

Current address  
Name of head of household

# Tsukuba City's Cost-of-Living Crisis Relief Payment for Residents

# Letter of Confirmation

Regarding the Cost-of-Living Crisis Relief Payment for Residents, as you appear to be eligible, **please complete and return this Letter of Confirmation, together with identity verification documents and documents confirming your bank account details.**

\*Even if you are declining to receive benefits, please check the box below and return the Letter of Confirmation along with your identity verification documents.

\*Applications submitted after the deadline cannot be accepted for any reason.

\*If you do not have an account with a financial institution or are unable to receive payment via bank transfer, please contact the call center.

**\*Application deadline**

**Friday, July 31, 2026**  
**(Valid if postmarked on the same day)**

To the Mayor of Tsukuba City

Inquiry number:

## ① Eligible recipients and payment amounts

(Persons who are registered residents of the city as of February 1, 2026, and who were born on or before April 1, 2007)

Eligible recipients	1	6
	2	7
	3	8
	4	9
	5	10
Payment amount	5,000 yen × <u>Number of People</u> = <u>yen</u>	

## ② Recipient's signature [Pledge and consent]

Please fill out clearly and accurately using a black or blue ballpoint pen. Do not use erasable pens or pencils.

**Please review the pledge and consent items, then sign.**

1. All of the above eligible recipients are registered as residents of Tsukuba City as of February 1, 2026.
2. I agree that the city may conduct investigations as necessary when deciding on the disbursement of benefits.
3. I agree that if payment cannot be made due to reasons such as the closure or change of the transfer account after Tsukuba City has decided to disburse the benefit payment, and contact/confirmation cannot be made by the application deadline, it will be treated as a waiver of receiving the benefit payment.
4. I agree to return the benefit payment if, after receiving it, it is determined that I do not meet the eligibility criteria stated in the notice, or if a household member receives a separate benefit payment due to certain circumstances.

Please put a checkmark (✓) in one of the checkbox fields (□).

I hereby request the benefit payment after confirming the above pledge and consent items

I will not receive the benefit payment

Date of confirmation (Date of entry)      Year      Month      Day

Name of head of household

Contact information  
(phone number by which you can be contacted during the day)

Make sure to check the back of this document as well.

### ③ Bank transfer account [In principle, Head of household's account]

- \*Please do not list accounts for which no deposits or withdrawals have been made for an extended period.
- \*Please fill in the bank transfer account information within the field below.
- \*If the account is not in the name of the head of household, please fill out the power of attorney information in section ④.

Name of financial institution	Branch name	Classification	Account number (Please fill in the number in alignment with the right side)	Account name (Japanese kana) *Please match the description on the passbook.
Financial institution code	Branch code	1. Savings account 2. Current account		
1. Bank 2. Banking treasury 3. Credit union 4. Credit federation	Main office/branch Main office/branch office Sub-branch			

  

Japan Post Bank	Passbook code (If there is a 6th digit, please write it in the notes section.)	Passbook number (Please fill in the number in alignment with the right side)	Account name (Japanese kana) *Please match the description on the passbook.
If you select Japan Post Bank, please write down the symbol and number indicated on the top left of the open savings passbook or on the cash card.	1		

### ④ Power of Attorney

- If the head of household wishes to delegate the receipt of benefits to a representative, please fill out the following.
- \*In principle, only those whose names appear as eligible recipients in (1) on the front side of this document can serve as representatives.

## Power of Attorney Regarding Tsukuba City's Cost-of-Living Crisis Relief Payment for Residents

(To be filled out by the head of the household.)

Name of representative \_\_\_\_\_ Relationship to head of household \_\_\_\_\_

Representative's current address \_\_\_\_\_

Representative's date of birth \_\_\_\_\_ Year \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_

Representative's contact information  
(phone number by which the representative can be contacted during the day) \_\_\_\_\_

I hereby appoint the above-mentioned person as my representative and delegate to them the authority to receive the benefits.

Principal's name (Name of head of household) \_\_\_\_\_ Signature \_\_\_\_\_

### ⑤ Documents to be submitted

**Documents to be submitted**

Letter of Confirmation (this document)     Copy of the head of household's identity verification document

Copy of the document that can verify the bank transfer account

**Required items**

- Name of financial institution and branch name (branch code)
- Account number
- Account name [Japanese kana]

\*Identity verification documents  
With profile picture  
→ Only 1 document  
No profile picture  
→ 2 documents required

In addition, if the benefits are to be deposited into a representative's account,  
 Copy of the representative's identity verification document

If you do not have a bank account or if you have any questions, please contact us via the following inquiry address.

**Tsukuba City Cost-of-Living Crisis Relief Payment Call Center**  
Phone: **0120-164-417** (8:45-16:30, excluding Saturdays, Sundays, and public holidays)