Guidance for Self-Employed Individuals
FILING A PANDEMIC UNEMPLOYMENT ASSISTANCE CLAIM
myunemployment.nj.gov

Please print this guide or keep it viewable on your computer while you complete the application.

To apply online for Pandemic Unemployment Assistance benefits, you should first collect:

- Social Security Number
- Alien Registration Number (if you are not a US citizen)
- NJ driver license or state ID number (if available)
- Pension information (if you are receiving any pension or 401k from a recent employer)
- Amount and duration of any separation pay you may be receiving from any past employer
- Recall date (if you expect to be recalled to your job; may be left blank)
- Union hiring hall information, including local number and address (if you get work through a union)
- Military Form DD-214 (if you were in the military in the last 18 months)

Next, prepare the following information about your self-employment, platform or "gig" employment and all other employment, if any. For each self-employment or employer that you worked for in the last 18 months, please collect the following:

- Name and address of employer (if there were additional employers other than yourself)
- Employer's telephone number (may be left blank if unknown)
- Your occupation with that employer
- Beginning date and last dates you worked for each employer
- Reason for separation

If you have never created an account with myunemployment.nj.gov, follow the instructions here to create an account: **https://myunemployment.nj.gov/labor/myunemployment/before/createaccount/index.shtml**.

Please note that it is not possible to save your online application and return to it. You must complete it and submit it all at once.

To file an application for benefits, please refer to the following instructions for self-employed, independent contractor, gig, and platform workers. Please print this guide or keep it viewable on your computer while you complete the application.

When completing Step 1: General Information, refer to this guide:

UNEMPLOYMENT INSURANCE BENEFITS
STATE OF NEW JERSEY
DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT

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General Information

* required field

Cancel & Exit

Please be advised that if your computer is idle for 30 minutes or more, your session will "time out" and all of your claim information will be lost. If you exit for any reason before completing the application, all of your information will be lost.

If your Name is not correct, then please click here to change your information.

SSN: xxx-xx-xxxx
Date of Claim: 03-05-2017
Date of Birth: 07-23-1972
Legal First Name: UITRA
Middle Initial:
Legal Last Name: DAYS

1.1 Please select your suffix, if applicable: "-Select-" ▼

* 1.2 Please select your gender: ○ Male ● Female

1.3 Please select the applicable form of identification:

* ID Type: New Jersey Driver's License or State Issued ID ▼

Please enter the number including letter of the New Jersey issued ID or driver's license.

ID Number: b05563942512214
Re-enter ID Number: b05563942512214

* 1.4 In the past 18 months, have you worked under a name different from above? ○ Yes ● No

If "Yes," please enter the name you worked under:

First Name:
Middle Initial:
Last Name:
Suffix: "-Select-" ▼

* 1.5 When you worked in New Jersey, did you live out of state? ○ Yes ● No
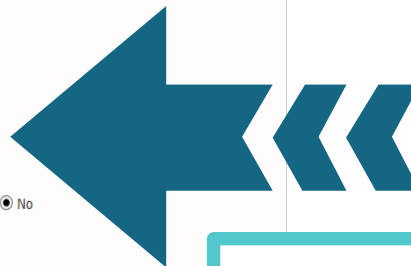
If "Yes," will you continue seeking work in New Jersey? "-Select-" ▼

* 1.6 Have you filed an Unemployment Insurance in a State other than New Jersey in the past 12 months? ○ Yes ● No

If "Yes," please select the state in which you filed a claim in the past 12 months: "-Select-" ▼

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> If you do not have this number, leave these fields blank.

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When completing Step 2: Personal Information, refer to this guide, fill in all fields, and review for accuracy:

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Personal Information

* required field

Cancel & Exit

* 2.1 Are you a citizen or national of the United States? ⦿ Yes ◯ No

* 2.2 Please enter your home telephone number: 732 - 555 - 5162

2.3 Please enter your alternate telephone number: [ ] - [ ] - [ ]

2.4 Please enter your email address: 5162@SSI.COM

Re-type email address: 5162@SSI.COM

* 2.5 If you are scheduled for an appointment, do you need an interpreter? ◯ Yes ⦿ No

If "Yes," please select the language you speak. "-Select-" ▼

If "Other," please specify the language you speak. [ ]

* 2.6 Please select the number of years of education you have completed. 11 ▼

* 2.7 What is your ethnic group? Choose not to Answer ▼

* 2.8 What is your race? Choose not to Answer ▼

* 2.9 When you are working, are you the primary / main wage earner in your household? ◯ Yes ⦿ No

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When completing Step 3: Eligibility Information, refer to this guide:

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Eligibility Information

* 3.1 Are you ready, willing and able to immediately work full-time? ● Yes ○ No

* 3.2 Are you or have you been a student in full-time attendance at an educational institution wit

* 3.3 Are you currently enrolled in job training or college? ○ Yes ● No

   If "No," do you plan to enroll in job training or college? NO

      If "Yes," do you have a definite date to start in j

      If "Yes," enter the definite date planned to s

* 3.4 Do you wish to have 10% Federal Income Tax wit

* 3.5 Do you wish to claim a dependency allowance?

* 3.6 Are you a member of a union? ○ Yes ● No

   If "Yes," do you seek work through a Union hiring ha

* 3.7 Are you currently registered with Vocational Reha

* 3.8 How do you wish to receive your Benefit Payment

If you selected "Direct Deposit," please enter the

* Account Type: "-Select-"

* Routing Number:

* Re-enter Routing Number:

* Account Number:

* Re-enter Account Number:

John Q. Public
123 Any Street
Trenton, NJ 08608   101

PAY TO THE ORDER O

Memo:

VOID

Answer "Yes" if

1. You were physically able to do your work before your self-employment ended (and you lost your job/hours due to your own coronavirus illness, your need to care for a family/household member with coronavirus, or your employment situation changed because of coronavirus public health emergency); OR

2. You are out of work temporarily due to an self-employment/employer closure related to the coronavirus and expect to return to your job; OR

3. You are able and available for work

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Employment Summary

* required field

Cancel & Exit

Employers Added

Please select the "Add" button below if you have worked for any employer(s) from 10-01-2015 to 03-04-2017 . If you have no employer(s) to add from 10-01-2015 to 03-04-2017 , then select the "Continue" button.

Add NJ Employer

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Click on "Add NJ Employer" to list all self-employment, independent contract, gig and platform work, as well as any other employment in the last 18 months

When completing Step 4: Employment Information, refer to this guide:

Identifying your Employer Name:

If you are self-employed, enter your business name (if one exists), or your name in the "Employer Name" field.

If you are an independent contractor, gig or platform worker, and you work for an entity, app, website, or other online platform, you could be considered an employee of that business and would enter their business/platform/app name in the "Employer Name" field.

NOTE: You would be considered an employee if that business controls/directs your work; and your work is part of the usual course of business or is within the places of business of that entity for which your service is performed; and if you are not engaged in an independently established trade, occupation, profession or business.

If there is a business name, enter it here. Otherwise, enter your own name.

NOTE: If you have multiple employers, make sure you are answering correctly for the employer listed at the top of this screen.

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Add NJ Employment

* required field

[Cancel & Exit]

* Employer Name: YOUR BUSINESS NAME

Your FEIN: 0000000000

Address Line 1:   1 MAIN ST

Address Line 2:

Address Line 3:

* City: TRENTON

* State: New Jersey ▼

* Zip Code: 08625 -

Telephone Number: 609 - 555 - 1212

State Employer Payroll Number:

If work location different
   City:
   State: "-Select-" ▼

* What was the start date for this employer? 01-01-2015 🔲 (mm-dd-yyyy)

* What was the last day you worked for this employer? 01-01-2017 🔲 (mm-dd-yyyy)

* Are you still employed by this employer? ○ Yes ◉ No

If "Yes," explain the reason. "-Select-" ▼

* Are you self employed or the owner of this business? ○ Yes ◉ No

* Are you a corporate officer or do you have 5% or more equitable or debt interest in this employer? ○ Yes ◉ No

* Are you related to the owner of this employer? ○ Yes ◉ No

If "Yes," was this business a corporation or partnership? "-Select-" ▼

If the business is not a corporation or partnership, what is your relationship to the owner? "-Select-" ▼

* Please select your reason for separation from this employer. Lay Off/Lack of Work ▼

If your reason for separation was not "Lay Off/Lack of Work" or "Still Employed," please provide further explanation below.

255 characters left

If your reason for separation was "Discharged/Fired", "Suspended" or "Unsatisfactory Work Performance", what was your discharge date?   🔲 (mm-dd-yyyy)

* Do you expect to be recalled by this employer? ○ Yes ◉ No

If "Yes," do you have a definite date of recall? "-Select-" ▼

If "Yes," enter your definite date of recall. 🔲 (mm-dd-yyyy)

If you expect to be recalled, is your work seasonal? "-Select-" ▼

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Enter your business FEIN if you have it, otherwise enter all zeros.

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Add NJ Employment

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* required field

Cancel & Exit

* Employer Name: YOUR BUSINESS NAME

Your FEIN:

* Address Line 1: 1 MAIN ST

Address Line 2:

Address Line 3:

* City: TRENTON

* State: New Jersey

* Zip Code: 08625 -

Telephone Number: 609 - 555 - 1212

State Employer Payroll Number:

If work location different

City:

State: "-Select-"

* What was the start date for this employer? 01-01-2015 (mm-dd-yyyy)

* What was the last day you worked for this employer? 01-01-2017 (mm-dd-yyyy)

* Are you still employed by this employer? ○ Yes ⦿ No

If "Yes," explain the reason. "-Select-"

* Are you self employed or the owner of this business? ○ Yes ⦿ No

* Are you a corporate officer or do you have 5% or more equitable or debt interest in this employer? ○ Yes ⦿ No

* Are you related to the owner of this employer? ○ Yes ⦿ No

If "Yes," was this business a corporation or partnership? "-Select-"

If the business is not a corporation or partnership, what is your relationship to the owner? "-Select-"

* Please select your reason for separation from this employer. Lay Off/Lack of Work

If your reason for separation was not "Lay Off/Lack of Work" or "Still Employed," please provide further explanation below.

255 characters left

If your reason for separation was "Discharged/Fired", "Suspended" or "Unsatisfactory Work Performance", what was your discharge date? (mm-dd-yyyy)

* Do you expect to be recalled by this employer? ○ Yes ⦿ No

If "Yes," do you have a definite date of recall? "-Select-"

If "Yes," enter your definite date of recall. (mm-dd-yyyy)

If you expect to be recalled, is your work seasonal? "-Select-"

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If you are self-employed, use your own business or home address. If you have listed a company, platform or app for which you do work, complete their address to the best of your ability.

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Add NJ Employment

* required field

Cancel & Exit

* Employer Name: YOUR BUSINESS NAME

Your FEIN: 0000000000

* Address Line 1:   1 MAIN ST

Address Line 2:

Address Line 3:

* City: TRENTON

* State: New Jersey ▼

* Zip Code: 08625 -

Telephone Number: 609 -555 -1212

State Employer Payroll Number:

If work location different
    City:

    State: "-Select-" ▼

> **Should be blank except if the applicant is an employee of a NJ State department or commission.**

* What was the start date for this employer? 01-01-2015 📅 (mm-dd-yyyy)

* What was the last day you worked for this employer? 01-01-2017 📅 (mm-dd-yyyy)

* Are you still employed by this employer? ○ Yes ◉ No

    If "Yes," explain the reason. "-Select-" ▼

* Are you self employed or the owner of this business? ○ Yes ◉ No

* Are you a corporate officer or do you have 5% or more equitable or debt interest in this employer? ○ Yes ◉ No

* Are you related to the owner of this employer? ○ Yes ◉ No

    If "Yes," was this business a corporation or partnership? "-Select-" ▼

       If the business is not a corporation or partnership, what is your relationship to the owner? "-Select-" ▼

* Please select your reason for separation from this employer. Lay Off/Lack of Work ▼

    If your reason for separation was not "Lay Off/Lack of Work" or "Still Employed," please provide further explanation below.

255 characters left

    If your reason for separation was "Discharged/Fired", "Suspended" or "Unsatisfactory Work Performance", what was your discharge date?   📅 (mm-dd-yyyy)

* Do you expect to be recalled by this employer? ○ Yes ◉ No

    If "Yes," do you have a definite date of recall? "-Select-" ▼

       If "Yes," enter your definite date of recall.   📅 (mm-dd-yyyy)

    If you expect to be recalled, is your work seasonal? "-Select-" ▼

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Add NJ Employment

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* required field

Cancel & Exit

* Employer Name:	YOUR BUSINESS NAME
Your FEIN:	0000000000
* Address Line 1:	1 MAIN ST
Address Line 2:	
Address Line 3:	
* City:	TRENTON
* State:	New Jersey
* Zip Code:	08625 -
Telephone Number:	609 -555 -1212
State Employer Payroll Number:	

If work location different
City:
State: "-Select-"

* What was the start date for this employer? 01-01-2015 (mm-dd-yyyy)
* What was the last day you worked for this employer? 01-01-2017 (mm-dd-yyyy)
* Are you still employed by this employer? ○ Yes ● No
  If "Yes," explain the reason. "-Select-"
* Are you self employed or the owner of this business? ● Yes ● No
* Are you a corporate officer or do you have 5% or more equitable or debt interest in this em
* Are you related to the owner of this employer? ○ Yes ● No
  If "Yes," was this business a corporation or partnership? "-Select-"
    If the business is not a corporation or partnership, what is your relationship to the owner? "-Select-"
* Please select your reason for separation from this employer. Lay Off/Lack of Work
  If your reason for separation was not "Lay Off/Lack of Work" or "Still Employed," please provide further explanation below.

255 characters left
  If your reason for separation was "Discharged/Fired", "Suspended" or "Unsatisfactory Work Performance", what was your discharge date? (mm-dd-yyyy)
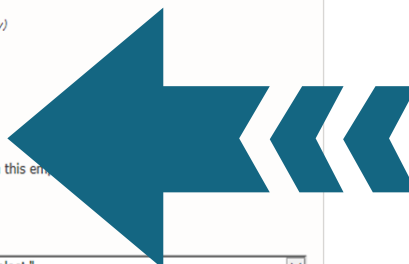* Do you expect to be recalled by this employer? ○ Yes ● No
  If "Yes," do you have a definite date of recall? "-Select-"
    If "Yes," enter your definite date of recall. (mm-dd-yyyy)
  If you expect to be recalled, is your work seasonal? "-Select-"

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Enter Yes.

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Add NJ Employment

* required field

Cancel & Exit

* Employer Name: YOUR BUSINESS NAME

  Your FEIN: 0000000000

* Address Line 1:   1 MAIN ST

  Address Line 2:

  Address Line 3:

* City: TRENTON

* State: New Jersey ▼

* Zip Code: 08625 -

  Telephone Number: 609 - 555 - 1212

  State Employer Payroll Number:

  If work location different
     City:
     State: "-Select-" ▼

* What was the start date for this employer? 01-01-2015 ▦ (mm-dd-yyyy)

* What was the last day you worked for this employer? 01-01-2017 ▦ (mm-dd-yyyy)

* Are you still employed by this employer? ○ Yes ◉ No

  If "Yes," explain the reason. "-Select-" ▼

* Are you self employed or the owner of this business? ◉ Yes ○ No

* Are you a corporate officer or do you have 5% or more equitable or debt interest in this employer? ○ Yes ◉ No

  Are you related to the owner of this employer? ○ Yes ◉ No

  If "Yes," was this business a corporation or partnership? "-Select-" ▼

     If the business is not a corporation or partnership, what is your relationship to the owner? "-Select-" ▼

* Please select your reason for separation from this employer. Lay Off/Lack of Work ▼

  If your reason for separation was not "Lay Off/Lack of Work" or "Still Employed," please provide further explanation below.

  255 characters left

  If your reason for separation was "Discharged/Fired", "Suspended" or "Unsatisfactory Work Performance", what was your discharge date? ▦ (mm-dd-yyyy)

* Do you expect to be recalled by this employer? ○ Yes ◉ No

  If "Yes," do you have a definite date of recall? "-Select-" ▼

     If "Yes," enter your definite date of recall. ▦ (mm-dd-yyyy)

  If you expect to be recalled, is your work seasonal? "-Select-" ▼

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Enter "No" if business is an LLC.

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Add NJ Employment

* required field

Cancel & Exit

* Employer Name: YOUR BUSINESS NAME

Your FEIN: 0000000000

* Address Line 1: 1 MAIN ST

Address Line 2:

Address Line 3:

* City: TRENTON

* State: New Jersey

* Zip Code: 08625 -

Telephone Number: 609 - 555 - 1212

State Employer Payroll Number:

If work location different
City:
State: "-Select-"

* What was the start date for th... (mm-dd-yyyy)

* What was the last day you worked for this employer? 01-01-2017 (mm-dd-yyyy)

* Are you still employed by this employer? ○ Yes ● No

If "Yes," explain the reason. "-Select-"

* Are you self employed or the owner of this business? ● Yes ● No

* Are you a corporate officer or do you have 5% or more equitable or debt interest in this employer? ○ Yes ● No

* Are you related to the owner of this employer? ○ Yes ● No

If "Yes," was this business a corporation or partnership? "-Select-"

If the business is not a c... your "-Select-"
relationship to the owner

* Please select your reason for se... yer. Lay Off/Lack of Work

If your reason for separation w... or "Still Employed," please provid...

255 characters left

If your reason for separation was "Discharged/Fired", ...spen... Unsatisfactory Work
Performance", what was your discharge date?

* Do you expect to be recalled by this employer? ○ Yes ● No

If "Yes," do you have a definite date of recall? "-Select-"

If "Yes," enter your definite date of recall. (mm-dd-yyyy)

If you expect to be recalled, is your work seasonal? "-Select-"

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> If your self-employment has been affected by the coronavirus, select "No."

> Only answer yes if
> 1. You are not the owner, AND
> 2. When you work for this employer, you are working for a relative.

Please select your reason for separation from this employer.

BUSINESS CLOSED/ HOURS REDUCED: Your client closed their business or halted/reduced your work due to COVID-19.

VOLUNTARY LEAVE/ REDUCED HOURS: You made the decision to stop offering or reduce your services due to COVID-19 related concerns.

OTHER- COVID19 RELATED: Any other COVID-19 reason you cannot work, such as you are sick with or caring for someone with coronavirus, or at home with your child whose school has been closed.

If your self-employment has been affected by COVID-19, please choose one of the three COVID-19 options. Write "COVID19 Impact" in the box below.

Continue to **Add NJ Employers** until you have included each employer you have had for the past 18 months.

Click on the **"Continue" Button** when all employers have been added.

Next, finish the application.

Complete Step 5: Employment Details

In this section you will be asked about the presence of a disability, pension or other related pay, as well as how you were paid by your self-employment or other employer.

Complete Step 6: Submit Application

Complete Step 7: Record your confirmation number.
Begin collecting all income demonstrating documents, such as W-2s, 1099s, etc. from the past two years.

Add all of the employers not already listed that you worked for in the dates that auto-populate. Include all employment relationships: your own self-employment/business, a business where you were a corporate officer, other employers where you were paid on W2, or an entity, app, website, or other online platform for which you were an independent contractor, gig or platform worker.

What happens next:

Per federal rules, an applicant for Pandemic Unemployment Assistance (PUA) must first be assessed for traditional unemployment insurance benefit eligibility. If you are denied traditional unemployment benefits, you can always file an appeal, which takes time. Once denied, you are most likely eligible for benefits under Pandemic Unemployment Assistance since ineligibility for regular unemployment is a prerequisite for receiving these expanded benefits due to COVID-19.

In this case you will need to gather the last two years of your tax returns or other evidence of income history, which will be necessary for processing your claim. The Pandemic Unemployment Assistance benefits can be paid retroactively for periods of unemployment, beginning on or after February 2, 2020. Additional details will be posted online as they become available.

The New Jersey Department of Labor is currently working with the United States Department of Labor to develop the process to assess your application for this new federal program. We ask for your patience at this time; once the process is determined, you will be contacted and the Department of Labor's website will be updated with details and expected timelines.

NJ.GOV/LABOR

UPDATED: 4.12.2020