

**INITIAL APPLICATION
PALAU PANDEMIC UNEMPLOYMENT ASSISTANCE (PUA)**

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|---|---|
| APPLICANT'S NAME (Last, First, Middle) | SOCIAL SECURITY NUMBER |
| MAILING ADDRESS (No., Street, City, State, ZIP +4 code) | SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female |
| | DATE OF BIRTH: |
| STREET ADDRESS IF DIFFERENT FROM MAILING ADDRESS | YEARS OF EDUCATION: |
| TELEPHONE NUMBER (Home): Alternate Number (Cell or other number where you can be contacted): | MARITAL STATUS: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed |

A. APPLICANT REQUEST

I hereby apply for PANDEMIC UNEMPLOYMENT ASSISTANCE (PUA) for the period of unemployment resulting from the COVID-19 Pandemic. I attest that my unemployment, partial unemployment, inability or unavailability to work was a result of the disaster as follows (explain in detail how your unemployment/self-unemployment (total or partial) was **a result of the COVID-19 public emergency** and include last day worked: By completing this section, I CERTIFY that all of the information regarding my loss of employment, self-employment, or inability, unavailability to work is due to COVID-19, that my statements are true and correct to the best of my knowledge, and I am aware that any misinformation I provide is subject to legal penalties and may result in prosecution under the law.

Check all sources of income or livelihood at the time that you stopped or reduced your work due to COVID-19 public emergency.

- EMPLOYMENT
 PENSION/RETIREMENT ANNUITY
 SELF-EMPLOYMENT:
 FARMER
 FISHERMAN
 GIG WORKERS (Underline one: boat operator, driver, entertainer)

If box for "Pension" checked, provide amount of pension: \$___ ___ Date pension began:___ If pension is from a prior employer, provide employer name:___ .

NOTE: If you were self-employed, engaged in farming or fishing activities, or one of the worker under Gig Workers you must also complete a Supplemental Questionnaire(s) such as the Questionnaire for Self-employed Individuals - Farmers or the Questionnaire for Self-employed Individuals - Fishermen or the Questionnaire for Self-employed Individuals – Gig Workers..

B. APPLICANT EMPLOYMENT AND INFORMATION

WORK RECORD. List **all** employment, full-time and part-time, for the most recently completed tax year and through the current period beginning with your most recent employment and/or self-employment. **Include Federal, civilian, military, and any out-of-state/out-of-territory employment.** Include an attachment if you need to list additional employment.

| | |
|---|---|
| EMPLOYER NAME: ADDRESS: PLACE EMPLOYED: Rate of Pay/salary/or self-employed income Hours per week Phone No. Employed: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time | From _____ to _____ Type of work Reason for Separation: <input type="checkbox"/> Separated due to the COVID-19 public health emergency <input type="checkbox"/> Laid off – Lack of work <input type="checkbox"/> Quit <input type="checkbox"/> Discharged <input type="checkbox"/> Still employed <input type="checkbox"/> Other Explain: |
| EMPLOYER NAME: ADDRESS: PLACE EMPLOYED: Rate of Pay/salary/or self-employed income Hours per week Phone No. Employed: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time | From _____ to _____ Type of work Reason for Separation: <input type="checkbox"/> Separated due to the COVID-19 public health emergency <input type="checkbox"/> Laid off – Lack of work <input type="checkbox"/> Quit <input type="checkbox"/> Discharged <input type="checkbox"/> Still employed <input type="checkbox"/> Other Explain: |

C. FILING FOR PAST WEEKS

List below all weeks after : the **COVID-19 public emergency first affected you, you were unemployed (total or partial) due to the COVID-19 public health emergency, and for which you are claiming PUA.** Report gross earnings from employment and net earnings from self-employment.

| WEEK ENDING | HOURS WORKED | EARNINGS |
|-------------|--------------|----------|
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |

1. For the weeks claimed above, answer the following questions by checking the appropriate box(es).

| a. Did you apply for, receive, or believe may be eligible for any of the following? | YES | NO | AMOUNT | PERIOD From | COVERED To |
|--|-----|----|--------|-------------|------------|
| (1) Unemployment Compensation under any State or Federal Law? | | | | | |
| (2) Any amounts for loss of wages due to illness or disability? | | | | | |
| (3) Any type of private income protection insurance? | | | | | |
| (4) Any amount as a Supplemental Unemployment benefit (SUB)? | | | | | |
| b. Were any amounts payable to you from any retirement, pension or annuity under a public or private plan or system? | | | | | |

| | YES | NO |
|--|-----|----|
| c. Were you able and available for work during each of the weeks claimed above, except that you are unemployed (total or partial) due to the COVID-19 public health emergency? | | |
| d. Did you accept all work offered during each of the weeks claimed above? | | |
| e. Were you self-employed full-time prior to the onset of the COVID-19 public health emergency? | | |

| | | |
|--|--|--|
| f. Were you employed part-time prior to the onset of the COVID-19 public health emergency? | | |
| g. How many hours per week were you employed part time during the week? | | |
| h. If you work full-time, how many hours per week were you working prior to your separation due to the COVID-19 public health emergency? | | |
| | | |

D. SELF-CERTIFICATION DECLARATION

To qualify for PUA, you must be unemployed, partially unemployed, or unable or unavailable to work because of one or more of the COVID-19 reasons listed below. Please check all of the following categories that apply to you for the week you are claiming.

- I have been diagnosed with COVID-19 or am experiencing symptoms of COVID-19 and am seeking a medical diagnosis.
- A member of my household has been diagnosed with COVID-19.
- I am providing care for a family member or a member of my household who has been diagnosed with COVID-19.
- A child or other person in my household for which I am the primary caregiver is unable to attend school or another facility that is closed as a direct result of the COVID-19 public health emergency and such school or facility care is required for me to work.
- I am unable to reach my place of employment because of a quarantine imposed as a direct result of the COVID-19 public health emergency.
- I am unable to reach my place of employment because I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19.
- I was scheduled to commence employment and do not have a job or am unable to reach the job as a direct result of the COVID-19 public health emergency.
- I have become the breadwinner or major support for my household because the head of the household has died as a direct result of COVID-19.
- I quit my job as a direct result of COVID-19.
- My place of employment is closed as a direct result of the COVID-19 public health emergency.
- I am self-employed (including an independent contractor and gig worker) and experienced a significant reduction of my customary or usual services because of the COVID-19 public health emergency.
 - I was denied continued unemployment benefits because I refused to return to work or accept an offer of work at a worksite that, in either instance, is not in compliance with local, state, or national health and safety standards directly related to COVID-19. This includes but is not limited to, those related to facial mask wearing, physical distancing measures, or the provision of personal protective equipment consistent with public health guidelines.

I provide services to an educational institution or educational service agency and am unemployed or partially unemployed because of volatility in the work schedule that is directly caused by the COVID-19 public health emergency. This includes, but is not limited to, changes in schedules and partial closures.

I am an employee and my hours have been reduced or I was laid off as a direct result of the COVID-19 public health emergency.

None of the above apply to me.

CERTIFICATION: I certify that the information I have provided above, which will be used to determine my eligibility for Pandemic Unemployment Assistance, is correct to the best of my knowledge. I understand that I am subject to administrative penalties, including the penalties for perjury, or legal action if it is determined that I withheld or provided false information to obtain assistance payments to which I am not entitled.

SIGNATURE OF APPLICANT:

SIGNATURE OF INTERVIEWER:

DATE (Month/ Day/Year)