



GOVERNMENT OF PUERTO RICO
Department of Labor and Human Resources



PR-PUA-1A
 REV. 06/20

**SUPPLEMENT TO PANDEMIC UNEMPLOYMENT ASSISTANCE (PUA) COVID-19
 INITIAL APPLICATION FOR THE SELF-EMPLOYED**

A. PERSONAL INFORMATION (Please answer all questions.)					
1. Claimant's Name (Last Names, Name, Middle Initial)	2. Pandemic number: COVID-19 2020	3. Nearest PRDOLHR's Local Office to Your Residence:	4. Social Security #:		
5. Employer's Name and Address (number, Street, municipality or city, country, zip code)	6. Self-employment: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Agriculture/Farming </div> <div> Type of Self-Employment: <input type="checkbox"/> Business <input type="checkbox"/> Independent Contractor </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> <input type="checkbox"/> Sole Owner </div> <div> Type of Ownership: <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation </div> </div>				
B. SELF-EMPLOYMENT INFORMATION (Please answer all questions.)					
7. Describe the nature of your self-employment and indicate since when have you been performing it.					
8. Do you perform duties directly related to the operation of the business or self-employment?..... <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain duties performed.					
9. Did the COVID-19 pandemic prevent you from performing all the duties in connection with your self-employment?..... <input type="checkbox"/> Yes <input type="checkbox"/> No If not, describe the services being rendered.					
10. Did your self-employment require you to render services part-time?..... <input type="checkbox"/> Yes <input type="checkbox"/> No If not, explain.					
11. Were you actively performing duties related to your self-employment at the time of the COVID-19 pandemic? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe the services being rendered. If not, explain.					
12. Was this self-employment your primary occupation and primary means of livelihood at the time of the COVID-19 pandemic? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, explain other primary occupation and/or primary means of livelihood.					
13. Do you have any occupation other than this self-employment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the following information:					
OCCUPATION	WEEKLY SCHEDULE	GROSS INCOME (WEEKLY)	EFFECTS OF PANDEMIC ON OCCUPATION		
C. AGRICULTURAL ACTIVITIES (IF APPLICABLE)					
14. Number of weekly hours spent working before the pandemic:					
15. Has your ability to work the same number of hours you used to work prior to the COVID-19 pandemic decreased? <input type="checkbox"/> Yes <input type="checkbox"/> No					
16. Size of the farm (in acres):					
17. Indicate all agricultural products for sale and from which the farm receives income:					
CROPS		DOMESTIC ANIMALS		OTHERS (SPECIFY)	
Type	Acres	Type	Number	Type	Number
18. Claimant's Certification: I certify under penalty of perjury that the information I have provided here is correct. I have volunteered it for the purpose of obtaining Pandemic Unemployment Assistance for COVID-19. I am aware that the law provides civil and criminal penalties, including criminal charges, for offering false or fraudulent information, including misrepresentation, or hiding material facts for the purpose of obtaining payments of benefits to which I am not entitled.					
Claimant's Signature				Date (month/day/year)	