



Office No.: EO 082
 Disaster No.: 4562
 Disaster Declaration Date: 09/15/2020
 Disaster Period Start Date: 09/13/2020
 Disaster Period End Date: 03/20/2021

**AFFIRMATION OF SELF-EMPLOYMENT
 DISASTER UNEMPLOYMENT ASSISTANCE (DUA)
 DISASTER RELIEF ACT OF 1974**

SELF-EMPLOYMENT AT THE TIME OF THE DISASTER

COUNTY OF _____

I, _____*, Social Security Number _____, hereby personally swear that I was **SELF-EMPLOYED** in the county stated above on _____.

Business Name: _____

Address where work was to be performed:

*In accordance with the Employment Department’s Gender Identity and Expression Procedure, you may provide a chosen or preferred name if different from the name on file with the Social Security Administration.

SELF-EMPLOYMENT INCOME for Tax Year 2019

FIRST QUARTER January - February - March	SECOND QUARTER April - May - June	THIRD QUARTER July - August - September	FOURTH QUARTER October - November- December
NET INCOME	NET INCOME	NET INCOME	NET INCOME
\$	\$	\$	\$

If you earned more than **\$16,800 during Tax Year 2019, you **MUST** turn in **proof of earnings** within **21 days** from turning in your initial application for DUA benefits.**

To support my claim of **SELF-EMPLOYMENT**, I offer the following statement: (Please include in your statement the names and address of your business; proof of self-employment, and any proof of net income you are providing today and the amount of that income.)

I was not I was also **EMPLOYED as a WORKER** during Tax Year 2019. If so, complete the information below.

EMPLOYMENT INCOME

FIRST QUARTER January - February - March	SECOND QUARTER April - May - June	THIRD QUARTER July - August - September	FOURTH QUARTER October - November - December
GROSS INCOME	GROSS INCOME	GROSS INCOME	GROSS INCOME
\$	\$	\$	\$

To support my claim of additional **EMPLOYMENT**, I offer the following statement: (Please include in your statement any proof of income you are providing today and the amount of that income)

CERTIFICATION

I further state that I understand that the Oregon Revised Statutes, the Oregon Administrative Rules, the 20 Code of Federal Regulations Part 625, and the DUA Regulations provide penalties for knowingly making false statements to obtain Unemployment Insurance and/or DUA benefits. I, therefore, declare that the statements I have made in connection with this claim are true and correct to the best of my knowledge and belief.

Signature _____ Date _____

Printed Name (name on file with the Social Security Administration) _____

Social Security Number: _____

NOTE: YOU WILL HAVE YOUR DUA WEEKLY BENEFIT AMOUNT (WBA) DETERMINED BASED ON THE WAGE INFORMATION YOU HAVE TURNED IN AND YOUR SWORN STATEMENT OF EARNINGS. IF YOU DO NOT GIVE US THE REQUIRED WAGE DOCUMENTATION AS REQUESTED WITHIN 21 CALENDAR DAYS OF YOUR APPLICATION FOR BENEFITS, YOUR DUA FINANCIAL DETERMINATION WILL BE RECALCULATED BASED ON THE PROOF OF INCOME INFORMATION YOU HAVE GIVEN US OR THAT IS PART OF THE DEPARTMENT'S WAGE RECORDS. YOU MAY HAVE YOUR DUA WBA REVIEWED AND REVISED UPON YOUR TURNING IN ACCEPTABLE DOCUMENTATION PRIOR TO THE END OF THE DISASTER ASSISTANCE PERIOD.

The proof you provide must show that the credit weeks, wages you earned or were paid during the base period to you or the deceased head of your household, would be sufficient to compute a DUA WBA higher than the minimum amount. If you are claiming DUA benefits based on self-employment, you must submit documentation that proves that you were self-employed, and that the credit weeks, net income from self-employment earned or received during the base period by you or the deceased head of household, would be enough to compute a DUA WBA higher than the already decided amount. Any higher weekly amount that is decided will be applied to all weeks that you filed for which you were eligible for the payment of DUA. If you intend to turn in the required wage information and you continued to be unemployed as a direct result of the disaster, keep turning in your claim forms for DUA benefits.

(If you need additional space for any explanations, please use the back of this form.)