## Application for deferment of repayment of special loans such as emergency small amount funds in the Livelihood Welfare Fund Loan Program

I have confirmed each of the following statements listed alongside the **consent check boxes** below, and will apply for deferment of repayment as follows.

Consent check boxes: Please put a check in consent check boxes (a) to (c).

- a) I agree to provide my personal information to the Self-Support Counseling and Support Organization for utilization in the execution of their duties if/when the deferment on repayment for this special loan program is confirmed.
- (b) I agree to provide the personal information I have entered to a third party to the extent necessary for this program.
- c) I consent to the Social Welfare Council making inquiries to and receiving my personal information from municipal Social Welfare Councils, the Self-Support Counseling and Support Organization, local governments, and other related organizations to the extent necessary for this program.

mm/dd/yy

| Name of borrower | Please fill out the actual |  |  |
|------------------|----------------------------|--|--|
| Phone number     | application form           |  |  |
| Date of birth    |                            |  |  |

## Gunma Chair, Social Welfare Council

| Reason for       | □ (1)   have   | been impacted by an earthquake, fire, etc. |  |  |  |  |
|------------------|--|--|--|--|--|--|
|                  | $\square$ (2) I have been receiving medical treatment                            |  |  |  |  |  |
| application      | $\square$ (3) I have been unemployed and/or separated                            |  |  |  |  |  |
| (Check           | $\Box$ (4) I have currently received a grace period for the repayment of other   |  |  |  |  |  |
| applicable       |  |  |  |  |  |  |
| box(es) ☑)       | loans, such as scholarships, business loans, etc. (excluding housing             |  |  |  |  |  |
| 50X(00) E)       | loans)   |  |  |  |  |  |
|                  | □ (5) I consulted the Self-Support Counseling and Support Organization, and      |  |  |  |  |  |
|                  | they advised me to defer repayment   |  |  |  |  |  |
|                  | $\Box$ (6) When it is extremely difficult to reimburse due to reasons similar to |  |  |  |  |  |
|                  | the above  |  |  |  |  |  |
| Loan type        | Emergency small amount funds / General support funds (Initial Ioan)              |  |  |  |  |  |
| (Circle          | General support funds (Extended loan) / General support funds (Further           |  |  |  |  |  |
| applicable text) | loan)  |  |  |  |  |  |
| Loan details     | Borrowed   |  |  |  |  |  |
|                  | amount   | yen  |  |  |  |  |
|                  |  |  |  |  |  |  |
|                  | Deferment  | mmh  |  |  |  |  |
|                  | period   | mm/yy                                      |  |  |  |  |
|                  | Repayment  |  |  |  |  |  |
|                  | method   | Annually / Semi-annually / Monthly         |  |  |  |  |
|                  | moulou   |  |  |  |  |  |

| Repa | ayment<br>od | From mm/dd/yy<br>to mm/dd/yy | Repayment<br>period after<br>change | From mm/dd/yy<br>to mm/dd/yy |
|------|--------------|------------------------------|-------------------------------------|------------------------------|
|------|--------------|------------------------------|-------------------------------------|------------------------------|

\*If applying based on reasons (1) to (5) under "Reason for application," attach documents/materials that confirm this reason.

\* When applying for (6) of "Reasons for Application", attach the attached "Complaint

Regarding Difficult Circumstances" and materials confirming the reason for the difficulty of reimbursement.