

WEEKLY REQUEST FOR PANDEMIC UNEMPLOYMENT ASSISTANCE (PUA)

Claimant Name (Last, First, Middle) (Please use name on file with the Social Security Administration)	Week Claimed	
	Week Dates	
Customer Identification Number or Social Security Number	Beginning (Sunday)	Ending (Saturday)

APPLICANT REQUEST

You are claiming benefits for the “week claimed” (shown above). You are eligible for PUA if you are unemployed, unable to work, or unavailable for work as a direct result of the COVID-19 public health emergency.

Please answer the following questions by checking the appropriate box(es) and/or providing the additional information requested.

Complete Section A and C if you worked in self-employment during the week.

Go directly to sections B and C if you did not work in self-employment.

A. Self-Employment

1. Did you perform any work related to your normal self-employment during this week? ☐ YES ☐ NO
- GROSS Payment Received, whether services were performed during the week or not \$ _____
2. Was this work performed in an effort to RESUME your normal self-employment activity? ☐ YES ☐ NO

B. Employment

1. If you were not self-employed, did you do other work during the week claimed? ☐ YES ☐ NO
2. Number of Hours Worked _____
3. GROSS Amount Earned, whether payment has been received \$ _____

C. Weekly Eligibility

1. Did you apply for or receive:
 - a. Any insurance payments for loss of wages due to illness or disability? ☐ YES ☐ NO
 If “YES”, Type of Payment: _____ Period Covered: From _____ to _____
 - b. Any payments from private income protection insurance? ☐ YES ☐ NO
 If “YES”, Type of Payment: _____ Period Covered: From _____ to _____
 - c. Any payments of a supplemental unemployment benefit? ☐ YES ☐ NO
 If “YES”, Type of Payment: _____ Period Covered: From _____ to _____
 - d. Were any amounts payable to you from any retirement, pension, or annuity payments from a plan contributed or maintained by an employer you received payment from in 2019? ☐ YES ☐ NO
 If “YES”, Type of Payment: _____ Period Covered: From _____ to _____
2. Are you able and available for work during this week based on our [state requirements](#)? ☐ YES ☐ NO
3. Are you caring for a family member or a member of your household who has been diagnosed with COVID-19? ☐ YES ☐ NO
4. Have you been diagnosed with COVID-19, or are you experiencing symptoms of COVID-19 and seeking medical diagnosis? ☐ YES ☐ NO
5. Has a member of your household been diagnosed with COVID-19? ☐ YES ☐ NO
6. Is there a child or other person in the household for whom you have the primary caregiving responsibility who is unable to attend school that closed as a direct result of COVID-19? ☐ YES ☐ NO
7. Is there a child or other person in the household for whom you have the primary caregiving responsibility who is unable to attend a facility that closed as a direct result of COVID-19? ☐ YES ☐ NO
8. Have you become the breadwinner or provider of major support for a household because the head of household has died as a direct result of COVID-19? ☐ YES ☐ NO
9. Are you unable to reach your place of employment because you have been advised by a healthcare provider to self-quarantine due to concerns related to COVID-19? ☐ YES ☐ NO
10. Are you unable to reach your place of employment because of a quarantine imposed as a direct result of the COVID-19 public health emergency? ☐ YES ☐ NO

11. Were you scheduled to start a new job that has since closed or curtailed operations due to the direct result of the COVID 19 public health emergency?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", has your employer called you back to work?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", did you return to work?	<input type="checkbox"/> YES <input type="checkbox"/> NO
12. Has your place of employment closed or curtailed operations as a direct result of the COVID-19 public health emergency?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", has your employer called you back to work?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", did you return to work?	<input type="checkbox"/> YES <input type="checkbox"/> NO
13. Did you quit work as a direct result of the COVID 19 public health emergency	<input type="checkbox"/> YES <input type="checkbox"/> NO
14. Did you refuse any work during this week?	<input type="checkbox"/> YES <input type="checkbox"/> NO
MISREPRESENTATION	
I understand that making the certification is under penalty of perjury and that intentional misrepresentation in order to obtain payments to which I am not entitled to receive may be subject to criminal prosecution.	
<input type="checkbox"/> I agree	
APPLICANT CERTIFICATION	
I certify that the information I have given on this form is correct, and that I have supplied the information voluntarily, in order to obtain PANDEMIC UNEMPLOYMENT ASSISTANCE. I know that Federal funds are provided and that penalties are prescribed by law for willful misrepresentation or concealment of material facts in order to obtain assistance payments to which I am not entitled to receive under the ACT. The information gathered by the Employment Department may be used by other state and federal agencies for verification of eligibility for other programs. Therefore, I AUTHORIZE the Employment Department to release the information TO ANY SOURCE for purposes authorized under Employment Department law.	
Signature _____	Date (Month, Day, Year) _____