

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	

(Fill in only you are applying for the Comprehensive Support Fund)

Other public benefits you are receiving (Circle the appropriate item)	<ul style="list-style-type: none"> • Unemployment benefit • Benefit for job training attendance • Pension • Others (_____)
Reason for the necessity of the special loan in addition to the other public benefits	(Amounts of livelihood expenses and other public benefits, their applications, extent of emergency, etc.)

MM DD, YY th year of Reiwa

(Loan applicant) Address: _____

Name _____ (Seal)