

Cost of Living Support Payment Notice

Sakai Town will provide **10,000 yen per household** to support residents affected by rising prices of energy and food using Special Priority Support Local Grant Funds.

Eligibility: Head of household registered in the Basic Resident Register of the town as of January 1, 2026

Distribution Amount: 10,000 yen per household

Distribution Date: Sunday, February 15, 2026, 9:00 AM - 4:00 PM

If you are unable to come on that day, you can collect it at the Town Office **from February 18 to March 19, 2026 (weekdays only)**.

Distribution Places: 15 designated locations in town.

Please go only to the specified location on your mailed post card application form.

Distribution Point	Place	Address
Sakai DP 1	Sakai Town Office	Sakai Town 391-1
Sakai DP 2	Sanjincho Moto Shobodan-Tsumesho	Sakai Town 1018
Sakai DP 3	Katori jinja Shamusho	Sakai Town 1758
Sakai DP 4	Matsuokacho kouminkan	Sakai Town 67
Nagata DP 1	Nagata Elementary School	Jaike 409
Nagata DP 2	Nishiizumida Shuraku Center	Nishiizumida 702-2
Nagata DP 3	Nagaido Shuraku Center	Nagaido 992-2
Sashima DP 1	Yamazaki-Minami Shuraku Center	Yamazaki 355-1
Sashima DP 2	Wago Shuraku Center	Wago 335-2
Sashima DP 3	Uramuko Kouminkan	Uramukoh 190
Morito DP 1	Fusegi Bunka Center	Fusegi 1315
Morito DP 2	Modo Kouminkan	Modo 1791
Morito DP 3	Wakahayashi-rendai Kouminkan	Wakahayashi 407
Shizuka DP1	Tsukazaki-niku-nohson Shuraku Center	Tsukazaki 809-1
Shizuka DP 2	Shitori Kouminkan	Shitori 330

How to receive: For the head of households: Please sign the mailed post card application form and bring it along with your ID.

For representatives (if someone else collects for you): They must bring the completed form (with the authorization section filled out) and their own ID.

What to bring: Mailed post card application form with your name (Head of household) and Your ID (Residence Card/ My Number Card/ Driver's License/ Passport: 1 photoID or 2 types of ID without photo)

For representatives: completed application form with authorization and representative's ID.

Contact: Sakai Town Office, General Affairs Section (Sohmuka) Tel. 0280-81-1300

Following in the reverse

How to Fill Out the Application form for the 10,000 yen Support Payment

※Reminders: You can pick it up at the location listed on the Application.

Example1: When **the head of household** collects in person

申 請 書

来場者 ☒ 世帯主 生年月日 大・昭・平・西 ●年 ●月 ●日

☐ 世帯主以外 (世帯主が委任状を記入してください)

Check box for "世帯主" (Head of Household)

Date of birth of the head of household
(YYYY.MM.DD)

委任状 委任者 (世帯主) 署名

私は下記の代理人に支援給付金の申請及び受領について委任します。

代 理 人	住所	境町
	氏名	
	生年月日	大・昭・平・西 年 月 日

受領書 受領年月日 令和8年 ●月 ●日

支援給付金(1万円)を申請し、受領しました。

署名	Sakai Taro
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Date Received

Applicant's name
(Same as the head of household)

Example2: When **a representative** receives on behalf of the head of household

申 請 書

来場者 ☐ 世帯主 生年月日 大・昭・平・西 年 月 日

☒ 世帯主以外 (世帯主が委任状を記入してください)

Check box for "世帯主以外" (Non-Head of Household)

委任状 委任者 (世帯主) 署名 **Sakai Taro**

私は下記の代理人に支援給付金の申請及び受領について委任します。

代 理 人	住所	境町 391-1
	氏名	Sakai Hanako
	生年月日	大・昭・平・西 ●年 ●月 ●日

Head of household's name on the front of the application form

The name, address, and birth date(YYYY.MM.DD) of the representative who will receive the payment

受領書 受領年月日 令和8年 ●月 ●日

支援給付金(1万円)を申請し、受領しました。

署名	Sakai Hanako
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Date Received

The name of the representative