

### Welcome to Northern Mariana Islands Initial Claim Application for PUA Benefits

CNMI DEPARTMENT OF LABOR Pandemic Unemployment Assistance (PUA) Program

INITIAL CLAIM APPLICATION FOR PUA BENEFITS

Before you begin:

### UNEMPLOYED

For the purposes of a PUA claim, unemployed means:

- You were laid off or furloughed from your job for a reason related to the COVID-19 Pandemic
- You continue to work, but your work hours were reduced because of COVID-19 reasons and are earning less than \$495 during any particular week. This is typically called a Partial unemployment
- You were unable to work or had to quit your job because of the pandemic
- You are self-employed and you were unable to continue your business due to the pandemic
- If you are back to work already, you MAY claim the weeks in which you were out of work or on reduced hours.

As you answer the questions on the system, please keep the meaning of unemployed in mind. You are **NOT UNEMPLOYED** if you return to full time work hours, or to the customary part-time hours that you worked before the pandemic started. Claiming unemployment benefits if you are not unemployed is fraud and may result in serious consequences.

Under the law, valid reasons for unemployment due to COVID-19 are:

## COVERED

- The individual has been diagnosed with COVID-19 or is experiencing symptoms of COVID-19 and is seeking a medical diagnosis;
- A member of the individual's household has been diagnosed with COVID-19;
- The individual is providing care for a family member or a member of the individual's household who has been diagnosed with COVID-19;
- A child or other person in the household for which the individual has primary caregiving responsibility 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 the individual to work;
- The individual is unable to reach the place of employment because of a quarantine imposed as a direct result of the COVID-19 public health emergency;
- The individual is unable to reach the place of employment because the individual has been advised by a health care provider to self-quarantine due to concerns related to COVID-19;
- The individual was scheduled to commence employment and does not have a job or is unable to reach the job as a direct result of the COVID-19 public health emergency;
- The individual has become the breadwinner or major support for a household because the head of the household has died as a direct result of COVID-19;
- The individual has to quit his or her job as a direct result of COVID-19; or
- The individual's place of employment is closed as a direct result of the COVID-19 public health emergency.

# NOT COVERED

- Individuals that can telework with pay
- Individual receiving paid sick leave or other paid leave benefits (regardless of meeting a category listed above)

## THE PUA CLAIMS PROCESS

Since CNMI does not have an Unemployment Insurance (UI) program, the process that must be used to file a PUA claim is the same as that of the UI process operated under Hawaii state law, to the extent that it does not conflict with CNMI laws and in conformance with special provisions in the CARES Act. There are two parts to accessing PUA/FPUC benefits.

HIRE MARIANAS

1.	The Initial Claim process establishes a person's initial eligibility to PUA benefits. To be eligible, you must establish			
	that you are unemployed due to qualifying COVID-19 reasons, that you have a recent connection to the CNMI			
	workforce, that you are able and available to work (except in certain COVID-19 related circumstances) and that			
	you have not refused any work. The system will ask you a series of questions to collect your personal information,			
	determine your eligibility and allow you to certify that your answers are true and correct. If there are any potential			
	issues which may affect your eligibility, those issues will be assigned to adjudicators who will determine if you			
	meet the eligibility requirements and will provide written eligibility decisions. You will only have to file your Initial			
	claim once.			
2				
2.	The <u>Weekly Claims Certification</u> is how you request payment for a particular week, after you have filed your initial			
	claim. You must answer all of the questions for the system to determine if you were eligible for benefits for each			
	week. The system will also allow you to report any earnings that you had during a particular week, if you were			
	working at reduced hours. You will not be paid benefits if you do not file your Weekly Claim Certification.			
•	The system will allow you to file for backdated weeks			
•	Going forward, you must wait until each week is finished before you can file for that week			
	<ul> <li>Weeks are Sunday thru Saturday</li> </ul>			
	<ul> <li>You must file within 7 days of the week ending or your claim may be delayed</li> </ul>			
	<ul> <li>If you miss 2 consecutive weeks of filing, your claim will inactivate</li> </ul>			
	<ul> <li>If you return to full time or customary workSTOP FILING YOUR WEEKLY CLAIMS</li> </ul>			
•	At the end of your weekly claim certification, the system will tell you if your weekly claim was accepted or if			
	further review is needed			
	attempting to file a Pandemic Unemployment Assistance (PUA) claim at this time?  Yes No			
Social Se	ecurity Number			
1	Social Security Number (SSN): Re-enter Social Security Number:			
Login In	formation			
	Choose a User Name: Enter User Name (3 - 20 characters, and must include characters, letters or numbers.			
Deserver	Allowable characters are + @			
	rd and Security Question/response will be pre-filled by the system			
Prindry	Location Information           Country:         Please enter your zip code:			
E-Mail A	Are you authorized to work in the United States?  Yes No			
E-IVIdII P	Primary E-mail: Confirm primary E-mail address:			
Domogr	raphic Information			
Demogr	Date of Birth: / / Age: Gender: 🗆 Female 🗆 Male 🗅 do not wish to answer			
Name	Date of Birth. / / Age. Gender. Drennale Dividle Di do not wish to answer			
Name	First Name: Middle Initial: Last Name:			
Residen	tial Address			
nesidell	Are you homeless?  Yes  No			
This is w	there you live. You may use your mailing address or PO Box if no residence address exists.			
1113 15 W	Address Line 1: Address Line 2:			
	Zip Code: City: State: Country:			
Mailing	Address			
_	/here you receive your mail.			
	dential address: 🛛 Yes 🖾 No			
0301031	Address Line 1: Address Line 2:			
	Zip Code: City: State: Country:			
Phone N	lumbers			
	Primary Phone:			
	Primary Phone Type:			
□Cell/M	10bile  Relative's Phone  Work Phone  Home  Other			
	Alternate Phone:			
	Alternate Phone Type:			
Cell/Mobile Crelative's Phone Work Phone Home Other				
,	Text Message Cell Phone Number:			
	-			

HIRE MARIANAS

Only certain communications can be sent via text message. Normal text messaging rates apply. Other important		
notices, including some regarding unemployment benefits, will NOT be sent via text message.		
Fax:		
Preferred Notification Method		
Please select a method in which you prefer to receive your notifications:		
□Internal Message □Email □Text Message (if available) □Text Message notification (if available)		
Postal Mail Internal Message with Email Notification		
Please note that determining your eligibility benefits may be delayed if Mail is selected.		
Site Access		
From where are you accessing this website?		
Work Home Library Career Center Elementary School Middle School High School College		
Other Community Center Dob Fair Place of Worship Military Location Correctional Facility		
Youth Center      Smart Phone / PDA		
Citizenship		
Citizenship – <b>Choose one</b>		
□ titizen of U.S. or U.S. Territory		
U.S. Permanent Resident Alien / Refuge Lawfully Authorized to Work in U.S. Citizen of Freely Associated States		
Choose One:		
US Permanent Resident 🛛 Alien/Refugee Lawfully Authorized to Work in U.S. 🗆 Citizen of Freely Associated States		
Select Document Type:		
Certificate of Citizenship		
Citizenship Certificate Number: Enter Alien / USCIS Number:		
□DS2019 (Certificate of Eligibility for Exchange Visitor (J-1) Status)		
SEVIS ID: USCIS (Alien Registration) Expiration Date: / /		
Passport Number: I-94 Number:		
I-20 (Certificate of Eligibility for Nonimmigrant (F-1) Status)		
SEVIS ID: USCIS (Alien Registration) Expiration Date: / /		
Passport Number: Country of Issuance: I-94 Number:		
-327 Reentry Permit		
Enter Alien / USCIS Number: USCIS (Alien Registration) Expiration Date: / /		
□-551 Permanent Resident Card □ Document was issued before Dec. 1997:		
Card Number: AAA Alien / USCIS Number:		
□-551 Permanent Resident Card Document was <b>NOT</b> issued before Dec. 1997:		
Card Number: Document Exp. Date: / / Alien / USCIS Number:		
□-571 Refugee Travel Document		
Document Exp. Date: / / Alien / USCIS Number:		
□-766 Employment Authorization Card		
Card Number: USCIS (Alien Registration) Expiration Date: / /		
□-94 (Arrival/Departure Record) in Unexpired Foreign Passport		
□Machine Readable Immigrant Visa (with Temporary I-551 Language		
Passport Number: Passport Exp. Date: / /		
I-94 Number: Country of Issuance:		
Visa Number: SEVIS ID:		
□-94 Arrival/Departure Record		
I-94 Number: USCIS (Alien Registration) Expiration Date: / /		
SEVIS ID:		
Naturalization Certificate Science 1996:		
Naturalization Number: Alien / USCIS Number: 999999999		
□Naturalization Certificate - Naturalization Certificate was <b>NOT</b> issued before 1996		
Naturalization Certificate - Naturalization Certificate was NOT issued before 1996		
□Other Select One: □Alien / USCIS Number □-94 Number		
If Alien / USCIS Number is selected: Alien / USCIS Number:		
Other documentation description:		
If I-94 Number is selected: I-94 Number:		
Other documentation description:		
Temporary I-551 Stamp (on passport or I-94)		
Passport Number: Passport Exp. Date: / /		



Alien / USCIS Number: Country Of Issuance:
Unexpired Foreign Passport
Passport Number: Passport Exp. Date: / /
Country of Issuance: I-94 Number: SEVIS ID:
□If Citizen of Freely Associated States: Enter USCIS (Alien Registration) Expiration Date: / /
Enter Alien / USCIS Number:
Disability
Providing this information is optional and refusal to provide disability information will not subject you to any adverse
treatment. Information regarding your disability status will be kept confidential as provided by law and will be used only in
accordance with the law. Please note that for some programs, the information is needed to determine eligibility. Note too
that you may be eligible for additional support services and programs if you have a disability.
Do you wish to disclose a disability?
🗆 Yes, I have a disability I wish to disclose 🖾 No, I do not have a disability 🗔 do not wish to answer
If yes, are you receiving Supplemental Security Income (SSI)?  Yes  No
If yes, are you receiving Social Security Disability Insurance (SSDI)?  Yes  No
Child Support Deductions
Do you make or owe child support payments?
If yes, enter the following, <b>if known</b>
Case ID Number: Responsible State or Territory: Responsible County:
Child Support Weekly Amount: Deduction Start Date: / /
Court Order Date: / / Child Support Percent:
Education Information
Your Highest Education Level Achieved:
If you have a High School Diploma or High School Equivalency Diploma, please select the appropriate value of High School
Diploma or High School Equivalency Diploma.
□No School Grades Completed □1 <sup>st</sup> Grade Completed □2 <sup>nd</sup> Grade Completed □3 <sup>rd</sup> Grade Completed
$\Box$ 4 <sup>th</sup> Grade Completed $\Box$ 5 <sup>th</sup> Grade Completed $\Box$ 6 <sup>th</sup> Grade Completed $\Box$ 7 <sup>th</sup> Grade Completed $\Box$ 8 <sup>th</sup> Grade Completed $\Box$ 9 <sup>th</sup>
Grade Completed $\Box 10^{th}$ Grade Completed $\Box 11^{th}$ Grade Completed $\Box 12^{th}$ Grade Completed & did not receive diploma or
equivalent Certificate of Attendance / Completion (Disabled Individuals) CHigh School Diploma CHigh School Equivalency
Diploma 1 Year at College, Technical or Vocational School 2 Years at College, Technical or Vocational School 3 Years at
College, Technical or Vocational School DVocational School Certificate
□Associate's Degree □Bachelor's Degree □Master's Degree □Doctorate Degree □Specialized Degree (e.g. MD, DDS)
Are you attending school?
□Yes, Attending High School, Junior High, Middle, or Elementary School □Yes, Attending an Alternative High School
□Yes, Attending College or a Technical or Vocational School □No, Not Attending Any School
Employment Information
Current Employment Status:
Working Full Time Working Part Time Not Working Never Worked Other
Type of Business Worked In:
Private Business 🗅 Local Government 🗁 Federal Government 🖾 Non-Profit 🖓 Higher Education 🖾 State Government 🗆
Education (K-12) Have Never Worked DOther
Are you currently looking for work?  Yes  No
Do you have any related licenses or certifications?  Yes  No
Within the last 12 months, have you received a notice of termination or layoff from your job or received
documentation that you are separating from military service?
Ves, I have received a notice of termination or military separation.
If yes, Date of Layoff, Termination or Military Separation
No, I have not recently received a notice of termination or military separation.
Farmworker Information
The following questions do not pertain to work performed on a family farm, ranch, beekeeping, food processing or food
manufacturing operation owned by yourself or close relatives.
Have you worked as a farmworker in the last 12 months? If yes INo
If yes, have you been employed the past 12 months in farm work of a seasonal or temporary nature?
If yes, have you traveled to the job site and are not reasonably able to return to your permanent residence within
the same day? 🔤 Yes 🔤 No



Are you a full-time student?   Yes  No
If yes, are you traveling with your family?  Yes  No
If yes, are you traveling with an organized group? 🛛 Yes 🖓 No
Occupational Licenses and Certificates
Certificate / License: Issuing Organization: Certificate Number:
Certificate / License Type: Certifications Licenses Registration Training
Completion Date: / / Expiration Date: / /
City: State or Territory: Country:
Employment - Status
If offered a job today, could you accept? 🛛 Yes 🔍 No
If No, Indicate the reason(s) you could not accept work right now:
Family Responsibilities Illness / Disability Lack of Transportation Other
If offered a job today, are you available to accept it? 🛛 Yes 🖾 No
If No, Indicate the reason(s) you could not accept work right now:
Family Responsibilities Illness / Disability Lack of Transportation Other
Are you self-employed, or owner of a business, farm or fishing operation? 🛛 Yes 🖾 No
Are you an elected official?  Yes  No
Major Disaster Information
Are you unemployed as a direct result of a pandemic or major disaster?  Yes  No
If you were working at reduced hours or were laid off DURING THIS WEEK, select Yes.
If Yes, in what state were you affected? What was the major disaster?
Self-Certification
Are you able to telework with at least the same hours and pay?  Yes  No
If you have the ability to telework with pay, please explain why you are having to file for unemployment.
If you have the dointy to telework with pay, please explain with you are having to me for an important
Are you receiving or will you receive paid sick leave or other paid leave benefits?  Yes  No
If yes, Date received (or date you will receive):
If yes, Gross amount:
How did the COVID-19 Public Health Emergency cause your unemployment?
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
To qualify for PUA, you must self-certify that you are otherwise able to work and available for work, except that you are
unemployed, partially unemployed, unable to work or unavailable for work due to at least one of the following categories
listed in the CARES Act. I hereby self-certify that my unemployment is due to the following circumstance(s):
Select all that apply.
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.
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.
am unable to reach my place of employment because of a quarantine imposed as a direct result of the COVID-19 public
health emergency.
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.
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.
DAy place of employment is placed as a direct result of the COV/D 40 with the table and the second s
My place of employment is closed as a direct result of the COVID-19 public health emergency.
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

HIRE MARIANAS

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.

□ 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.

Are you self-employed, business owner, worked with a religious entity, or a gig worker whose employment was affected by the COVID-19 virus?  $\Box$ Yes  $\Box$ No

If you are affiliated with a non-profit or a religious organization that does not pay contributions, you may be eligible for PUA.

Are you the owner or sole proprietor of a business?  $\Box$ Yes  $\Box$ No

If Yes, what is the name?	What is the employer FEIN / SSN?

What was your net earnings for the 1<sup>st</sup> calendar quarter (Jan – March) of 2020?

What was your net earnings for the 2<sup>nd</sup> calendar quarter (April – June) of 2020? What was your net earnings for the 3<sup>rd</sup> calendar quarter (July – Sept) of 2020?

What was your net earnings for the 4th calendar quarter (Oct – Dec) of 2020?

Were you working full time or part time? Part Time Full Time

What is the date that you last performed work?

What date do you expect to return to work or start your self-employment?

Are you the owner or sole proprietor of a business? 
Yes No

When was your last day of actual work? IMPORTANT! List the day in which you first experienced reduced hours or the day you were laid off for lack of work. Pay special attention to this date as it will affect the effective date of your claim. Errors WILL affect your ability to claim previous weeks.

### Acknowledgement

I acknowledge that I understand that making the certification is under penalty of perjury and intentional misrepresentation in self-certifying that I may fall in one or more of these categories is fraud. Dres, I understand

Job Title

What is your desired job title?

Job Occupation

Occupation Title:

Ethnic Origin

Are you of Hispanic or Latino heritage? 🛛 Yes 🖾 No 🖾 do not wish to answer

Race - Please check all that apply:

□African American/Black □American Indian/Alaskan Native □ndian □Bangladesh □Nepalese □Bhutanese □Chinese □Malaysian □Laotian □Vietnamese □Other Asian □Pakistani □Sri Lankan □Sikkimese □Japanese □Korean □Thai □Cambodian □Filipino □Hawaiian/part Hawaiian □Samoan □Micronesian □Palauan □Marshallese □CNMIanian □Other Pacific Islander □Chamorro □Carolinian □Chuukese

□Kosraean □Pohnpeian □Rota/Tinian □Saipanese

□Yapese □White □ do not wish to answer

Spouse or Dependent of a Veteran

Are you a caregiver who is a spouse or family member to a member of the armed forces who is wounded, ill or injured and receiving treatment in a military facility or warrior transition unit? □Yes □No

Are you the Spouse of someone in the active-duty military service, National Guard or Reserves who is currently activated? 
Yes 
No

Are you the spouse of a veteran who has a total service connected disability, is Missing In Action, captured in the line of duty by a hostile force, is a Prisoner Of War or who died on active duty or of a service connected disability? Yes No

**Military Service** 

Veterans and their spouses may be entitled to State and Federal Benefits. Please answer the following questions. Are you currently in the military, a veteran or the spouse of a veteran? IYes INo



	Have you served and were discharged from active duty as a member of National Guard or Reserve unit during an
	armed conflict and or crisis involving national security (Title 10 Activation) for which a campaign badge is
	authorized? 🗆 Yes 🖾 No
	Are you a member of the armed forces who is wounded, ill or injured and receiving treatment in a military facility or warrior transition unit?  Yes  No
	Have you attended a Transition Assistance Program (TAP) Workshop within the last three years?  IYes  No
	Question 1. Are you within 24 months of retirement or 12 months of discharge from the military (Transitioning
	Service Member)?   Yes  No
	If Yes, Transitioning Type: Within 24 Months of Retirement Within 12 Months of Discharge Projected Discharge Date: / / Have you received a signed DD-2958 (Service Member Career Readiness Standards/Individual Transition
	Plan)? 🗆 Yes 💷 No
_	Are you being involuntarily separated from active duty due to a reduction- in-force?  Yes No
	Information
	IOTE that opting to receive paper checks will delay the delivery of benefits as the check is mailed to you. We
	encourage you to select the direct deposit option to ensure greater security and the immediate delivery of benefits
to your b	ank account.
	What type of benefit payment would you like to receive? Direct Deposit Paper Check
ļ	If Direct Deposit, enter the following
	Routing Transit Number: Bank Name:
	Account Type: Checking Savings Account Number:
	Confirm Account Number:
Payment	Deductions
	Do you want Commonwealth of the Northern Mariana Islands Income Tax withheld? (If yes, it would be 10.00 % of
	the weekly benefit amount):
	□Yes □No
Employm	nent History
	Are there any other employment history items that you would like to add? 🛛 Yes 🛛 No
	This includes if you are an employee, self-employed, contractor or gig worker. You must provide an employment
	history.
Employe	r
	Employer Name:
	Address 2:
	Zip Code: City: State / Province: Country:
	Phone Number:
	Is this your last employer?  Yes  No
	If No, enter another employment history will be required
	Is this employer considered a temporary agency? $\Box$ Yes $\Box$ No
	A temporary agency specializes in finding positions for individuals looking for work on a temporary basis.
	Enter the EMPLOYER'S name (not your name) as shown on your check stub:
	If known, enter the employer's CNMI state tax ID:
	If Maritime, enter the vessel name:
Job Title	
	Job Title: Occupation:
Position	
	Type of employment: □Regular □Temporary □Seasonal □Contract □Internship □Apprenticeship □On the Job Training
	Full or part-time:
	□Full Time (30 Hours or More) □Part Time (Less Than 30 Hours) □Information Not Provided
	Number of Hours a Week You Normally Work? (Excluding Overtime) Gross Salary:
	Salary is based upon: Hour Day Week Month Year Quarter Biweekly Semi Monthly
	Salary is commission-based: $\Box$ Yes $\Box$ No
	Date you began work: / / Are you currently employed with this employer? DYes DNo
Devisit	Gross earnings this week:
	nployment is defined as a reduction in your normal and customary hours with your regular full-time employer due to
a lack of	work.
a lack of	



	/ Pandemic Lack of Work Labor Dispute / Strike Layoff Leave of Absence Hours Resigned / Quit
	ne or Reduced Still Employed Still Working Full Time Suspended from Work Terminated / Fired
	Last day worked: / /
	Does the employer intend to recall you within 6 weeks? If unknown select No.  Yes No
	If Yes, Anticipated Recall Date: / /
	Were you separated from this job because you had family responsibilities that you had to attend to?
	□Yes □No
	Was this employment with an educational institution?
	Are you a corporate officer or a relative of a corporate officer?  Ves  No
	Were you separated from this job because of lack of transportation? □Yes □No
	Job Duties:
Benefit Pa	ayment Information
Please inc	licate if you will receive benefit payments from any of the following categories from this employer.
	Did you or will you receive any Severance Pay? □Yes □No
	If yes, Effective Date: Gross Amount: Daily Pay Amount:
	Did you receive any Vacation Pay? Yes No
	If yes, Effective Date: Gross Amount: Daily Pay Amount:
	Did you receive any Holiday Pay? 🗆 Yes 💷 No
	If yes, Effective Date: Gross Amount: Date Holiday is Observed:
	Did you receive any Bonus Pay?  Yes  No
	If yes, Effective Date: Gross Amount: Date of Payment:
	Retirement Information
	licate if you have received, or will receive within the next 52 weeks, payment for any of the following from this
employer	
	If Yes, Pension Type: □Federal Government □Local Government □Military Retirement □Private Employer □State Government □
	Union Retirement
	If Yes, Gross Amount:
	Per 🗆 Week 🗆 Biweekly 🖾 Monthly 🖾 Semi Monthly 🖾 Year 🖾 ump Sum
	Was the retirement mandatory? (selecting No indicates it was voluntary) $\Box$ Yes $\Box$ No
	Indicate the contribution (percentage) paid by employer: Effective Date: / /
	Indicate the contribution (amount) paid by Claimant:
	401K / 403B / Personal IRA / KEOGH: 🛛 Yes 🖾 No
	If Yes, Gross Amount:
	Per 🗆 Week 🗆 Biweekly 🖾 Monthly 🖾 Semi Monthly 🖾 Year 🖾 ump Sum
	Military service connected disability compensation (Answer No if paid by VA): Ves No
Workers'	Compensation Information
lf you rec below.	eived or will be receiving Workers' Compensation payments from this employer, please provide the information
	Received Workers' Compensation: 🛛 Yes 🖾 No
	If Yes, Workers' Compensation Type:
	Temporary Permanent Supplemental Income Impairment Income
	Starting Date: / / Ending Date, if applicable: / /
	If Yes, Gross Amount:
	Per 🗆 Week 🗆 Biweekly 🖾 Monthly 🖾 Semi Monthly 🖾 Year 🗖 ump Sum
	Date notified: / / Method of contact:
	Il Employment History
	Are there any other employment history items that you would like to add? □Yes □No This includes if you are an employee, self-employed, contractor or gig worker.
	t Agreement
-	Certification acknowledgement: By submitting this application I certify that
	All information submitted is true and complete,
	I am responsible to read the PUA Handbook and any other official written material provided to me regarding any
۷.	
	benefit program; and

3. I acknowledged that any false statement in this document are punishable pursuant to local law and Section 2102 of CARES Act of 2020, relating to sworn falsification to authorities, and that a person who knowingly makes a false statement or knowingly withholds information to obtain PUA or other benefits commits a criminal offense under local and federal law, and may be subject to a fine, imprisonment, restitution, and loss of future benefits.

 $\Box$ Yes, I want to file this claim. □ No, I do not want to file this claim. WHAT YOU MUST DO TO REQUEST WEEKLY PANDEMIC UNEMPLOYMENT ASSISTANCE BENEFITS Immediately after receiving confirmation that your PUA claim has been successfully filed, you MUST file a weekly certification to receive benefits. You cannot be paid for any week(s) that you do not file a weekly certification. After your initial claim filing, you must file your claim certification within end of each week (Saturday) or payments may be held or denied. If you begin work, you MUST report ANY earnings for the week you work, even if you have not yet been paid. Include all income, commissions, tips and gratuities. Report the gross amount before deductions. If you return to work and start earning more than \$494.00 in wages each week or if you return to your normal prepandemic work hours, you MUST STOP FILING YOUR WEEKLY CLAIMS CERTIFICATIONS. If you are still working reduced hours and are earning less than \$495, then you may continue to file your Weekly Claims Certifications. To be eligible for benefits each week, you **MUST** be able to go to work each day. If you were offered a job today, you must be able to accept. Upon announcement of PCOR 3 by the Governor, you must look for work by contacting at least 3 different employers about job openings each week. You should keep a list of your work searches. Your list should include employers' names, addresses (mailing, web, or email), phone numbers, dates of contact, person contacted, how you contacted the employer, and results. If you move, you MUST tell us your new address immediately. Changing your address with the U.S. Postal Service does NOT change your address with us. You will receive a notice from us with important information about your claim. The notice will tell you how much you may receive each week in benefits, the maximum amount you could receive and how long your claim could last. Benefits will be paid either by check or by direct deposit. The **direct deposit** option will be the fastest way to receive П your benefits. Expect SIGNIFICANT DELAYS in receiving your payment, should you select the paper check option. Please check the box below to indicate that you are the claimant on this application and that you certify the truthfulness of your application. □ I certify that the information I have provided on this application is true, accurate, and complete, to the best of my knowledge. Please Note: Benefits can be paid ONLY if you meet ALL eligibility requirements. The information above includes some of what is in your Rights and Responsibilities document.

Claimant's Computer Access

Benefits Right Information was briefly explained to you. You are entitled to have a full copy of this information which is found on our website.

Do you have access to a computer to view or print your Benefit Rights Information document? (Suggest Career Solutions Center, library, relative or friend with a PC)  $\Box$  Yes  $\Box$  No