How to file my Pandemic Unemployment Application (PUA)?

A. Applicant information

In this part, you will enter your personally identifiable information. Remember to mark the corresponding boxes. See the example below.

A. APPLICANT INFORMATION					
Applicant's Name (Last, First, Middle)			Social Security Number	Date of Birth (Mo., Day, Yr.)	
Your Last name, Your First name, Your Middle initial.			000-00-0000	01/01/1900	
Applicant's Mailing Address: (Street or P.O.)			Phone Number	Sex (Check one)	
The address where you receive your mail.			(000) 000-0000	☐ Male ☐ Female	
City	State	Zip Code	Are you of Hispanic or Latino ethnicity?		
CITY	STATE	00000			
Applicant Email Address			Race: (Check all that apply) American Indian or Alaska Native		
youremailaddress@yourdomain.com					
Preferred Method of Contact			Hawaiian Native or Other Pacific Islander Black or African American Othe		

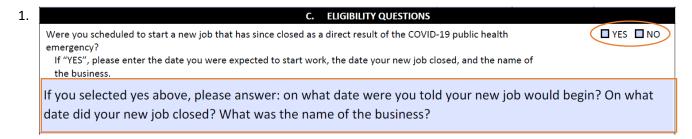
B. Applicant Employment

Enter in this section all the employers you have worked for in the last 18 months, or the self-employment you have held in the last 18 months. See the example below.

B. APPLICANT EMPLOYMENT				
In order to complete the amount of my weekly entitlement to pandemic unemployment assistance, I CERTIFY that I had the following employment and/or self-employment during the last 18 months.				
Name of Employer (or Self Employment)	Employer Address	Phone Number	Period E From	mployed To
ABC INC.	Your employer address.	(000) 000-0000	09/01/2018	01/30/2019
ABC 2 INC.	Your employer address.	(000) 000-0000	01/01/2019	09/01/2019
Self-employment	Your self-employment main address.	(000) 000-0000	09/02/2019	03/20/2020

C. Eligibility Questions

See below.



2.	Did you apply for, receive, or would you be eligible to receive if you had ever applied for:		
	(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)?		
	Select Yes if you worked in other state, and would you be eligible for unemployment benefits if you filed there.		
	Select Yes if you would be eligible to receive disability or illness benefits if you applied for them.		
	Select Yes if you would be eligible to receive any amount from private income protection insurance.		
	Select Yes if you would be eligible to receive any amount from supplemental unemployment benefits (SUB).		
3.	Are you receiving or will you receive retirement pay (other than Social Security) within the next 12 months? If "YES", please provide the name of the employer that maintained or contributed to this retirement plan?		
	Select Yes if you are receiving or applied for and expect to receive retirement pay within the next 12 months. If Yes, indicate the name of the employer that contributed money to this retirement plan.		
4.	Have you been diagnosed with COVID–19, or are you experiencing symptoms of COVID–19 and seeking a medical diagnosis? If "YES", please enter the date you were diagnosed or when you began experiencing symptoms		
	Select Yes if you were diagnosed with COVID-19, OR you are experiencing COVID-19 symptoms and are seeking a medical diagnosis. If you select Yes, you must indicate in this box when you received the diagnosis OR when your symptoms began.		
5.	Has a member of your household been diagnosed with COVID−19?		
	If "YES", please enter the date the household member was diagnosed. Select Yes if someone that lives with you has been diagnosed with COVID-19. If you select yes, indicate when was this		
	person diagnosed with COVID-19.		
6.	Are you caring for a family member or a member of your household who has been diagnosed with COVID–19? If "YES", please enter the date the household member was diagnosed.		
	Select Yes if you are taking care of a member of your family or someone that lives with you who was		
	diagnosed with COVID-19. If you select Yes, indicate when was this person diagnosed with COVID-19.		
7.	Is there a child or other person in the household, for whom you have the primary caregiving responsibility for, that is unable to attend school or another facility that closed as a direct result of the COVID-19 public health emergency and such school or facility care is required for you to work? If "YES", please enter the name of the facility that closed and the date of the closure.		
	Select Yes if you have the primary responsibility of taking care of someone that lives with you who is unable to attend school or other facility that closed because of COVID-19, and you need that facility to take care of this person to be able to work. If you select Yes, indicate the name of the facility and the date it was closed.		

8.	Have you become the breadwinner or provider of major support for a household because the head of the household has died as a direct result of COVID–19? If "YES", please enter the date you became the provider for a household.	YES NO
	Select Yes if you became the primary provider for yourself and the people that live with you because the died as a direct result of COVID-19. If you select Yes, indicate when you became the primary provider for	
9.	Has your place of employment closed as a direct result of the COVID–19 public health emergency?	YES NO
	If "YES", please enter the date your place of employment closed and the name of the business. Select Yes if the place where you work was closed because of COVID-19. If you select Yes, in the name of your employer and when did they closed.	dicate what is
ļ	the name of your employer and when did they closed.	
10.	Have you quit a job as a direct result of COVID—19? If "YES", please enter the date you quit, the name of the business, and the reason you voluntarily left work.	YES NO
	Select Yes if you quit a job because of COVID-19. If you select yes, you must indicate when yemployer's name, and the reason you voluntarily quit.	ou quit, the
11.	Are you unable to reach your place of employment because you have been advised by a health care provider to self-quarantine due to concerns related to COVID-19?	YES NO
	If "YES", please enter the reason why you are unable to reach your place of employment and the date this began. Select Yes if a health care provider advised you to self-quarantine due to concerns related with is the reason you are unable to go to work. If you select Yes, indicate why you cannot go to work	
12.	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? If "YES", please enter the reason why you are unable to reach your place of employment and the date this began.	YES NO
	Select Yes if you cannot go to work because of a quarantine mandated as a direct result of C select Yes, indicate since when you are not able to reach your place of employment and the	
13.	Do you have the ability to continue to receive payment from your employer while working from home? If "YES", please enter the reason why you have refused to accept a teleworking option from your employer.	YES NO
	Select Yes if you were given the option to work from home. If you select Yes, indicate why you accept a teleworking option. If you are working from home but your hours have been reduced as well.	
14.	Are you receiving paid sick leave or other paid leave benefits? If "YES", please enter the date you began to receive paid sick leave or paid leave benefits and who you are receiving this payment from, if you know an end date please include that.	YES NO
	Select Yes if you are currently receiving any paid leave benefits including sick leave. If you select Yes, in began receiving this payment, who is providing this payment to you, and, if you know, when will these	

15. Are you currently self-employed?

If "YES", you MUST answer the questions in section D.

D. Self-employment Information

See below.

1.	D. SELF-EMPLOYMENT INFORMATION				
	At the time of the pandemic, was this self-employment your primary occupation and primary means of livelihood? If "NO", explain.	YES NO			
	Select Yes, if at the time of the pandemic at lest 50 percent of your income came from self-e you select No, provide an explanation.	mployment. If			
_					
2.	What services did you perform?				
	Explain what services did you provide as a self-employed individual.				
3.	Do you have a business name?	YES NO			
	If "YES", what is your business name?				
	Select Yes if you perform self-employment services under an alias, an assumed business name, or besides your own. If you select Yes, indicate what is your business name.	any other name			
4.	Do you file a business return? (Ex: Schedule C, 1120 or a 1065) If "YES", please list what returns you file.	YES NO			
	Select Yes if you file a business return such as, but not limited to, Schedule C, 1120, or a 1065. I what returns you file.	f you select Yes,			
5.	Do you determine how the work is to be performed?	YES NO			
6.	Do you have the right to hire someone to help you perform your services?	YES NO			
	If "YES", can you discharge them?	YES NO			
7.	Do you determine where the work is going to be performed?	YES NO			
8.	Do you determine your rate of compensation?	YES NO			
9.	Do you have an investment in tools, equipment, etc.? If "YES", how much?	YES NO			
	Select Yes if you purchased tools, equipment, software, or any other to perform or improve the operation business. If you select Yes, indicate how much you invested.	ns of your			
10.	Can the company you provide services to terminate you?	☐ YES ☐ NO			

11.	Do you have more than one client?
	If "YES", how many clients do you have?
	Select Yes if you perform services for more than one client. If you select Yes, indicate the number of clients
	you currently have.

E. Authorization for Tax Withholding

You can choose to have taxes withheld from your weekly benefit amount.

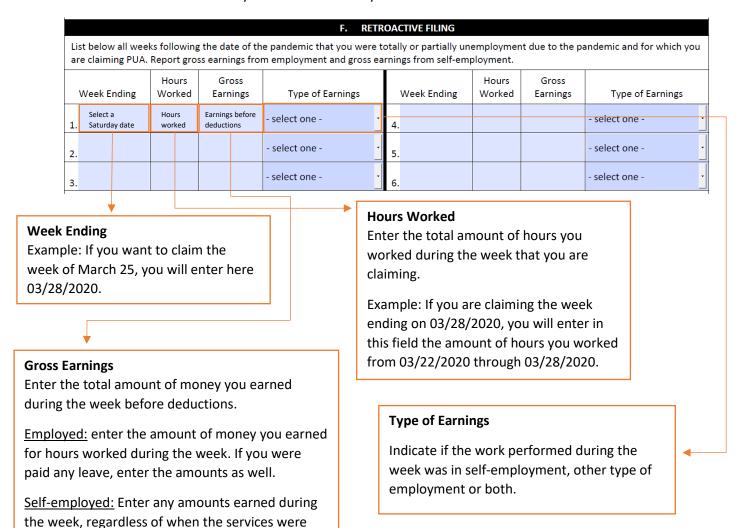
1.	Do you choose to have 10% of your unemployment benefits withheld for federal income taxes?	☐ YES	■ NO	
	If you select Yes, 10% of your weekly benefits will be withheld and reported to the IRS.			
2.	Do you choose to have 6% of your unemployment benefits withheld for state income taxes?	☐ YES	■ NO	

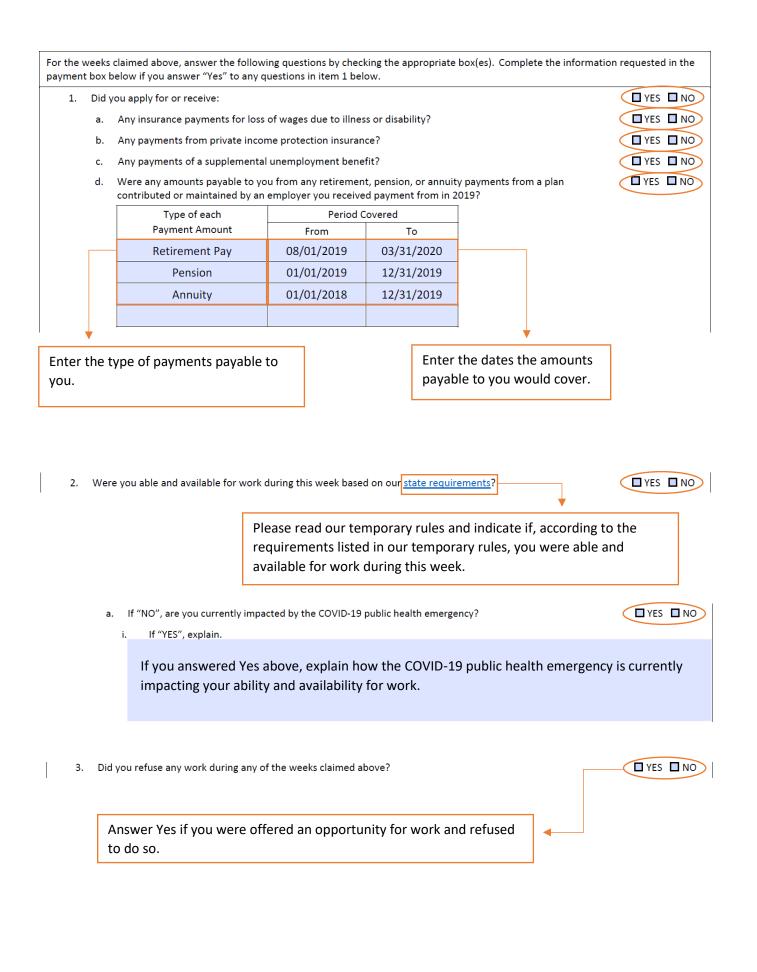
3. If you select Yes, 6% of your weekly benefits will be withheld and reported to the ODR.

F. Retroactive Filing

performed.

Enter all the weeks, after the date the pandemic was declared, that you would like to claim. Please note that our weeks start on Sunday and end on Saturday.





G. ReliaCard Disclosure

Please read and mark box below indicating you have read the ReliaCard information.

H. Misrepresentation

Please read information and mark box below agreeing with the statement.

I. Applicant Certification

Read the information and certify that the information supplied in the form is accurate to the best of your knowledge, and that you are a citizen, national or are in a satisfactory immigration status. You must enter your Alien registration number if applicable.

Your signature is required along with the date you are signing the document.