



Ministry of Health & Human Services

P.O. Box 6027 Koror, Republic of Palau 96940

Phone: (680) 488-2552/3 Fax: (680) 488-1211

E-mail: administration@palahealth.org Website: www.palahealth.org

APPLYING FOR SOCIAL ASSISTANCE PAYMENT

REPUBLIC OF PALAU

Information You Need to Know

The applicant must be an individual recognized as a Palauan citizen under the Constitution of the Republic of Palau and Title 13 or the Palau National Code.

The applicant be a citizen involved in the informal makit sector whose gross revenue was fifteen thousand dollars (\$15,000) or less in the most recent tax year.

The Applicant on fixed income receiving either Social Security benefits or payments from the Republic of Palau Civil Service Pension Plan and Trust, or both, whose total income (makit revenue and retirement income combined) was fifteen thousand dollars (\$15,000) or less in the most recent tax year.

Individual holding formal employment wherein tax is withheld from their salary and wages pursuant to 40 PNCA § 1101 SHALL NOT be eligible to receive Makit Assistance.

The applicant must have registered with the Ministry of Finance at the beginning of the most recent tax year as an individual conducting small business in the informal makit sector.

The Ministry of Health and Human Services will make a decision regarding your application and must notify the applicant as to whether or not the application is approved. If application is not approved, the notification must be in writing and must include the Minister's reason for denial.

CHECK LIST- REQUIRED DOCUMENTS

Attached application with all eligibility required documents from this check list.

Applicant Citizenship (Applicant) applying for Makit Assistance and Fixed Income Assistance

- ❖ Valid Photo ID of applicant (Passport, Driver License, ID card)
- ❖ Social Security Card (Palau)

Income Requirement (Makit & Fixed Income Gross Revenue does not exceed \$15,000)

- ❖ Business License (Makit sector or W-2)
- ❖ Makit Sector Certificate
- ❖ Social Security Verification
- ❖ Pension Plan Verification
- ❖ Food Handler Permit (Food)

Contact Information:

Division of Human Services P.O. Box 4074 Koror PW 96940

Tel: (680) 488-2575 Fax: (680)488-2736



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INFORMAL MAKIT and FIXED INCOME ASSISTANCE APPLICATION FORM

CASE ID

OFFICE USE ONLY

Note: All eligibility documents must be submitted with your application before it can be processed.

1. Applicant Information			Date:
Your Name: Last	First	Middle Initial	Maiden or Other
Social Security Number (Palau)	Date of Birth:	Gender (please check): <input type="checkbox"/> Female <input type="checkbox"/> Male	Citizenship (Palauan Citizen): <input type="checkbox"/> Yes <input type="checkbox"/> No
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	Telephone: _____ Work Phone: _____ Mobile: _____ Email: _____	Retirement Benefits: Social Security \$ _____ Pension Plan \$ _____ Other: \$ _____	
Business Mailing address: _____ Hamlet: _____	City/State: _____ Zip Code: _____	Tax Type: _____ Effective Date: _____	Wages & Salary: (select that apply) <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi Monthly <input type="checkbox"/> Monthly
Business License No.: _____ Expiration Date: _____	Food Handling Permit No: _____ Expiration Date: _____	Fixed Income Wages & Salaries: \$ _____	Makit Gross Revenue: (15K & below) \$ _____

2. Business Location (s): - (List all that apply)			
<input type="checkbox"/> PVA Night Market	<input type="checkbox"/> Ernguul Market	<input type="checkbox"/> Retail	<input type="checkbox"/> Restaurant
<input type="checkbox"/> State Makit	<input type="checkbox"/> Hotel	<input type="checkbox"/> Catering by Order	

TYPE OR PRINT AND CHECK APPROPRIATE BOXES

3. Type of Makit Activity - (List all that apply)		Attached original or copies of official unaltered receipts
<input type="checkbox"/> Agricultural Activities	<input type="checkbox"/> Fishing Activities	4. Fixed income Wages & Salaries: \$ _____
<input type="checkbox"/> Aquaculture Activities	<input type="checkbox"/> Handicrafts	5. Makit Gross Revenue: \$ _____
<input type="checkbox"/> Growing of livestock	<input type="checkbox"/> Selling packaged Food	

6. Total Assistance Calculation:	
a. Amount of Makit Gross Revenue on (Box 5)	\$ _____
b. Maximum Assistance Amount, up to 4% of Makit Gross Revenue (Box 5 x 4%)	\$ _____
c. MA & FIA payment amount shall be 4% of total annual makit revenue up to \$600 per year	\$ _____
Total amount of Assistance Payment	\$ _____

Declaration: I hereby declare that the information provided in this form including all submitted documents are true and correct.

 Print Name

 Signature

 Date

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