa Prefectural Social Welfare Council

I declare that the state of decrease in m coronavirus infectious disease, which is th which I applied, is as described below.

Name of workplace or occupation	Yoko Yoko Co., Ltd.	
Address of workplace	$\mp \triangle \triangle - \times \times \times \times$	
	××-∆ OO cho, □□-ku, Yokohama City	
	TEL 045 (***) ****	
Income before decrease	My monthly income (after tax) was approx. <u>320,000</u> yen in <u>March 2020</u> .	
Income after decrease	My monthly income (after tax) was approx. 150,000 yen in April 2020.	
Reason for decrease	My salary has been reduced because the work has sharply decreased due to the influence of the novel coronavirus infectious disease.	

(Fill in only in the case of the applica Enter the income before your job is affected by the spread of

Other public benefits you are currently receiving (Circle the appropriate items.)	- Unemploy - Benefits fo - Pension	decrease" and the income after your job is affected in the	
Reason why you need the special loan in addition to other public benefits	<ul> <li>Others ( )</li> <li>(Amount, use, urgency, etc. of living expenses and other public benefits)</li> <li>I am not receiving public benefits.</li> <li>I need approx. 350,000 yen per month to maintain livelihood of my household. Therefore, I need a loan of 200,000 yen to make up a shortfall in the household income.</li> </ul>		

Enter the amount of public benefits if you are receiving any, and the reason why you need the loan specifically to the extent possible.

<u>May \*\*, 2020 (mm/dd/yyyy)</u> (Applicant for the loan) Address: 4-2 Sawatari, Kanagawa-ku, Yokohama City

Name:	Taro Kanagawa	(Seal)		
Write in your own handwriting and affix your seal.				