

**Sample Self-Certification Declaration for Individuals Claiming PUA**

To be eligible for PUA, the state must determine that the individual is not eligible for regular UC, PEUC, or EB (*see* Section C.12.b. of Attachment I to UIPL No. 16-20, Change 4). This includes an individual who is self-employed, seeking part-time employment, does not have sufficient work history, or would otherwise not qualify for regular UC (or PEUC or EB). The individual must also self-certify that they are otherwise able to work and available for work within the meaning of applicable state law, except that they are unemployed, partially unemployed, or unable or unavailable to work for a listed COVID-19 related reason(s). ETA recommends that states use this sample self-certification declaration as part of the initial claim application and continued claim form to meet the requirement to obtain self-certification that an individual meets the COVID-19 related reason(s) in Section 2102(a)(3)(A)(ii)(I) of the CARES Act.

**A. SELF-CERTIFICATION DECLARATION**

**To qualify for PUA, you must be unemployed, partially unemployed, or unable or unavailable to work because of one or more of the COVID-19 reasons listed below. Please check all of the following categories that apply to you for the week you are claiming.**

- I have been diagnosed with COVID-19 or am experiencing symptoms of COVID-19 and am seeking a medical diagnosis.
- A member of my household has been diagnosed with COVID-19.
- I am providing care for a family member or a member of my household who has been diagnosed with COVID-19.
- A child or other person in my household for which I am the primary caregiver is unable to attend school or another facility that is closed as a direct result of the COVID-19 public health emergency and such school or facility care is required for me to work.
- 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.
- 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.
- 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.
- 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.
- I quit my job as a direct result of COVID-19.
- My place of employment is closed as a direct result of the COVID-19 public health emergency.
- 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.

- 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.
- 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.
- 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.
- None of the above apply to me.

**B. ACKNOWLEDGEMENT**

**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.**

SIGNATURE OF APPLICANT:

DATE (Month/  
Day/Year):