

**ATTACHMENT TO PUA INITIAL APPLICATION
AND WEEKLY PAYMENT REQUEST
PUA EXPANDED ELIGIBILITY**

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.

ACKNOWLEDGEMENT	
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:	DATE (Month/ Day/Year):