THE NUMERY OF THE OF WORK	DEPARTMENT OF FINANCE & ADMINISTRATION OFFICE OF PANDEMIC UNEMPLOYMENT ASSISTANCE (OPUA)	PUA-01
APPLICANT'S NAME (Last, First,	Middle)	CITIZENSHIP:
ADDRESS (Village, Island, State)		FSM SOCIAL SECURITY NUMBER
		SEX: 🔲 Male 🔲 Female
E-MAIL ADDRESS:		DATE OF BIRTH:
		NUMBER OF DEPENDENTS:
TELEPHONE NUMBER (Home):		MARITAL STATUS: Single Married
MOBILE Number :		☐Separate☐Divorced ☐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 full day worked: (M/D/Y)

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.

Explain in detail how you are unemployed due to COVID19:_____

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

WORK RECORD. List all employment, full-time and part-time, for 2019 and through the current period beginning with your most recent employment and/or self-employment. Include civilian, military, and any out-of-FSM 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: Full-time Part-time	From to Type of work Reason for Separation: Separated due to the COVID-19 public health emergency Laid off – Lack of work Quit Discharged Still employed Other Explain:			
EMPLOYER NAME: ADDRESS: PLACE EMPLOYED: Rate of Pay/salary/or self-employed income Hours per week Phone No. Employed: Full-time Part-time	From to Type of work Reason for Separation: Separated due to the COVID-19 public health emergency Laid off – Lack of work Quit Discharged Still employed Other Explain:			

	ou required to make or do you owe child support payments under a court order?			
	s, where (State)? you a director, officer, owner, or shareholder of a business or corporation within the past 15 months?			
	s, Name of Business:			
	e employment or self-employment from which you have become unemployed, your principal source of income & livelihood?. Yes No			
	, list any other occupation/business:			
	your place of employment closed?			
	s, reason for closure			
	you unable to reach your place of employment?□Yes □No			
If ye	s, explain			
6. Were	you diagnosed with COVID-19 or experiencing symptoms and seeking diagnosis?			
lf Ye	s, what date did you first experience symptoms :			
lf Ye	s, what period of you have been unable to work because of COVID-19 diagnosis or symptoms:			
7. Wer	e 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			
	s, what is the name of company you were to begin work with or business you were to start:			
	tion and phone number of company or business:			
	you were scheduled to start work:			
	you attending or planning to attend school or training?□Yes □No			
	s, please state the name of the school: Days & hours attending:			
	u certify under penalty of perjury that you are a citizen of the FSM/ U.S?			
	, are you in a satisfactory immigration status?			
	Reg. No (located on entry permit) Country of Birth			
	qualify for PUA, you must be unemployed, partially unemployed, or unable or unavailable to work because of one of the I9 reasons listed below. Please check all of the following categories that apply to you for the week you are claiming and			
	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			
۵)	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			
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.			
I)	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,			
n)	changes in schedules and partial closures.			
n) o)	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 🗌			
,	blain in detail:			
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PUA k	penefits 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.			

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. applicable for U.S. Citizens only)

\$

a.	Did you apply for, receive, or believe may be eligible for any of the following?	YES	NO	AMOUNT	PERIOD From	COVE	RED 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. 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)

OFFICE USE ONLY (Do not write below):

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