

Application for Emergency Small Fund Special Loan

Sample

Social Welfare Corporation

To the Chairperson of _____ (Prefecture) Social Welfare Council

I herewith agree with the following matters and apply for the livelihood welfare fund loan.

- I agree that my personal information I filled in may be provided to a third party to the extent necessary for this program.
- I agree that the Social Welfare Council may make inquiries about my personal information to the relevant organizations, including Japan National Council of Social Welfare, Social Welfare Councils of other prefectures and local governments to the extent necessary for the loan and may receive such information therefrom.
- I do not receive public assistance at the present time.
- I do not go into bankruptcy proceedings at the present time.
- I will not use this loan for business operating funds.
- Any other member of my household does not borrow this special loan.
- I and any of my household do not belong to an organized crime group.
- I and any of my household will not belong to an organized crime group during the loan period.
- I agree that the Council, if necessary, may request public authorities to provide information on the possibility of my or my family member's belonging to an organized crime group.
- In case my loan application is not approved as a result of examination, I agree that the reason is not disclosed.

I confirm that the above statements are true.	Signature
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***Fill in the bold frame.**

Date of entry	MM DD, YY th year of Reiwa
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Branch/Reception No.	
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Application amount	0,000 yen	Repayment grace period (Within 12 months)	A. 12 months B. Others: () months	Repayment period (Within 24 months)	A. 24 months B. Others: () months	Repayment method	<input type="checkbox"/> Monthly installments <input type="checkbox"/> Lump sum
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Loan applicant	Name	(In katakana) _____	Seal	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth	Taisho MM DD, YY th year of Showa (years old) Heisei	
	Current address	(Postal Code -)						
	Name of the workplace or profession	Address of the workplace	Telephone No. (Home) ()	Telephone No. (Mobile) ()	Telephone No.: ()			

Situation of the household of the loan applicant	Name	Relationship	Age	Date of birth	Name of the workplace/school	Special remarks (patient of infective disease, person in need of nursing care, temporary closure of school, etc.)
1	Principal			(Legend) Taisho = T, Showa = S, Heisei = H, Reiwa = R		A. Patient of infective disease, etc. B. Person in need of nursing care C. Care of child due to temporary closure of school D. Care of child potentially infected E. Individual business owner
2		Husband, Wife, Child, Father, Mother, Others		MM DD, YY th year of T / S / H / R		A. Patient of infective disease, etc. B. Person in need of nursing care C. Care of child due to temporary closure of school D. Care of child potentially infected E. Individual business owner
3		Husband, Wife, Child, Father, Mother, Others		MM DD, YY th year of T / S / H / R		A. Patient of infective disease, etc. B. Person in need of nursing care C. Care of child due to temporary closure of school D. Care of child potentially infected E. Individual business owner
4		Husband, Wife, Child, Father, Mother, Others		MM DD, YY th year of T / S / H / R		A. Patient of infective disease, etc. B. Person in need of nursing care C. Care of child due to temporary closure of school D. Care of child potentially infected E. Individual business owner
Others: persons						

Transfer to the account	Financial institution	Branch name	Type of deposit	<input type="checkbox"/> Ordinary <input type="checkbox"/> Current
Loan Transfer to:	Account No.	Name of account holder (in katakana)		

Reason for the borrowing	Income decreased due to the impact of COVID-19 pandemic <input type="checkbox"/> Hereafter, there is a need for a fund exceeding 100,000 yen.
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History of utilization of the special loan: <input type="checkbox"/> A. This is the first borrowing. <input type="checkbox"/> B. I have already borrowed the loan before. (Date of reception: / Loan amount: 0,000 yen)

For a person of foreign nationality whose period of stay is shorter than one year: <input type="checkbox"/> The period of stay will be extended.
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