



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  
 SELF-EMPLOYMENT:    FARMER    FISHERMAN

If box for "Pension" checked, provide amount of pension: \$ \_\_\_\_\_ Date pension began: \_\_\_\_\_  
 If pension is from a prior employer, provide employer name (including U. S. Military): \_\_\_\_\_

### B. APPLICANT EMPLOYMENT AND INFORMATION

<p><b>WORK RECORD.</b> List <b>all</b> employment, full-time and part-time, for 2019 and through the current period beginning with your most recent employment and/or self-employment. <b>Include civilian, military, and any out-of-FSM employment.</b> Include an attachment if you need to list additional employment.</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.</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  <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         </p> <p>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  <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         </p> <p>Explain:</p>

1. Are you required to make or do you owe child support payments under a court order?.....Yes No  
If Yes, where (State)?
2. Were you a director, officer, owner, or shareholder of a business or corporation within the past 15 months?.....Yes No  
If Yes, Name of Business:
3. Is the employment or self-employment from which you have become unemployed, your principal source of income & livelihood? Yes No  
If No, list any other occupation/business:
4. Was your place of employment closed?.....Yes No  
If yes, reason for closure
5. Were you unable to reach your place of employment?.....Yes No  
If yes, explain
6. Were you diagnosed with COVID-19 or experiencing symptoms and seeking diagnosis?.....Yes No  
If Yes, what date did you first experience symptoms :  
If Yes, what period of you have been unable to work because of COVID-19 diagnosis or symptoms:
7. Were you scheduled to start a new job or business but were unable to as a result of the COVID-19 public health emergency? ...Yes No  
If Yes, what is the name of company you were to begin work with or business you were to start:  
Location and phone number of company or business:  
Date you were scheduled to start work:
8. Are you attending or planning to attend school or training?.....Yes No  
If Yes, please state the name of the school: Days & hours attending:
9. Do you certify under penalty of perjury that you are a citizen of the FSM/ U.S?.....Yes No  
If No, are you in a satisfactory immigration status?.....Yes No  
Alien Reg. No (located on entry permit) Country of Birth

10. **To qualify for PUA, you must be unemployed, partially unemployed, or unable or unavailable to work because of one of the COVID-19 reasons listed below. Please check all of the following categories that apply to you for the week you are claiming and specify details in the box below. Note: Any intentional misrepresentation of this information is fraud.**

- a) I have been diagnosed with COVID-19 or am experiencing symptoms of COVID-19 and am seeking a medical diagnosis
- b) A member of my household has been diagnosed with COVID-19
- c) I am providing care for a family member or a member of my household, who has been diagnosed with COVID-19
- d) 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.
- e) I am unable to reach the place of employment because of a quarantine imposed as a direct result of the COVID-19 public health emergency.
- f) I am unable to reach the place of employment because I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19.
- g) I was scheduled to commence employment and do not have a job or are unable to reach the job as a direct result of the COVID-19 public health emergency.
- h) 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) I quit my job as a direct result of COVID-19.
- j) My place of employment is closed as a direct result of the COVID-19 public health emergency
- k) 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.
- l) 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.
- m) 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.
- n) 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.
- o) None of the above apply to me

Explain in detail:

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*PUA benefits may be subject to federal income taxes. You may receive a 1099 form for the prior calendar year showing the amount of PUA benefits you received and are responsible to report these benefits if you are required to file federal income tax.*



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. ACKNOWLEDGMENT

**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 penalties of perjury, or legal action if it determined that I withheld or provided false information to obtain assistance payments to which I am not entitled.**

APPLICANT PRINT NAME:	SIGNATURE OF APPLICANT:	DATE (Month/ Day/Year)
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**OFFICE USE ONLY (Do not write below):**

INTERVIEWER PRINT NAME, TITLE:	SIGNATURE OF INTERVIEWER:	DATE (Month/ Day/Year)
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CASE FILE#: _____ Database Entry Date: _____ Entered by: _____
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