WORKFORCE INNOVATION & OPPORTUNITY ACT
TITLE I OFFICE
P.O. Box 100 - PCC Keskas Bldg.
Koror, Palau 96940
Tel: (680) 488-2513 Fax: (680)488-5699

2020 CARES ACT: HOUSEHOLD COMPOSITION FORM

Coronavirus Aid, Relief and Economic Security (Website Form)

Hamlet & State: _____ **Tel: _____**

E-mail: _____ **P.O. Box: _____**

Family Member	*Relationship*	*Age*	*Occupation (If applicable)*
	APPLICANT		

REQUIRED DOCUMENTS to BRING:

1. **Identification: EITHER ONE** of the following:
   Birth Certificate **Passport** **ID Card** **Driver's License**
2. **Social Security card** (*Republic of Palau*)
3. **Résumé** (*Work history, educational background, job skills, etc.*)
4. **School Records:** such as **Transcripts**, **Diplomas** (***Elementary or High School***) or any valid College Documents *(We need this to prove the applicant's level of education)*
5. **Verification of Income: (Applicant must provide ALL sources of income)**
   a. **Every check stub** after the effective date of layoff or reduced hours
   b. **2019 Wage and Tax Statements**
   c. **If retired**, please provide **Certification Statements** from:
      - Civil Service Pension Plan
      - Social Security Administration
   d. **Income Statements/Receipts** of Self-Employed (*Makit, Fisherman, Taxi Operator, Boat Operator, etc.*)
6. **Letter from Employer** indicating effective date of lay off or reduced hours, and confirming applicant's employment status was affected by COVID-19.

Any further questions regarding the above documents, please call **Klerang**, **Sharon**, **Keich**, or **Regner** @ 488-2513