

Coronavirus Relief One-Stop Shop (CROSS) Act 2020 Individual (Non-Employer) and Business Application for Assistance

CROSS ACT Office Ruth S. Wong Professional Building, Meyuns | 488-6968 crossrelief@palaugov.org

PERSONAL INFORMATION					
Last	First	MI	Nationality	Age	Gender
Date of Birth		Social Security Number	E-mail Address		
Current Address, Include Hamlet			Contact Number (H) _____ (Mobile) _____		
Employment Status:	State Other Source of Income Amount \$ _____		Are you receiving any monetary benefits? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, indicate: _____		
BUSINESS INFORMATION					
Business Name			Doing Business As		
Address			Telephone Number	TIN#	
Total # of Employees	Citizen	Non-Citizen	Is Business still in operation? Yes <input type="checkbox"/> No <input type="checkbox"/>	State Revenue From	
Supervisor			Contact Number	FY 2019 1 st & 2 nd QRT: _____ FY 2022 1 st & 2 nd QRT: _____	
AUTHORIZATION					

I/We the undersigned below, authorizes the Ministry of Finance to access any records regularly kept by the Ministry of Finance, Ministry of Justice, Social Security Administration, Health Care Fund, 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/We certify, swear and attest that the information submitted herein is true and accurate to the best of my/our knowledge or belief, and consistent with the records available to me/us. By my/our signature(s), I/we acknowledge that providing false information, whether intentionally or not, can be grounds for prosecution to recover funds received, and I/we will shoulder all legal costs.

Applicant Print	Signature	Date
Company Authorized Personnel Print & Sign	Title	Date

REQUIRED SUPPORTING DOCUMENTS	FOR OFFICE USE ONLY	
Citizens ___ W2 2021 ___ Copy of Valid Government Issued ID ___ Copy of Social Security Card ___ Social Security Administration Verification Letter	Applicant is former cross act recipient	
Non-Citizens ___ W2 2021 ___ Copy of Valid Work Permit ___ Copy of Social Security Card ___ Social Security Administration Verification Letter	Individual receives SSA benefits below \$400.00/mo.	
	Company is cross certified	
	Business revenue rating is below 70%	