



DEPARTMENT OF HUMAN RESOURCES
 AMERICAN SAMOA GOVERNMENT
 A.P. LUTALI EXECUTIVE OFFICE BUILDING
 PAGO PAGO, AMERICAN SAMOA 96799
 Main Office: (684) 633-4485 / (684) 633-7822
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COVID-19 CASH ASSISTANCE for IMPACTED WORKERS in AMERICAN SAMOA (CAP)
Initial Application

LAST NAME	FIRST NAME	MIDDLE OR MAIDEN NAME
SOCIAL SECURITY NO.	DATE OF BIRTH	GENDER () Male () Female
MARITAL STATUS () Single () Married () Divorced () Widowed () Separated	TELEPHONE/HOME	CELL/MOBILE
ALTERNATE CONTACT (NAME/PHONE)	MAILING ADDRESS (P.O. BOX)	VILLAGE

A. APPLICANT REQUEST

I hereby apply for CASH ASSISTANCE for IMPACTED WORKERS in AMERICAN SAMOA (CAP) for the period of unemployment resulting from the COVID-19 Pandemic. I attest that my unemployment, partial unemployment, inability or unavailability to work was a result of the disaster as follows (explain in detail how your unemployment/self-unemployment (total or partial) was **a result of the COVID-19 public emergency** and include **last day worked** : _____

(Initial Box) By completing this section, I CERTIFY that all of the information regarding my loss of employment, self-employment, or inability, unavailability to work is due to COVID-19, that my statements are true and correct to the best of my knowledge, and I am aware that any misinformation I provide is subject to legal penalties and may result in prosecution under the law.

COMMENTS: _____

B. APPLICANT EMPLOYMENT AND INFORMATION

WORK RECORD: List current or previous employment, full-time and part-time. An Employment Verification Letter will be required to support the following statement.

PLACE OF EMPLOYMENT:	FROM: (MM/DD/YYYY) TO: (MM/DD/YYYY)
PHONE:	TYPE OF WORK:
ADDRESS (P.O. BOX): VILLAGE / LOCATION:	STATUS OF EMPLOYMENT: () FULL TIME () PART TIME
REASON FOR SEPARATION: <i>(Please check one.)</i> <input type="checkbox"/> Separated due to the COVID -19 public health emergency <input type="checkbox"/> Laid Off - Lack of Work <input type="checkbox"/> Quit <input type="checkbox"/> Discharged <input type="checkbox"/> Self-employed <input type="checkbox"/> Other Explain: _____	RATE OF PAY/SALARY OR SELF-EMPLOYED INCOME: HOURLY: \$ _____ WEEKLY: \$ _____

C. FILING FOR PAST WEEKS

List below all weeks after the COVID -19 public emergency first affected you, you were unemployed (total or partial) due to the COVID -19 public health emergency implemented during the time of **February 22, 2022 to April 18, 2022**, and for which you are claiming **COVID -19 CASH ASSISTANCE for IMPACTED WORKERS in AMERICAN SAMOA (CAP)**. Report gross earnings from employment and net earnings from self-employment.

WEEK ENDING	HOURS WORKED	EARNINGS

D. APPLICANT CERTIFICATION

I CERTIFY that all of the information I have given on this application and forms related to this application is correct to the best of my knowledge and belief, and that I have supplied this information in order to obtain CASH ASSISTANCE for IMPACTED WORKERS in AMERICAN SAMOA. The information that I am providing is **true and correct** to the best of my knowledge. I understand that I am providing this information under the **penalty of perjury**.

I understand that Federal funds are provided and that under 18 U.S.C. 1001, I may be subject to prosecution for willfully concealing material facts or knowingly making a false statement to obtain CAP to which I am not entitled. I am furnishing my Social Security Number as required under 26 U.S.C.6109(d) for purpose of reporting CAP as a Federal taxable income and for determining my entitlement to CAP. I understand that information regarding my claim may be furnished to requesting agencies defined in the Deficit Reduction Act (DEFRA) (PL 98-369) for purpose of income and eligibility verification.

SIGNATURE OF APPLICANT:	SIGNATURE OF INTERVIEWER:	DATE (Month/ Day/Year)
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