

Special Loans for Emergency Retail Fund Due to Impact of New Coronavirus Infectious Disease

Special Loans Subject to Exemption from Repayment

With respect to the Special Loans for Emergency Retail Fund Due to Impact of New Coronavirus Infectious Disease provided by our council, if a borrower satisfies any of the following requirements, the redemption of the loan (repayment of the borrowed money) will be exempted upon notification of a waiver decision from our council in response to the necessary documents sent by the borrower by mail.

(1)	I receives public livelihood assistance.	Please mail it with the below- mentioned documents
(2)	I have been issued the Mental Disability Certificate (grade 1) or the Physical Disability Certificate (grade 1 or 2) or Certificate of Intellectual Disability Certificate (grade A1 or A2).	*For the mailing address, please check below *Please prepare the envelope and pay for the postage

	Documents required for application							
	(1) (2)							
1	A copy of a notice of decision to receive public livelihood assistance or a copy of a document certifying the period of receiving public livelihood assistance	A copy of a Mental Disability Certificate (Level 1) or a Physical Disability Certificate (Level 1 or 2) or a certificate of Intellectual Disability Certificate (Level A1 or A2) *Which indicates the name, date of birth, grade of disability, and date of issuance of certificate						
2	2 Application Form for Repayment Exemption *Right side of the document (Form 1-2)							
Mailing Address: Gifu Prefectural Council of Social Welfare in Gifu Prefectural Welfare and Agriculture Hall, 2-2-1 Shimonara, Gifu 500-8385								
*N	*NOTE* - For those who received more than one notice (envelope), the documents 1 and 2 are required for each one notice. - Applications for exemption will be accepted at any time, but (1) Any amount having been repaid before the exemption is determined will not be subject to the exemption.							

(2) Notification of the exemption decision will be sent after the date of commencement of

[Hours for Acceptance/Reception Time] Weekdays 9:00 a.m. to 5:00 p.m.

● Contact information for this matter [Telephone Number/Contact Number] 058 - 201 - 2100

redemption. (In most cases, after January 1, 2024)

(様式1-2)

Application for Forgiveness of Temporary Loan Emergency Funds and Other Special Loan Funds

* All sections enclosed in bo		8記入欄>				
Fund Type	Emergency Retail Fund Comprehensive Support Fund - First time Compre	hensive Support Fund -	Extended			
Borrower's Name	campa					
Amount Applied For	All applicable amounts based on the following reasons for applican emergency funds and other special loan funds	plication for temp	orary			
Reason for Application Check one box that applies to you earlier if both the options	①Currently am on welfare If you apply to any of the options on the left, you are eligible for Full					
apply to you	②Have a mental disability certificate (grade 1) or physical disability certificate (grade 1 or 2)) or certificate of Intellectual disability certificate (grade A1 or A2)	*Any amount ha repaid before th exemption is de will not be subje exemption.	e termined			
Documents required for application	①A copy of a notice of decision to receive public livelihood a or a copy of a document certifying the period of receiving public live		÷			
a copy of a document certifying the period of receiving public livelihood assistance ②A copy of a Mental Disability Certificate (Level 1)						
	or a Physical Disability Certificate (Level 1 or 2)					
	or a certificate of Intellectual Disability Certificate (Level A1 or A2)					
	*Which indicates the name, date of birth, grade of disability, and certificate	date of issuance	of			
	fecture Council of Social Welfare (1) to (6) and apply for exemption.					
(1) If my application personal data b	I agree to all of the following (1) to (6) and apply for exemption. (1) If my application is approved for repayment forgiveness under this special measure, I consent to my personal data being provided to independence consultation and support centers to be used for performing their business.					
	personal data that was entered being provided to a third pa	rty to the extent				
necessary to implement this measure. (3) I consent to your organization contacting the Japan National Council of Social Welfare, other municipal social welfare councils, local government, public employment security offices, independence consultation and support centers, household improvement support centers or other relevant organizations to obtain my personal data to the extent necessary to implement this measure.						
 (4) Neither I nor other household members are members of organized crime groups. I consent to, when necessary, your organization obtaining information about whether I or other household members belong to organized crime groups from government and municipal offices or other organizations. (An organized crime group means a group that is likely to induce its members [including members of its sub-groups] to engage in illegal acts of violence collectively or habitually as provided in Article 2, Paragraph 2 of the Act on Prevention of Unjust Acts by Organized Crime Group Members.) (5) If my application is denied as a result of screening, I consent to the reason for the denial not being 						
(6) No change of the lf any false information requirements for withdrawn.	provided to me. (6) No change of the head of the household is to be made in order to qualify for repayment forgiveness. If any false information is detected in this application form or I am deemed not to meet the requirements for forgiveness after the application is approved, I consent to the approval being withdrawn.					
	in the date of completion of this form.					
Borrower's N	ame (Signature)					

*	Loan Code	ŧ	都道府県社	出協受付			市町村社	協受付	
		令和	年	月	日	令和	年	月	日

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Example of Description

[Please write with a ballpoint pen]

(様式1-2) 緊急小口資金等の特例貸付に係る貸付金償還免除申請書

※裏面の記入	例に沿ってす	べてご記入ください。			<	社協記入欄>	
資金の Fund N		緊急小口資金	総合支援	資金(初回貸付)	糸	総合支援資金(延	長貸付)
借受人 Name of B			*				
免除申	請額	緊急小口資金等の	特例貸付について	、下記の申請理由	において	対象となるすべての	金額
免除申請理由 ①生活保護を受給している 左記いずれかに該当の場合、 どちらにも当てはまる場合、 最も早い段階で該当した 項目のみ図 ②精神保健福祉手帳(1 級)または 身体障害者手帳(1 級または 2 級) または寮育手帳(A1 または A2)の 交付を受けている 全額が免除対象 ※ただし、すでに償還した金額は、 免除の対象外							
添付書	書類	生活保護受給 ②の理由 精神保健福祉 身体障害者手	決定通知書のコと 期間を証する書類 手帳 (1級) のこ 帳 (1級または 2	頭のコピー コピーまたは 級)のコピー	Ж В	受給開始日の記載があ 、 、 、 生年月日、障害 長の交付日の記載があ	等級、
令和 年 月 日 (Year Month Day) ※この書類を記入した日付を記入 借受人氏名(自署) Borrower's Name(Signature) 電話番号/TEL ― ※日中に連絡のとれる電話番号を記入すること。							
*		貸付コード Loan Code		都道府県社協受	付	市町村社協受	そ付

□ ボックスに正確に(明瞭に) ✓ 点チェックを入れてください。

OK:例













令和 年 月 日 令和 年 月 日



(1) Please place a check mark in the [Fund Name] box on the Notice of Commencement of Redemption on the right

Name in own handwriting Do not forget to write it down

Please place a check mark in the appropriate place

Please check the reason for the number checked as indicated above and submit the appropriate documents

Please check all of Items (1) through

- Date of entry
- Name in own handwriting
- Telephone Number Do not forget to write it down

(1) Please enter the [Loan Code] (alphanumeric mix) on the Notice of Commencement of Redemption on the right