

Statement concerning the Decrease of Income

To the Chairperson of _____ (Prefecture) Social Welfare Council

With regard to the loan of Livelihood Welfare Fund I applied for, I declare that the decrease of my income due to the impact of COVID-19 pandemic, which is the requirement of the loan, is as follows:

Name of the workplace or profession	
Address of workplace	Postal Code - TEL ()
Income before the decrease	My monthly income of (MM) of the (YY) th year of Reiwa (after taxes and social insurance premiums) was approximately 0,000 yen.
Income after the decrease	My monthly income of (MM) of the (YY) th year of Reiwa (after taxes and social insurance premiums) was approximately 0,000 yen.
Reason for decrease	

MM DD, YY th year of Reiwa

(Loan applicant) Address: _____

Name _____ (Seal)