



**DEPARTMENT OF HUMAN RESOURCES  
AMERICAN SAMOA GOVERNMENT  
A.P. Lutali Executive Office Building  
PAGO PAGO, AMERICAN SAMOA  
Telephone: 684/ 633-4485  
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**PANDEMIC UNEMPLOYMENT ASSISTANCE (PUA)  
&  
FEDERAL PANDEMIC UNEMPLOYMENT COMPENSATION (FPUC)  
Initial Application**

<b>APPLICANT NAME: (Last, First, Middle)</b>		<b>SOCIAL SECURITY NO.#</b>
<b>MAILING ADDRESS (P.O. Box, Village)</b>		<b>GENDER: ( ) Male ( ) Female</b>
<b>TELEPHONE: Home:</b>	<b>Cell:</b>	<b>DATE OF BIRTH:</b>
<b>NO.# OF DEPENDENTS:</b>		<b>MARITAL STATUS: ( ) Single ( ) Married ( ) Widowed ( ) Separated ( ) Divorced</b>
<b>CONTACT PERSON:</b> _____		
<b>RELATIONSHIP :</b> _____		
<b>CONTACT NO.#:</b> _____		<b>CELL:</b> _____

**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**):

\_\_\_\_\_

(Initial Box) 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.

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

If the 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:\_\_\_\_\_

**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 employment.** Include an attachment if you need to list additional employment.

EMPLOYER NAME: \_\_\_\_\_

ADDRESS: P.O. BOX: \_\_\_\_\_ Village: \_\_\_\_\_

Employer Telephone: \_\_\_\_\_

PLACE EMPLOYED: \_\_\_\_\_

Rate of Pay/salary/or self-employed income \_\_\_\_\_

Hours Per Week \_\_\_\_\_ 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: P.O. BOX: \_\_\_\_\_ Village: \_\_\_\_\_

Employer Telephone: \_\_\_\_\_

PLACE EMPLOYED: \_\_\_\_\_

Rate of Pay/salary/or self-employed income \_\_\_\_\_

Hours Per Week \_\_\_\_\_ 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: P.O. BOX: \_\_\_\_\_ Village: \_\_\_\_\_

Employer Telephone: \_\_\_\_\_

PLACE EMPLOYED: \_\_\_\_\_

Rate of Pay/salary/or self-employed income \_\_\_\_\_

Hours Per Week \_\_\_\_\_ 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: \_\_\_\_\_

	YES	NO
1. Are you required to make or do you owe child support payments under a court order? <i>If Yes, where (State/Territory)?</i>		
2. Were you a director, officer, owner, or shareholder of a business or corporation within the past 15 months? <i>If Yes, Name of Business:</i>		
3. Was your place of employment closed? <i>a. If yes, reason for closure</i>		
4. Were you unable to reach your place of employment? <i>If yes, explain:</i>		
5. Were you diagnosed with COVID-19 or experiencing symptoms and seeking diagnosis? <i>a. If Yes, what date did you first experience symptoms :</i>		
<i>b. If Yes, what period of you have been unable to work because of COVID-19 diagnosis or symptoms:</i>		
6. Were you scheduled to start a new job or business but were unable to as a result of the COVID-19 public health emergency? <i>a. If Yes, what is the name of company you were to begin work with or business you were to start:</i>		
<i>b. Location and phone number of company or business</i>		
<i>c. Date you were scheduled to start work</i>		
7. Are you attending or planning to attend school or training? <i>a. If Yes, please state the name of the school:</i>		
<i>b. Days &amp; hours attending</i>		
8. Do you certify under penalty of perjury that you are a citizen of the U.S? <i>a. If No, are you in a satisfactory immigration status?</i>		
<i>b. Alien Reg. No (located on permanent resident green card).</i>		
<i>c. Place of Birth</i>		
9. Do you wish to have Federal taxes withheld from your PUA benefits?		

10. Please check which of the following categories applies to you ( <b>Please be aware intentionally misrepresentation of this information is fraud</b> ). You also need to provide specific details in the box below:	YES
<i>a. You have been diagnosed with COVID-19 or is experiencing symptoms of COVID-19 and are seeking a medical diagnosis .</i>	
<i>b. A member of your household has been diagnosed with COVID-19.</i>	
<i>c. You are providing care for a family member or a member of your household, who has been diagnosed with COVID-19.</i>	
<i>d. A child or other person in the household for which your are the primary caregiving responsibility is unable to attend school or another facility that is closed as a because of the COVID-19 public health emergency and such school or facility care is required for you to work.</i>	
<i>e. You are unable to reach the place of employment because of a quarantine imposed as a direct result of the COVID-19 public health emergency.</i>	
<i>f. You are unable to reach the place of employment because you have been advised by a health care provider to self-quarantine due to concerns related to COVID-19.</i>	
<i>g. You were 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</i>	
<i>h. You have become the breadwinner or major support for a household because the head of the household has died as a direct result of COVID-19.</i>	
<i>i. You quit your job as a direct result of COVID-19.</i>	
<i>j. Your place of employment is closed as a direct result of the COVID-19 public health emergency.</i>	
<i>k. You are an independent contractor who is unemployed, (total or partial) or is unable or unavailable to work because the COVID-19 public health emergency has severely limited your ability to continue performing your customary job.</i>	
<i>l. Employees whose hours are reduced as a direct result of Covid-19.</i>	

**COMMENTS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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?		

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

**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.

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