

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

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.

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

**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. APPLICANT CERTIFICATION**

**I CERTIFY** that all of the information I have given on this application and forms related to this application is correct to the best of my knowledge and belief, and that I have supplied this information in order to obtain PANDEMIC UNEMPLOYMENT ASSISTANCE (PUA). The information that I am providing **true and correct** to the best of my knowledge. I understand that I am providing this information under the **penalty of perjury**.

I understand that Federal funds are provided and that under 18 U.S.C. 1001, I may be subject to prosecution for willfully concealing material facts or knowingly making a false statement to obtain PUA to which I am not entitled. I am furnishing my Social Security Number as required under 26 U.S.C.6109(d) for purpose of reporting PUA as a Federal taxable income and for determining my entitlement to PUA. I understand that information regarding my claim may be furnished to requesting agencies defined in the Deficit Reduction Act (DEFRA) (PL 98-369) for purpose of income and eligibility verification.

SIGNATURE OF APPLICANT:	SIGNATURE OF INTERVIEWER:	DATE (Month/ Day/Year)
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