



INITIAL APPLICATION FOR PANDEMIC UNEMPLOYMENT ASSISTANCE

This is your initial application for Pandemic Unemployment Assistance (PUA). Instructions for completing and submitting the application can be found on our CARES Act page at unemployment.oregon.gov. Please make sure you complete the entire form. Failure to complete the form will cause delays in processing your application. Apply using the name currently on file with the Social Security Administration. Submit only one application, as multiple applications will delay processing.

If we find that you are eligible for PUA, federal law requires that you provide us documentation showing proof of your employment or self-employment. We must receive this information within 21 days of your application date. To find out more about what is acceptable proof of your employment or self-employment, go to our proof of employment/self-employment guide. If you already are providing acceptable proof of employment/self-employment with your PUA application, you do NOT need to give us additional information.

IMPORTANT: If you do NOT submit your documentation within 21 days, your PUA claim will be stopped and you will have to pay back benefits for all the weeks you were paid, starting with the week ending January 2, 2021.

Due to federal reporting requirements and system limitations, only male and female options are currently available. However, there will be no delay in processing your claim if the gender election does not match what is on file with the Social Security Administration.

A. APPLICANT INFORMATION

Applicant's Name (Last, First, Middle) (Please use name on file with the Social Security Administration)			Date of Birth (Mo., Day, Yr.)
Applicant's Mailing Address: (Street or P.O.)		Social Security Number	Sex (Check one) <input type="checkbox"/> Male <input type="checkbox"/> Female
City	State	Zip Code	Are you of Hispanic or Latino ethnicity? <input type="checkbox"/> Yes <input type="checkbox"/> No
Applicant Email Address	Phone Number		
Preferred Method of Contact		Race: (Check all that apply)	
Phone	Email	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hawaiian Native or Other Pacific Islander <input type="checkbox"/> Other	

We verify all Social Security Numbers through a computer match with the Social Security Administration. Your Pandemic Unemployment Assistance application and payments will take longer to process if this match is not successful.

The Internal Revenue Code and Oregon Administrative Rules require that you disclose your Social Security Number when claiming unemployment compensation. Your Social Security Number will be used to report your unemployment benefits to the Internal Revenue Service and Oregon Department of Revenue as income that is taxable. The number will be sent to the Social Security Administration for identity verification. The number may be used for state agency debt collection activities and may be sent to U.S. Bank to issue you a ReliaCard VISA card through which you will be paid benefits.

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. If you choose not to identify any employment or self-employment, this may impact your eligibility for Pandemic Unemployment Assistance.

Name of Employer (or Self Employed)	Employer Address	Phone Number	Period Employed	
			From	To

SWORN STATEMENT OF EARNINGS

To be eligible for more than the minimum \$205 per week benefits under Pandemic Unemployment Assistance (PUA), you must provide proof of income for 2019. If you are self-employed, you will need to provide your 2019 tax return with your self-employment tax schedule(s). If you were employed by other business(es) that did not pay unemployment tax, please provide your W-2 from those employer(s) in the upload section of your PUA application.

If you do not have your tax documents available right now, you can provide them later and give a sworn statement of your earnings now through this application. If you give a sworn statement of your earnings during 2019, your benefit amount will be based on this information. You have 21 days from submitting this form to provide your proof of earnings. If you do not provide the information required within 21 days, you may have an overpayment of benefits and may have to pay back the additional benefit amount you received.

I Agree

SWORN STATEMENT OF EARNINGS, PRIOR YEAR (EMPLOYMENT)

Name of Employer	Type of Employment (Full time, part time, commission only, seasonal, temporary)	Did you receive a W-2?	If you did not receive a W-2, do you have other proof of this income?	Federal Employer Identification Number (can be found on tax documents)	Total Gross Earnings for 2019
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			

SWORN STATEMENT OF EARNINGS, PRIOR YEAR (SELF-EMPLOYMENT)

Name of Business	Type of Self-Employment Business (Partnership, LLC, Sole Proprietor, Independent Contractor, Not Applicable)	Type of Tax Return Filed (Form 1040 or 1040-SR, Form 1120, Form 1120-S, Form 1065, etc.)	Total Net Earnings for 2019 (after all expenses)

I certify the information I gave above is accurate to the best of my knowledge. I understand that if I fail to provide the required tax documents within the next 21 days I may be overpaid benefits. I understand that if I intentionally provide false information, I may face penalties up to and including criminal prosecution.

I Agree

C. ELIGIBILITY QUESTIONS

<p>1. I 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</p> <p>1a. If "YES," please enter the date you were expected to start work. _____</p> <p>1b. If "YES", please enter the date your new job closed. _____</p> <p>1c. If "YES," please enter the name of the business. _____</p>	<p align="center"><input type="checkbox"/> Yes</p>	<p align="center"><input type="checkbox"/> No</p>
<p>Did you apply for, receive, or would you be eligible to receive if you had ever applied for:</p>		
<p>2a. Unemployment compensation under any State or Federal law?</p> <p>2a. If "YES," when did you apply? _____</p> <p>2b. If "YES," in what state did you apply? _____</p> <p>2c. If "YES," were you approved for payment?</p>	<p align="center"><input type="checkbox"/> Yes</p> <p align="center"><input type="checkbox"/> Yes</p>	<p align="center"><input type="checkbox"/> No</p> <p align="center"><input type="checkbox"/> No</p>
<p>2b. Pandemic Unemployment Assistance under any State or Federal law?</p> <p>2a. If "YES," when did you apply? _____</p> <p>2b. If "YES," in what state did you apply? _____</p> <p>2c. If "YES," were you approved for payment?</p>	<p align="center"><input type="checkbox"/> Yes</p> <p align="center"><input type="checkbox"/> Yes</p>	<p align="center"><input type="checkbox"/> No</p> <p align="center"><input type="checkbox"/> No</p>

<p>3. Any amounts for loss of wages due to illness or disability? 3a. If "YES," have you been approved to receive payment? 3aa. If "YES," what are the dates for which you are receiving payment? _____</p> <p>4. Any type of private income protection insurance? 4a. If "YES," have you been approved to receive payment? 4aa. If "YES," what are the dates for which you are receiving payment? _____</p> <p>5. Any amount as a supplemental unemployment benefit (SUB)? 5a. If "YES," who is administering the benefits? _____ 5b. If "YES," have you been approved to receive payment? 5ba. If "YES," what are the dates for which you are receiving payment? _____</p>	<input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No
<p>6. Are you receiving or will you receive retirement pay (other than Social Security) within the next 12 months? 6a. If "YES," please provide the name of the employer that maintained or contributed to this retirement plan? _____</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>7. I have been diagnosed with COVID-19, or am experiencing symptoms of COVID-19 and am seeking a medical diagnosis. 7a. If "YES," please enter the date you were diagnosed or when you began experiencing symptoms. _____</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>8. A member of my household been diagnosed with COVID-19. 8a. If "YES," please enter the date the household member was diagnosed. _____</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>9. I am providing care for a family member or a member of my household who has been diagnosed with COVID-19. 9a. If "YES," please enter the date the household member was diagnosed. _____</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>10a. A child or other person in my household, for whom I am the primary caregiver is unable to attend a school as a direct result of the COVID-19 public health emergency and such school is required for me to work. 10aa. If "YES," please enter the name of the school that closed. _____ 10ab. If "YES," the date of the closure. _____</p> <p>10b. A child or other person in my household, for whom I am primary caregiver is unable to attend a facility that is closed as a direct result of the COVID-19 public health emergency and such facility care is required for me to work. 10ba. If "YES," please enter the name of the facility that closed. _____ 10bb. If "YES," the date of the closure. _____</p>	<input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No
<p>11. 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. 11a. If "YES," please enter the date you became the provider for a household. _____</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<p>12. My place of employment is closed as a direct result of the COVID-19 public health emergency.</p> <p>12a. If "YES," please enter the name of the business _____</p> <p>12b. If "YES," please enter the date your place of employment permanently or temporarily closed. _____</p> <p>12c. Has your employer called you back to work?</p> <p>12d. If "YES," did you return to work? _____</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>13. I 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.</p> <p>13a. If "YES," please enter the name of the business _____</p> <p>13b. If "YES," please enter the date your business experienced the significant decrease. _____</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>14. I quit my job as a direct result of COVID-19.</p> <p>14a. If "YES," please enter the date you quit. _____</p> <p>14b. If "YES," please enter the name of the business. _____</p> <p>14c. If "YES," please enter the reason you voluntarily left work. _____</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>15. I 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.</p> <p>15a. If "YES," please enter the reason why you are unable to reach your place of employment. _____</p> <p>15b. If "YES," please enter the date this began. _____</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>16. I am unable to reach my place of employment because of a quarantine imposed as a direct result of the COVID-19 public health emergency.</p> <p>16a. If "YES," please enter the reason why you are unable to reach your place of employment. _____</p> <p>16b. If "YES," please enter the date this began. _____</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>17. Do you have the ability to continue to receive payment from your employer while working from home?</p> <p>17a. If "YES," would you be allowed to work the same hours as you were prior to working at home?</p> <p>17aa. If "YES," was your rate of pay the same as you were making previously?</p> <p>17aaa. If "NO," what was the new rate of pay? _____</p> <p>17ab. If "NO," what number of hours would you be allowed to work? _____</p> <p>17b. Why are you not working from home? _____</p>	<input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No
<p>18. Are you receiving paid sick leave or other paid leave benefits?</p> <p>18a. If "YES," who is providing the paid leave benefit? _____</p> <p>18b. What are the dates you are receiving paid leave? _____</p> <p>18c. What is the amount of paid leave you are receiving? _____</p> <p>18d. What are the hours of paid leave you are receiving? _____</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<p>19. 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 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.</p> <p>19a. If "YES," Name of Employer _____</p> <p>19b. If "YES," Date you refused the job or to return to work _____</p> <p>19c. If "YES," Date you were denied unemployment _____</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>20. 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.</p> <p>20a. If "YES," Name of Employer you provide services for _____</p> <p>20b. If "YES," What type of work do you do for the educational institution or educational service agency? _____</p> <p>20c. If "YES," Do you have a contract or agreement with the employer?</p> <p>20d. If "YES," Date you were laid off or had your hours reduced. _____</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>21. I 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.</p> <p>21a. If "YES," name of Employer _____</p> <p>21b. If "YES," Date you were laid off or had your hours reduced. _____</p> <p>21c. If "YES," Are you working all available hours the employer has for you?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>22. None of the above apply to me.</p> <p>22a. If "YES," please provide information on why you are currently unemployed. _____</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>23. Are you currently self-employed?</p> <p>If "YES", you MUST answer the questions in section D.</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

D. SELF-EMPLOYMENT INFORMATION

1. At the time of the pandemic, was this self-employment your primary occupation and primary means of livelihood? 1a. If "NO," please explain. _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. What services did you perform? _____		
3. Do you have a business name? 3a. If "YES," please enter your business name and business phone number. Business Name _____ Phone _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Do you file a business return? (Ex: Schedule C, 1120 or a 1065) 4a. If "YES," What form do you file? _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Do you determine how the work is to be performed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Do you have the right to hire someone to help you perform your services? 6a. If "YES," can you discharge them?	<input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No
7. Do you determine where the work is going to be performed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Do you determine your rate of compensation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Do you have an investment in tools, equipment, etc.? 9a. If "YES," how much? _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Can the company you provide services to terminate you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Do you have more than one client? 11a. If "YES," how many clients do you have? _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

E. AUTHORIZATION FOR TAX WITHHOLDING

Any unemployment insurance benefits you receive are fully taxable income if you are required to file a tax return. You may need to make estimated tax payments. For more information on estimated tax payments, contact the Internal Revenue Service. For state tax information, contact the Oregon Department of Revenue.		
You may choose to have 10% of your benefits withheld for federal taxes and/or 6% for state taxes. <ul style="list-style-type: none"> • Do you choose to have 10% of your unemployment benefits withheld for federal income taxes? • Do you choose to have 6% of your unemployment benefits withheld for state income taxes? 	<input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No
This authorization will remain in effect for this claim until the Oregon Employment Department has received written notification from you of its termination.		

F. RETROACTIVE FILING

List below all weeks following the date of the pandemic that you were totally or partially unemployed due to the pandemic and for which you are claiming PUA. Report gross earnings from employment and gross earnings from self-employment.

Week Ending	Hours Worked	Gross Earnings	Type of Earnings	Week Ending	Hours Worked	Gross Earnings	Type of Earnings

For the weeks claimed above, answer the following questions by checking the appropriate box(es) and or providing the additional information requested.

<p>1. Did you apply for or receive:</p> <p>a. Any insurance payments for loss of wages due to illness or disability? If "YES," Type of Payment: _____ Period Covered: From: _____ to _____</p> <p>b. Any payments from private income protection insurance? If "YES," Type of Payment: _____ Period Covered: From: _____ to _____</p> <p>c. Any payments of a supplemental unemployment benefit? If "YES," Type of Payment: _____ Period Covered: From: _____ to _____</p> <p>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? If "YES," Type of Payment: _____ Period Covered: From: _____ to _____</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>2. Are you able and available for work during this week based on our state requirements?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>3. Are you currently impacted by the COVID-19 public health emergency? 3a. If "YES," please explain _____</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>4. Did you refuse any work during any of the weeks claimed above?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

G. RELIACARD DISCLOSURE

U.S. Bank ReliaCard ® Pre-Acquisition Disclosure | Program Name: Oregon Unemployment Insurance | Reference Date: June 2017

**You have options as to how you receive your payments, including direct deposit to your bank account or this prepaid card.
Ask your agency for available options and select your option.**

Monthly fee \$0	Per purchase \$0	ATM withdrawal \$0 in-network \$2.00* out-of-network	Cash reload N/A
ATM Balance Inquiry (in-network or out-of-network)		\$0	
Customer Service (automated or live agent)		\$0 per call	
Inactivity (after 365 days with no transactions)		\$2.00 per month	

We charge 3 other types of fees.

* This fee can be lower depending on how and where this card is used.
See the accompanying Fee Schedule for free ways to access your funds and balance information.
No overdraft/credit feature.
Your funds are eligible for FDIC insurance.
For general information about prepaid accounts, visit cfpb.gov/prepaid.
Find details and conditions for all fees and services inside the card package or call 1-855-279-1270 or visit usbankreliacard.com.

U.S. Bank ReliaCard ® Fee Schedule | Program Name: Oregon Unemployment Insurance | Effective Date: May 2018

All Fees	Amount	Details
Get cash		
ATM Withdrawal (in-network)	\$0	This is our fee per withdrawal. "In-network" refers to the U.S. Bank or MoneyPass® ATM networks. Locations can be found at usbank.com/locations or moneypass.com/atm-locator .
ATM Withdrawal (out-of-network)	\$2.00	This is our fee per withdrawal. This fee is waived for your first 2 ATM withdrawals per month, which includes both ATM Withdrawals (out-of-network) and International ATM Withdrawals. "Out-of-network" refers to all the ATMs outside of the U.S. Bank or MoneyPass ATM networks. You may also be charged a fee by the ATM operator even if you do not complete a transaction.
Teller Cash Withdrawal	\$0	This is our fee for when you withdrawal cash off your card from a teller at a bank or credit union that accepts (Visa®).
Information		
ATM Balance Inquiry (in-network)	\$0	This is our fee per inquiry. "In-network" refers to the U.S. Bank or MoneyPass® ATM networks. Locations can be found at usbank.com/locations or moneypass.com/atm-locator .
ATM Balance Inquiry (out-of-network)	\$0	This is our fee per inquiry. "Out-of-network" refers to all the ATMs outside of the U.S. Bank or MoneyPass ATM networks. You may also be charged a fee by the ATM operator.

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Using your card outside the U.S.		
International Transaction	3%	This is our fee which applies when you use your card for purchases at foreign merchants and for cash withdrawals from foreign ATMs and is a percentage of the transaction dollar amount, after any currency conversion. Some merchant and ATM transactions, even if you and/or the merchant or ATM are located in the United States, are considered foreign transactions under the applicable network rules, and we do not control how these merchants, ATMs and transactions are classified for this purpose.
International ATM Withdrawal	\$2.00	This is our fee per withdrawal. This fee is waived for your first 2 ATM withdrawals per month, which includes both ATM Withdrawals (out-of-network) and International ATM Withdrawals. You may also be charged a fee by the ATM operator even if you do not complete a transaction.
Other		
Card Replacement	\$0	This is our fee per card replacement mailed to you with standard delivery (up to 10 business days).
Card Replacement Expedited Delivery	\$15.00	This is our fee for expedited delivery (up to 3 business days) charged in addition to any Card Replacement fee.
Inactivity	\$2.00	This is our fee charged each month after you have not completed a transaction using your card for 365 consecutive days.
<p>Your funds are eligible for FDIC Insurance. Your funds will be held at U.S. Bank National Association, an FDIC-insured institution, and are insured up to \$250,000 by the FDIC in the event U.S. Bank fails. See fdic.gov/deposit/deposits/prepaid.html for details.</p> <p>No overdraft/credit feature. Contact Cardholder Services by calling 1-855-279-1270, by mail at P.O. Box 551617, Jacksonville, FL 32255 or visit usbankreliacard.com.</p> <p>For general information about prepaid accounts, visit cfpb.gov/prepaid. If you have a complaint about a prepaid account, call the Consumer Financial Protection Bureau at 1-855-411-2372 or visit cfpb.gov/complaint.</p> <p style="text-align: center;"><input type="checkbox"/> I have read the ReliaCard Information</p>		

H. 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.

I Agree

I. APPLICANT CERTIFICATION

I certify that the information I have provided above, which will be used to determine my eligibility for Pandemic Unemployment Assistance, is correct to the best of my knowledge. I understand that I am subject to administrative penalties, including the penalties for perjury, or legal action if it is determined that I withheld or provided false information to obtain assistance payments to which I am not entitled.

I Certify

I am a citizen or national of the United States Yes No

If "NO," are you in satisfactory immigration status? Yes No Work Authorization # _____

Signature _____ Date (Month, Day, Year) _____

If you are found to be eligible for PUA we will establish a minimum claim of \$205. If you wish to have us evaluate your claim for an increased weekly benefit amount, you must provide proof of income for tax year 2019. In order to have the possibility of a higher claim amount you must have earnings in excess of \$16,480 for the year 2019. You can utilize the form **196PUA** to identify how much you may be eligible to receive.

Please submit your completed application to:
Mail: Oregon Employment Department PO Box 14165 Salem, OR 97311
Fax: (503) 371-2893

The Oregon Employment Department is an equal opportunity program/employer. The following services are available free of cost upon request: Auxiliary aids or services and alternate formats to individuals with disabilities and language assistance to individuals with limited English proficiency. Ask one of our staff for more information.

El Departamento de Empleo de Oregon es un programa/empleador que respeta la igualdad de oportunidades. Disponemos de los siguientes servicios a pedido y sin costo: Servicios o ayudas auxiliares, y formatos alternos para personas con discapacidades y asistencia de idiomas para personas con conocimiento limitado del inglés. Para mayor información, pregunte a nuestro personal.