



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

Hamlet & State: _____

Tel: _____

E-mail: _____

P.O. Box: _____

Family Member	Relationship	Age	Occupation (If applicable)
	APPLICANT		

REQUIRED DOCUMENTS to BRING:

- Identification:** EITHER ONE of the following:
 - Birth Certificate
 - Passport
 - ID Card
 - Driver's License
- Social Security card** (*Republic of Palau*)
- Résumé** (*Work history, educational background, job skills, etc.*)
- 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*)
- Verification of Income:** (**Applicant must provide ALL sources of income**)
 - Two check stubs** (*One stub before the effects of COVID-19, One stub after*)
 - 2019 Wage and Tax Statements**
 - If retired**, please provide **Certification Statements** from:
 - ❖ Civil Service Pension Plan
 - ❖ Social Security Administration
 - Income Statements/Receipts** of Self-Employed (*Makit, Fisherman, Taxi Operator, Boat Operator, etc.*)
- 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