

**Coronavirus Relief One-Stop Shop (CROSS) Act 2021  
Individual (Non-Employer) Application for Assistance**

Ministry of Finance Satellite Office | Ruth S. Meluat Professional Building | Meyuns | 488.6968 | [crossrelief@palaugov.org](mailto:crossrelief@palaugov.org)

**PERSONAL INFORMATION**

<b>Last</b>		<b>First</b>		<b>M.I.</b>	<b>Age</b>	<b>Nationality</b>	<b>Gender</b>
<b>Date of Birth</b>	<b>SS Number</b>		<b>E-Mail</b>		<b>P.O. Box</b>	<b>Contact</b> <i>Home:</i> <i>Cell:</i>	
<b>Name of Employer (on W-2 or Pay Check)</b>				<b>Employer Phone</b>		<b>Name of Immediate Supervisor</b>	
				<b>Employer E-mail Address</b>			
<b>Your Position with Company</b>				<b>Length of Employment</b>		<b>Status of Employment</b> <i>(Check One)</i> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/>	
<b># of Hours Worked Per Week on Regular Schedule</b>	<b># of Hours Worked CURRENTLY, on Reduced Hours Schedule</b>		<b>If currently not working, please indicate reason for stoppage (e.g. Lay-Off)</b>				
<b>Hourly Rate of Pay</b> <i>PRE-COVID:</i> <i>CURRENTLY:</i>	<b>Monthly Salary</b> <i>PRE-COVID:</i> <i>CURRENTLY:</i>		<b>Type of Assistance Requested (please check one or more boxes applicable to you):</b> <input type="checkbox"/> __Temporary or __ permanent transfer (non-citizen). <input type="checkbox"/> Temporary Employment <input type="checkbox"/> Humanitarian Assistance (Stipend) <input type="checkbox"/> Access to Lifeline Utility Subsidy				
<b>If seeking temporary employment, when you start work?</b>							
<b>Do you have any medical condition(s) that may prevent you from performing select tasks?</b>							<b>Yes <input type="checkbox"/> No <input type="checkbox"/></b>
<b>If yes, please list condition(s):</b>							

**AUTHORIZATION**

I, (PRINT NAME) \_\_\_\_\_ AUTHORIZE THE MINISTRY OF FINANCE TO ACCESS ANY RECORD REGULARLY KEPT BY THE MINISTRY OF FINANCE, MINISTRY OF JUSTICE, SOCIAL SECURITY ADMINISTRATION, HEALTH CARE FUND, WIOA OFFICE, AND THE PALAU PUBLIC UTILITIES CORPORATION FOR THE PURPOSE OF CONFIRMING INFORMATION SUBMITTED ON THIS FORM AND TO ASSESS MY QUALIFICATION TO APPLY FOR TEMPORARY RELIEF UNDER THE CORONAVIRUS RELIEF ONE STOP SHOP (CROSS) ACT. I CERTIFY, SWEAR AND ATTEST THAT THE INFORMATION SUBMITTED HEREIN IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE OR BELIEF, AND CONSISTENT WITH THE RECORDS AVAILABLE TO ME.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Ministry of Finance Official

**REQUIRED SUPPORTING DOCUMENTS**

<b>Citizens</b>	<b>Non-Citizens</b>
<input type="checkbox"/> Check Stubs from January – February 2020 & January – February 2021; receipts for the same period if seasonal worker (e.g. makit)	<input type="checkbox"/> Check Stubs from January – February 2020 & January – February 2021
<input type="checkbox"/> Copy of Valid Government Issued ID Card	<input type="checkbox"/> Copy of Valid Work Permit
<input type="checkbox"/> Copy of Social Security Card	<input type="checkbox"/> Copy of Social Security Card
<input type="checkbox"/> Notice of Lay-Off/Reduction of Hours from Employer (if available)	<input type="checkbox"/> Notice of Lay-Off/Reduction of Hours from Employer (if available)
<input type="checkbox"/> Copy of Food Handlers Permit & Health Certificate (Makit)	
<input type="checkbox"/> Notarized Self Employment Declaration Form	