

INITIAL APPLICATION FOR PANDEMIC UNEMPLOYMENT ASSISTANCE

INITIAL INFORMATION

SSN: _____ Date: _____

Primary Phone: _____ Alternate Phone: _____

The **Address Confidentiality Program** conceals the address of individuals that are victims of domestic violence. To be enrolled in the Address Confidentiality Program an individual must have applied with the office of the Secretary of State and received an approval letter.

Are you currently enrolled in the AZ Address Confidentiality Program? Yes No

If Yes, you will be contacted by the Client Advocate office at the number you listed above. **Please do not complete any additional information other than your signature at the end of this application form.**

SELF-CERTIFICATION

ALL APPLICANTS: Answer the following questions as they pertain to your work/employment.

To be eligible 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:

You have been diagnosed with COVID-19 or are experiencing symptoms of COVID-19 and are seeking a medical diagnosis.

A member of your household has been diagnosed with COVID-19.

You are providing care for a family member or a member of your household who has been diagnosed with COVID-19.

A child or other person in your household for which you have primary caregiving responsibility is unable to attend school or another facility (*e.g.*) *daycare or day program*) that is closed as a direct result of the COVID-19 public health emergency and such school or facility care is required for you to work.

You are unable to reach your place of employment because of a quarantine imposed as a direct result of the COVID-19 public health emergency.

You were scheduled to start 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.

You had to quit your job or have experienced a reduction in hours as a direct result of COVID-19

You are self-employed or work as an independent contractor with reportable income, including gig work, and the COVID-19 public health emergency has severely limited your ability to continue performing your customary work activities, and has thereby forced you to reduce or suspend such activities.

You are 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.

If so, what date were you supposed to start working
(MM/DD/YYYY)? _____

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.

My place of employment is closed as a direct result of the COVID-19 public health emergency.

Your place of employment, including a nonprofit such as a church, is closed as a direct result of the COVID-19 public health emergency.

Reason not listed above. Explain:

I understand that the self-certification I made on this page is under penalty of perjury and that any intentional misrepresentation in self-certifying that I fall into the COVID-19 category I selected on the previous page is fraud. I understand that if I am found to have committed fraud, I may be subject to criminal prosecution.

Signature: _____ Date: _____

IDENTIFICATION

Please include with your application a clear photograph of a valid government-issued photo identification of yours. Examples of acceptable photo identification include: a state issued driver's license or identification card, certificate of US naturalization, a Permanent Resident Alien card, a valid passport, or military identification. Someone from the Department will contact you to verify your identity prior to you receiving any PUA benefits

ELIGIBILITY INFORMATION

Have you been determined monetarily ineligible or disqualified for regular unemployment compensation since January 5, 2020? Yes No

If offered a job, are you able to accept it? Yes No

During the last 2 years, have you worked in a state other than Arizona? Yes No

During the last 2 years, have you worked as a civilian for the Federal Government? Yes No

During the last 2 years, have you worked for a college, university, or school? Yes No

During the last 2 years, have you worked for any local or state government? Yes No

Do you own stock in your company? Yes No

Do you have substantial control over your corporation? Yes No

During the last 2 years, have you served on active duty in the U.S. Military? Yes No

APPLICANT INFORMATION

Applicant's Name (*Last, First, M.I.*): _____ Email: _____

Residential Address (*Street Number*): _____

City: _____ State: _____ ZIP Code: _____ County Name: _____

Mailing Address (No., Street, or P.O. Box): _____

City: _____ State: _____ ZIP Code: _____ County Name: _____

Preferred Contact Method (Email/Mail/Phone): _____

Date of Birth (*MM/DD/YYYY*): ____ / ____ / ____ Gender: Male Female

U.S. Citizen: Yes No If "No", Alien Registration Number: _____

Are you Disabled: Yes No I do not wish to answer

Do you make or owe Child Support Payments? Yes No

Highest Education Level Achieved (i.e., Last Grade Level, HS Diploma, GED, Degree, etc.): _____

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

Race – Please check all that apply: African American/Black American Indian/Alaskan Native Asian
 Hawaiian/Other Pacific Islander White
 I do not wish to answer

PREVIOUS EMPLOYMENT INFORMATION

Current Employment Status: Working full-time Working part-time Not Working Never Worked
 Other: _____

If offered a job, are you **able** 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: _____

If offered a job, 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 the owner, or operator of a business or farm? Yes No

If yes, business type: Corporate Officer Direct Seller Independent Contractor Operating Farm
 Sideline Business Sole Proprietary/Partnership Gig Worker

Are you in an elected, appointed or in a major policy making position? Yes No

If you quit your job due to COVID-19, did you have the ability to telework? Yes No

If yes, did you accept the telework offer? Yes No

If yes, did you receive the same pay and hours while teleworking? Yes No

Are you receiving sick leave pay or other paid leave benefits that are equal to your normal pay? Yes No

If so, what date does the payment end (MM/DD/YYYY)? _____

When was your last day of actual work (MM/DD/YYYY)? _____

Do you have an expected date to return to work with your employer or to resume self-employment? Yes No

If yes, what date do you expect to return to work or resume your self-employment?: _____

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

What is the date you last performed work? _____

Are you self-employed or a business owner whose unemployment was a direct result of the COVID-19 virus?

Yes No

If you answered "yes" above, answer the following questions:

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

If yes, what is the business name? _____

If yes, what is your employer FEIN/SSN? _____

EARNINGS HISTORY

In the "Earnings" section below, please provide proof of your earnings and your previous employment history for the calendar year 2019. **All claimants should provide their employment history, even if you are self-employed, a contractor, a business owner, or a gig worker.**

You must provide documentation to support the amount of quarterly wages you provide. If you cannot supply proof, your eligibility may be set at the minimum weekly rate of \$117.00. At some point in the process you may need to supply documentation to support your PUA eligibility such as a doctor's note for quarantine, proof of corporate officer status, etc.

Your wage information from calendar year 2019 will be used to determine your PUA weekly benefit amount.

Please provide documentation of any wages and/or self-employment with this application, if possible.

Acceptable documentation can include, but is not limited to:

- **2019 Tax Returns, including Schedule C (if completed);**
- **2019 W2s or 1099s;**
- **Copies of paycheck stubs showing your 2019 earnings;**
- **Bank receipts showing deposits in 2019;**
- **Your 2019 business records, including: ledgers, invoices or billing notices you provided to your clients or customers, business licenses, business lease agreements and invoices, and advertisements for your business or services.**

You do not need all of the documents listed above, only those relevant to your work history. Additionally, if you do not have any of the documents listed above, or those documents do not reflect your full 2019 income, you may submit copies.

EARNINGS

In the columns below, list all employment history for Calendar Year 2019 (*attach additional pages as necessary*):

	Dates Worked (from MM/YY to MM/YY)	Employer Name (including your name or your business name, if self-employed) and Address (including City, State, and Zip Code)	Employer Phone Number	Total Earnings Amount
1				Q1 (1/1/19 - 3/31/19) \$ Q2 (4/1/19 - 6/30/19) \$ Q3 (7/1/19 - 9/30/19) \$ Q4 (10/1/19 - 12/31/19) \$
2				Q1 (1/1/19 - 3/31/19) \$ Q2 (4/1/19 - 6/30/19) \$ Q3 (7/1/19 - 9/30/19) \$ Q4 (10/1/19 - 12/31/19) \$
3				Q1 (1/1/19 - 3/31/19) \$ Q2 (4/1/19 - 6/30/19) \$ Q3 (7/1/19 - 9/30/19) \$ Q4 (10/1/19 - 12/31/19) \$
4				Q1 (1/1/19 - 3/31/19) \$ Q2 (4/1/19 - 6/30/19) \$ Q3 (7/1/19 - 9/30/19) \$ Q4 (10/1/19 - 12/31/19) \$

EARNINGS (CONTINUED)

In the columns below, list all employment history for Calendar Year 2019 (*attach additional pages as necessary*):

	Dates Worked (from MM/YY to MM/YY)	Employer Name (including your name or your business name, if self-employed) and Address (including City, State, and Zip Code)	Employer Phone Number	Total Earnings Amount
5				Q1 (1/1/19 - 3/31/19) \$ Q2 (4/1/19 - 6/30/19) \$ Q3 (7/1/19 - 9/30/19) \$ Q4 (10/1/19 - 12/31/19) \$
6				Q1 (1/1/19 - 3/31/19) \$ Q2 (4/1/19 - 6/30/19) \$ Q3 (7/1/19 - 9/30/19) \$ Q4 (10/1/19 - 12/31/19) \$
7				Q1 (1/1/19 - 3/31/19) \$ Q2 (4/1/19 - 6/30/19) \$ Q3 (7/1/19 - 9/30/19) \$ Q4 (10/1/19 - 12/31/19) \$

Please provide the following information for your LAST employer:

Enter the EMPLOYER'S name (*not your name*) exactly as shown on your check stub:

Address: _____

City: _____ State/Province: _____ ZIP Code: _____

Phone Number: _____

Is this employer considered a temporary agency? (*A temporary agency specializes in finding positions for individuals looking for work on a temporary basis.*): Yes No

If known, enter the employer's Arizona state tax ID number: _____

If Maritime, enter the vessel name: _____

Job Title: _____

Occupation Title: _____ Occupation Code: _____

Type of employment: Regular Temporary Seasonal Contract
 Internship Apprenticeship On the Job Training

Please indicate if you have received, or will receive within the next 52 weeks, payment for any of the following from this employer.

Pension Type	Highest gross monthly amount you would or could receive?	Gross Amount	Effective Date	Percentage you contributed, if applicable
Federal Government				
Local Government				
Military Retirement				
Private Employer				
State Government				
Union Retirement				

401(k)/403(b)/IRA/KEOGH:

Gross Amount: _____ per Week Month Year Bi-Weekly Semi-Monthly

Military service connected disability compensation (*Answer "No" if paid by VA*): Yes No

PAYMENT OPTIONS

PAYMENT METHOD

What type of benefit payment would you like to receive? **Debit Card or Direct Deposit***

*To establish Direct Deposit, complete an "Agreement for Direct Deposit" form and submit it along with this application, or you can submit the form at a later date by fax or mail, per the directions on the form.

TAX WITHHOLDING PREFERENCE

Do you want Federal Tax withheld? (*If yes, it would be 10.00% of the weekly benefit amount*): **Yes No**

Do you want State Tax withheld? (*If yes, it would be 10% of the Federal amount withheld*): **Yes No**

WEEKLY CERTIFICATION OPTIONS

What You Must Do to Request Weekly Pandemic Unemployment Assistance Benefits

(Check each item below to indicate that you have read and understand the following requirements before you sign below):

In order to receive Pandemic Unemployment Assistance benefits, you must file a weekly continued claim (*weekly claim*) regardless of your eligibility status. You cannot be paid for any week(s) that you do not file a weekly claim. You can file beginning on Sunday online at www.AZUI.com or by using the attached form.

All weekly continued claims for Pandemic Unemployment Assistance are for a calendar which week is a period of seven (7) consecutive days beginning at 12:00 am Sunday and ending at 11:59 pm on the following Saturday. You cannot file a weekly claim until the prior week has ended.

You must be able to and available for work each day. If you are offered a job, you must be able to accept it and you can only refuse a bona fide offer of work for good cause.

If you work or earn any money, you must report the total amount you earned before deductions when you file your weekly claim. You must report any work you do during a week, even if you have not been paid at the time you file your weekly claim.

When you report earnings, you must include tips, meals, lodging, merchandise, or any other kind of payment you receive for services. You must report any payment for showing up to work or for processing time even if you did not work. You must report any partial or temporary employment, commission sales, odd jobs, or self-employment.

You may earn up to \$30.50 in a week without affecting your weekly benefits. If you earn over \$30.50 in a week, the excess amount will be deducted from your weekly benefit amount. The benefit payable will be rounded to the nearest dollar. If you have earnings equal to or greater than your weekly benefit amount, you will not be eligible for benefits for that week.

If you are responsible for child support payments, the Division of Child Support Services may deduct a portion of your weekly benefit amount. Any amount deducted as child support is part of the Pandemic Unemployment Assistance benefits paid to you.

If your contact information changes, log into your claimant dashboard and update your contact information and inform the United States Postal Service immediately, even if you are not filing for benefits at that time.

You must read and understand the Pandemic Unemployment Assistance Handbook, which explains requirements in more detail. The PUA Handbook can be downloaded here <https://des.az.gov/services/employment/unemployment-individual/forms-pamphlets>.

ACKNOWLEDGEMENT

By submitting this application I certify that:

1. All information submitted is true and complete,
2. I am responsible for reading and understanding the PUA Handbook and any other official written material provided to me regarding any benefit program. The PUA Handbook can be accessed here: <https://des.az.gov/sites/default/files/dl/UIB-1243A.pdf?time=1599016426002>; and
3. I acknowledge that any false statements I made in this document are punishable pursuant to CFR 625.14 referenced in 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 UC or other benefits commits a criminal offense and may be subject to a fine, imprisonment, restitution, and loss of future benefits.

Signature of Applicant: _____ Date: _____

Signature of Deputy: _____ Date: _____

INSTRUCTIONS FOR SUBMITTING

By Fax:

- (602) 362-5391 (PHOENIX)
- (888) 417-3639 (TOLL-FREE)

By Mail:

Department of Economic Security
 Unemployment Insurance Administration
 ATTN: PUA Processing / MD 5895
 P O Box 29225
 Phoenix AZ 85038-9225