

Please note

- Not eligible if the head of a single-person household dies before the Confirmation Form is returned.
- If there is a child who is not a dependent of the head of the household, the benefit for the child is not paid to the head of the household, in principle.
- We are not responsible for postal accidents (non-delivery of mail, etc.).
If you wish to use simple registered mail instead of regular mail, please pay the cost of sending yourself and send it from the counter of a post office.
- In principle, documents submitted in connection with the application for this benefit are not returned.
- The benefit to the head of household and the additional benefit for children will be combined and transferred under the name コウベシクラシエンリンジトクベツキュウフキン.
*Depending on the financial institution, this may not appear in full.
- If you miss the application deadline, you cannot receive the benefit.
Please complete the procedures by the deadline.
(Online) May 27, 2025 (Mail) Postmark no later than May 27, 2025
- If the confirmation content is incorrect, or if it is found that you do not fulfill the eligibility requirements, you may be required to return the benefit.
If you intentionally make a false confirmation or application, you may also be charged with fraud for illegally receiving the benefit.



IT MIGHT BE FRAUD!

Beware of scams that try to steal your personal information, banking information, ATM cash card, or PIN!

Beware of bank transfer fraud and scams that try to exploit your personal information.
Kobe City will never:

- Ask you to use an ATM
- Ask you to wire a processing fee to receive money
- Take your credit card or bank book
- Ask for your PIN

If you receive any suspicious phone calls, mail, or emails, contact your local police department (or dial the #9110 police consultation number).

Inquiries *There are no inquiry counters at city or ward offices.

Kobe City Benefit and Flat-Amount Tax Cut Call Center

TEL : 078-771-7201

Hours: 8:45 – 17:30
(Except for weekends and holidays)

For those with a hearing or speech impairment:
(Please do not use these contact methods if this does not apply to you)

FAX : 078-771-5285

Email:
kobe_rinjitokubetu_kyufukin@os.persol-bd.co.jp

Multilingual support

[Korean, Chinese, English, Spanish, Portuguese,
Tagalog, Vietnamese, Nepali]

TEL : 078-771-7201

Hours: 8:45 – 17:30
(Except for weekends and national holidays)

Please check here for
the latest information.

神戸市暮らし支援臨時特別給付金

Search

Foreign language information is available on the website.



Kobe City Information about the Temporary Special Living Assistance Benefit

(Benefit Utilizing Temporary Regional Revitalization Grant for Priority Support in Response to Price Increases)

A benefit of 30,000 yen per household plus 20,000 yen per eligible child aged 18 or under will be paid based on the residence tax status for the 2024 fiscal year.

If you do not follow the procedures on the web (e-KOBE *Applications accepted 24 hours) or return the (enclosed) Confirmation Form, you cannot receive the benefit.

There are no inquiry counters at ward or city offices.

確認書(お問い合わせ)番号
Confirmation Form (Inquiry) Number
*Printed on upper right corner of the Confirmation Form



*After application, you can check your payment status by entering your Confirmation Form (Inquiry) Number on the Payment Status Inquiry website. [Check your payment status here]

Eligibility Please check the eligibility requirements.

<Eligible household>

- ① A household registered in the Kobe City Basic Resident Register as of the Reference Date (December 13, 2024)
- ② A household in which all members are exempt from residence tax for 2024
- ③ No members of the household are dependents of other relatives, etc. (child, parent, etc.) on whom residence tax is imposed.
- ④ There are no members within the household who have failed to declare tax despite having gained income subject to the imposition of residence tax.
- ⑤ A household which has not received this benefit from a municipality other than Kobe City

<Eligible child> *If there is a child who is not a dependent of the head of the household, the benefit for the child is not paid to the head of the household, in principle.

- ① Any child aged 18 or under who belongs to the same household as the head of a household eligible for the benefit as of the Reference Date (December 13, 2024).

*Any child up to and including the age of 18 to the first March 31 (born on or after April 2, 2006)

- ② Any newborn child born between December 14, 2024 (the day following the Reference Date) and May 27, 2025

In the following cases, please contact the Call Center (078-771-7201):

- If a child who is not a dependent of the head of a household is indicated.
- If there is a child whose address of residence certificate is different from yours but who is your dependent
- If a child is (or expected to be) born between the Reference Date (December 13, 2024) and May 27, 2025

*Eligibility for the benefit is determined by the tax status of the household in which the child was born.

● Recipient	The head of a household that meets the eligibility requirements
● Amount	30,000 yen per household *If there is any child aged 18 or under who belongs to the household, an additional benefit of 20,000 yen per child is paid.
● Method of Disbursement	Wire transfer to the bank account indicated in the online application or in the Confirmation Form
● Application Deadline	(Online) May 27, 2025 (Mail) Postmark no later than May 27, 2025 *If the wire transfer to the specified deposit account cannot be completed and issue is not resolved by June 20, 2025, your application for this benefit will be canceled.

Filing Process Please file using one of the following methods.

Filing Online Apply using the e-KOBE Kobe City Smart Application System.
For details, **please read the Application Process ① inside.**

Filing by Mail Fill out and return the enclosed Confirmation Form.
For details, **please read the Application Process ② inside.**

Deadline

① Deadline for Filing Online (through e-KOBE)→ **May 27, 2025**

② Deadline for Filing by Mail→ **Postmark no later than May 27, 2025**

Application Process Please file using either method ① or ② below.

Please check the following conditions and file to receive the Temporary Special Living Assistance Benefit.

In order to verify your eligibility, we will check your public records. If it is not possible to check your public records, please submit relevant documentation.



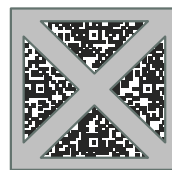
① Filing Online (through e-KOBE) *Please be sure to access via the 2D code below.

If you are using e-KOBE for the first time, please register from the New Registration (新規登録) button in the upper right corner of the screen.

● Enter the Confirmation Form (Inquiry) Number printed in the upper right corner on the front of the Confirmation Form.

● If you need to register a new depositing account or change the account printed on the Confirmation Form, it will be necessary to upload the following documents:

- Personal identification*1
- Documentation verifying the depositing account*2
- Personal identification of representative*1 [if you want the payment to be transferred to a representative's account]



【 Access code for e-KOBE 】



② Filing by Mail

If you wish to use the depositing account printed on the front of the Confirmation Form:

Required Documents

- Confirmation Form (確認書)

Submission (via Mail)

- Fill in your name (self-written) and contact information, etc. on the front of the Confirmation Form and return it using the reply envelope.

OR

If no depositing account is printed on the front of the Confirmation Form, or if you wish to use a different account:

Required Documents

- Confirmation Form (確認書) (Please be sure to check the back page and complete it)
- Photocopy*1 of personal identification of the head of household
- Photocopy*2 of documentation to verify the depositing account +

If the account holder's name is not the same as the head of household's:

- Photocopy*1 of the representative's personal identification

Submission (via Mail)

- Complete the required sections, then mail the form and required documents using the reply envelope.

*1: If there is a change of address, please attach a photocopy of documentation showing the new address. Also, please note the expiration date of the document.

*2: Even if your account name is in katakana, your name may be written in English on some cash cards. In this case, these documents cannot be used as "documentation to verify the depositing account." Please get a document that shows information (such as account name in katakana) for your designated account.

The benefit will be deposited into the bank account specified about a month after the application is received as long as there are no errors or omissions in filing by online or mail.

*As we expect a large number of replies immediately after the start of application, please note that it may take more than 1 month from the receipt of application for the benefit to be transferred.

*If there are any errors or omissions in your documents, we will contact you by mail or email (if you filed online). Please be sure to respond in this event. If a phone number is provided, we may contact you by phone.

How to Fill Out the Confirmation Form Please fill in A (including B to E as needed).

Example (Front Page)

1 世帯主 (受給権者) 基準日(令和6年12月13日)において、神戸市の住民基本台帳に登録されている方

氏名: 神戸 太郎 住所: 650-8507 兵庫県神戸市中央区加納町6丁目5-1

生年月日: 平成12年12月31日

2 こども加算対象児童 令和6年12月13日時点で神戸市に住民登録されている児童を印字しています。扶養していない児童がいる場合は二重線で消してください。本確認書の提出までに新生児が生まれた場合等、下記にお名前がない場合はコールセンター(078-771-7201)までご連絡ください。

No.	氏名	生年月日
1	神戸 花子	令和6年10月10日
2	神戸 花子	令和6年10月10日
3	神戸 花子	令和6年10月10日
4	神戸 花子	令和6年10月10日
5	神戸 花子	令和6年10月10日
6	神戸 花子	令和6年10月10日
7	神戸 花子	令和6年10月10日
8	神戸 花子	令和6年10月10日

支給額: 世帯主3万円+ 18歳以下の児童 8名×2万円= 19万円 (訂正後) 世帯主3万円+ 18歳以下の児童 6名×2万円= 15万円

記載内容に相違なく、また本確認書に記載の要件・注意事項等も確認しました。全ての内容に間違いのないことを誓約・同意のうえ、受給を希望いたします。

A 世帯主氏名 (自署) **神戸 太郎** 確認日(記入日) 令和6年10月10日 日中に連絡可能な連絡先 (000) 000 - 0000

2 受取方法について **A** 下記金融機関口座への振込を希望 ※神戸市が口座情報を取得した後に登録・変更された場合は戻金返金されております。

右記の口座は、令和6年中の非課税世帯等向けの給付金または公金受取口座として振込される口座です。 振込口座 振込口座が確認できませんでした。***** 口座名義 振込に受取口座と必要事項を記入してください。*****

B-1

B=2

A

Check that the eligibility requirements listed at the bottom of the back page are all met and fill in the name of the head of the household (self-written), date of confirmation, and contact information.

B If there is any child not printed on the Confirmation Form

B-1

Add the child. (The child may be found ineligible as a result of examination.)

B-2

Enter the correct number of children and benefit amount (including 30,000 yen for the head of household).

* If there is any child who is not your dependent, cross them out with a double line and enter the correct number of children and benefit amount in the corrected amount input box.

[How you wish to receive the benefit]

① If you wish to use the bank account printed on 2

*Please check the account information.

Fill in the name (self-written) in A on the Front Page and return this Confirmation Form using the reply envelope.

② If no account is printed, if you wish to use a different account, or if you are receiving the benefit as a representative

You need to fill in the Back Page in addition to the name (self-written) in A on the Front Page. Please see the following example.

Example (Back Page)

C [B] 表面[A]とは別の金融機関口座への振込を希望(下記に必要事項を記入)
①金融機関(ゆうちょ銀行を除く)へ振込

金融機関名: 1.銀行 5.農協 2.金庫 6.信託 3.信用 7.信託連 4.信託

支店名: 〇〇〇〇 〇〇〇〇 〇〇〇〇

預金種別: 普通 当座 〇〇〇〇 〇〇〇〇 〇〇〇〇 〇〇〇〇

口座番号(右つめ): 〇〇〇〇 〇〇〇〇 〇〇〇〇 〇〇〇〇

口座名義(カタカナ): 神戸 ハナコ

②ゆうちょ銀行へ振込 貯金通帳の見開き左またはキャッシュカードに記載された記号・番号をご記入ください。

種別: 普通 記号(5桁または6桁): 1 0 通帳番号(7桁): 1 口座名義(カタカナ): 神戸 ハナコ

上記口座名義が、世帯主と異なる場合は3へ 上記口座名義が、世帯主と同じ場合は4へ

C 金融機関口座での受け取りができない方は、コールセンター(078-771-7201)へご連絡の上、お手続きをお願いします。 ※受け取り日時の調整が必要のため、口座での受け取りよりもお手続きに時間がかかります。ご了承ください。

3 代理受給を行う場合(世帯主とは異なる口座に振り込む場合のみ、世帯主の方が記入)

下記の者を代理人と認めます。

世帯主氏名 (自署) **神戸 太郎**

フリガナ **コウベ ハナコ** 代理人の続柄 **妻** 代理人の生年月日 **0000 年 00 月 00 日**

氏名 **神戸 花子** 電話番号 **(000) 000 - 0000**

〒000-0000 都 道 府 県

C

Fill in the information for the depositing account you wish to use in either ① financial institution or ② Japan Post Bank.

Please make sure that this information is exactly the same as shown in the documentation you provide to verify your bank account.

D

If the benefit is to be received by a representative, the name of the head of the household must be self-written.

E

If the benefit is to be received by a representative, please fill in all fields.

About receiving the benefit as a representative

The eligible recipient of the Kobe City Temporary Special Living Assistance Benefit is the head of household. However, should the head of household have difficulties with receiving the benefit, they can have a representative receive it in their stead.

Personal identification you can use

* If you have documents not listed below, please check documents that you can use on the web (2D code on the right).

- Health insurance card or certificate of qualification
- Driver's license
- Residence card (foreign nationals only)
- My Number Card (front side with photo only *Do not submit a photocopy of the back side.)
- Holiday and nighttime beneficiary certificate
- Advanced elderly medical insurance card
- Nursing-care insurance card
- Passport



Find out more about personal ID you can use here