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For Your Records

The Customer Number shown on the right is required for inquiries and when receiving the benefit at a Seven Bank ATM. Please keep this document in a safe place until you receive the benefit.

Customer Number

Password

Shinagawa Electricity and Gas Bill Emergency Support Benefit (¥4,000 per household)

Eligibility

All households
(Heads of households recorded in the Shinagawa City Basic Resident Register as of June 1, 2026)
*Households with a notification date of June 16 or later are not eligible.

Benefit Amount

¥4,000 per household

Applicant

Head of household
*If someone other than the person above applies, please complete the proxy application section and enclose the proxy's identity verification document and a document verifying their authority to act as a proxy, etc.
*Proxy applications can only be submitted on paper.

Process for Receiving the Benefit

Please choose one of the following methods to receive the benefit.

① Online (LINE) Application - Receive at a Seven Bank ATM

Recommended

Apply through the official Shinagawa City LINE account (QR code on the right) ▶ Shinagawa City checks the application for any missing or incomplete information ▶ Receive your collection number from the official Shinagawa City LINE account ▶ Receive the benefit at a Seven Bank ATM

*You may be able to receive the benefit on the same day.
(A My Number Card and the 6- to 16-character password for your Electronic Certificate for the Bearer's Signature are required.)

② Paper (Mail) Application - Bank transfer

Return the application form ▶ Shinagawa City checks the application for any missing or incomplete information ▶ A "Benefit Payment Decision Notice" is sent by Shinagawa City by postcard (mail) ▶ Transfer to the designated account

*For both ① and ②, if there are any missing or incomplete items in the application, you will receive a LINE message or a phone call from Human Resocia Co., Ltd., which has been contracted by Shinagawa City to handle this service.

Inquiries

Shinagawa Electricity and Gas Bill Emergency Support Program Call Center
9:00 a.m.–5:00 p.m. (Closed Saturdays, Sundays, and national holidays)
*When making an inquiry, please provide the Customer Number shown above.

Application Deadline: Saturday, October 31, 2026
(For applications by mail, postmarks dated October 31 are valid.)

How to Apply

Please complete the application using one of the following methods.

1 Online (LINE) Application - Receive at a Seven Bank

First...

Scan the QR code with your smartphone.

If you have already added the official Shinagawa City LINE account as a friend, you will automatically be directed to the application screen.
*If you have not yet added the official Shinagawa City LINE account as a friend, please do so and then scan the QR code again.

My Number Card and the password for your Electronic Certificate for the Bearer's Signature (6–16 alphanumeric characters)...

Can be used — Recommended

1. **Start Application**
   Enter the "Customer Number" and "Password" shown on the application form
2. **Select identity verification method**
   Select "My Number"
3. **Verify your identity using your My Number Card**
   Enter the password for your Electronic Certificate for the Bearer's Signature
   *If you are unsure, please refer to the Shinagawa City website.
   Scan your My Number Card
4. **Enter your telephone number**

Application Complete — Same-day receipt

Cannot be used

1. **Start Application**
   Enter the "Customer Number" and "Password" shown on the application form
2. **Select identity verification method**
   Select "Upload Photo"
3. **Take a photo of your identity verification document**
   Official photo ID (My Number Card, driver's license, etc.)
4. **Enter applicant information**
   Enter sex, name, date of birth, address, and telephone number

Application Complete — ⚠ The review process will take some time.

2 Paper (Mail) Application - Receive by bank transfer

For Proxy Applications

Complete the required information as instructed on the application form, and detach the application form along the perforated line in the center of this document. Place it together with the required documents in the enclosed return envelope and mail it back.
*Please carefully check the page explaining the documents that must be enclosed. (Please send copies, not originals.)

How to Receive the Benefit

① Online (LINE) Application ➡ Receive at a Seven Bank ATM

After the benefit payment is approved, you will receive a collection number (various codes required to receive the benefit) through the official Shinagawa City LINE account. You can then receive the benefit at a Seven Bank ATM.
*The benefit can be received at any Seven Bank ATM.
*If you are unsure how to operate the ATM, contact an operator using the telephone at the ATM. (Store staff cannot provide assistance.)
Benefit payments are scheduled to begin on September 1. (Same-day receipt may be available.)

② Paper (Mail) Application ➡ Receive by bank transfer

After the benefit payment is approved, a Benefit Payment Decision Notice will be sent to you. The benefit will then be transferred to the account you specified when applying.
Benefit payments are scheduled to begin in mid-November.

Multilingual Support

Contact us
Call Center(9:00a.m. to 5:00p.m./Weekdays only) Free Dial:0120-667-621

Beware of Scams

Scams involving benefit payments are common. Shinagawa City employees will never ask for your bank account PIN or ask you to operate an ATM over the phone.
If you receive a suspicious telephone call or visit, do not hesitate to call the police at 110.

Form No. 1 (Related to Article 5)

Shinagawa Electricity and Gas Bill Emergency Support Benefit Application Form

Customer Number	

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To: Mayor of Shinagawa City

Date Completed 2026 MM DD

For an online (LINE) application, you do not need to submit this application form.

For a paper (mail) application, you must submit this application form.

The head of household should complete 1 and 2 below.
If someone other than the head of household applies for or receives the benefit, please also complete 3.

Important Notes

- If you do not return the application form by the deadline, you will be considered to have chosen not to apply for this benefit.
- If the information provided is incorrect, you may not be able to receive the benefit.
- If you have already received the benefit, you may be required to repay it.

1 Head of Household (Eligible Recipient)

Name in Katakana	
Name	
Address	
Daytime Contact Number	Date of Birth

2 Bank Account Information - Please specify the financial institution account into which you wish to receive the benefit.

Please select and complete the applicable section.

If your account is not with Japan Post Bank, please complete this section.

Account Holder Name (Katakana)	Financial Institution Name	Branch Name
Name in Katakana	Bank / Agricultural Cooperative / Credit Bank / Credit Cooperative	Head Office / Branch / Sub-branch
	Account Type: ① Ordinary ② Current	Branch Number
		Account Number (Enter right-aligned.)

If your account is with Japan Post Bank, please complete this section.

Account Holder Name (Katakana)	Passbook Code	Passbook Number (Enter right-aligned.)
	1 0	

3 Proxy Application (or Receipt by Proxy)

Name in Katakana / Proxy's Name		Relationship to Head of Household	Proxy's Date of Birth YYYY MM DD
Proxy's Address			Daytime Contact Number
Name of Head of Household	Signature of the head of household, or printed name and seal (Seal)		

I hereby appoint the person named above as my proxy and authorize the person to perform the following on my behalf.
For this benefit:
☐ Application ☐ Receipt ☐ Application and Receipt
*Check the applicable box.

If the proxy is not a legal representative, please also complete the "Name of Head of Household" field above.

Some documents must be enclosed. Please see the reverse side for details. >>>

Documents to Enclose

⚠ Please enclose copies, not originals.

Applicant (Head of Household) applies ▶ ① ② are required.

Proxy applies ▶ ① ② ③ are required.

① Identity Verification Document(s) for the Applicant (and Proxy)

With photo 1 document

Government-issued identification
Driver's license, passport, My Number Card, etc.

OR

Without photo 2 documents

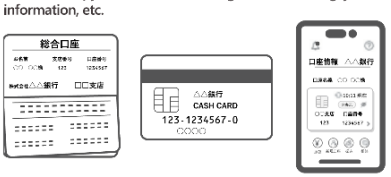
Government-issued identification
*This includes equivalent documents.
Long-Term Care Insurance Certificate, Health Insurance Eligibility Certificate, Pension Handbook, etc.
Please contact us for details.

Please enclose a copy of an identity verification document for the head of household. If applying or receiving the benefit by proxy, a copy of the proxy's identity verification document is also required.

② Document Verifying the Bank Account for Payment

Bank passbook (first two facing pages), cash card, etc.

For a "numberless cash card" with no account number or other account information shown, or for a "passbookless account," please enclose a copy of an online banking screen showing your account information, etc.



Please enclose a document showing (1) the financial institution name, (2) branch, (3) account holder name (in katakana), and (4) account number.

③ Document Verifying Authority to Act as a Proxy, etc.

*Legal representative: adult guardian, person with parental authority, etc.

Legal Representative ▶ Document Verifying Authority to Act as a Proxy

Please enclose a copy, etc. of one of the following:

- Certificate of Registered Matters (guardianship registration, etc.)
- Certified Copy of the Order of Appointment + Certificate of Finality (issued by the Family Court)
- Document verifying parental authority (certified copy of the family register, etc.)
- Other official document verifying that the person is a legal representative, etc.

Other Proxy ▶ Document Verifying the Relationship

Please enclose a copy, etc. of one of the following:

- Certified copy of the family register (if not a member of the same household)
- Certificate relating to hospitalization, admission to a facility, etc.
- Document verifying that the person is a support provider (e.g., certification by a consultation support specialist)
- Document verifying parental authority (certified copy of the family register, etc.), etc.

If the proxy is a member of the same household on the resident record, Document ③ is not required.

Survey on Measures to Address Rising Prices

We appreciate your cooperation.

This survey is conducted to understand the impact of rising prices on the lives of Shinagawa City residents and the types of support they would like the City to provide in the future, and to use the results in considering future measures and evaluating the effectiveness of the program. Participation is voluntary, and the survey takes approximately one minute. Your responses will be processed statistically and will not be published in a form that identifies individuals.

How to Answer: Fill in the space to the left of the number of your selected answer.

Example responses: ■ 1. (Options)

[About Your Household]

Q1. How many people are in your household, including yourself?

1. 1 person	2. 2 people	3. 3 people
4. 4 people	5. 5 people	6. 6 or more people

Q2. Which of the following apply to the people living with you? Select all that apply.

1. There is a child under 18.	2. There is a person aged 65 or older.
3. There is a person with a disability.	4. There is a person who requires nursing care.
5. None of the above apply.	

Q3. What is the age group of the head of your household?

1. 20s or younger	2. 30s	3. 40s	4. 50s
5. 60s	6. 70s	7. 80s or older	8. Prefer not to answer

[About This Support Program by Shinagawa City]

Q4. How did you feel about Shinagawa City's "Shinagawa Electricity and Gas Bill Emergency Support Program"? (Select one.)

1. Very good	2. Somewhat good
3. Neither good nor bad	4. Not very good
5. Not good	

Q5. Why did you choose this application method? Select the one that best applies.

1. Speed of receiving the benefit	2. Ease of application
3. Can receive the benefit by bank transfer	4. No need to provide bank account information
5. Can complete the process using only a smartphone	6. Feel more comfortable applying on paper
7. Can easily get help from family members or others	8. Other

Q6. What kind of support do you think is needed in the future to address rising prices? Please also share your thoughts on this program. (Free response: up to 100 characters)

For Q6, scan the QR code and respond through the Shinagawa City Online Application Service. ▶