

**SUPPLEMENT TO  
APPLICATION FOR DISASTER UNEMPLOYMENT ASSISTANCE  
SELF-EMPLOYED INDIVIDUALS**

**FOR OFFICE USE**

3. Disaster Number

FDAA

DR

**A. APPLICANT INFORMATION**

1. Applicant's Name ( Last, First, Middle)

4. Social Security Number

2. Business Name & Address ( No., Street, City, County, State, Zip Code)

5. Type of Self-Employment  
(Check appropriate box(es))

- Farming
- Business
- Profession

6. As a:      Sole owner  
               Partner

**B. FARMING ACTIVITY (if applicable)**

In columns below, list all farm products raised and held primarily for sale and farm income.

1. Size of farm (in acres):

CROPS		LIVESTOCK		OTHER (Specify)	
2. Kind	3. Acres	4. Kind	5. Quantity	6. Kind	7. Quantity

**C. SELF-EMPLOYMENT INFORMATION (Answer all questions in this part)**

1. Describe the nature of your self-employment; indicate how long you have been performing it.

2. Did this self-employment require any part of your time in the performance of services?  YES  NO

3. Were you performing any services in connection with this self-employment at the time of the disaster?  YES  NO  
If "NO", explain. If "YES", identify services being performed.

4. Did the disaster prevent you from performing all services in connection with your self-employment?  YES  NO  
If "NO", identify services being performed.

-- Continued on back of this form --

5. Since becoming unemployed, have you been performing or able to perform any services in restoring or improving the value or profit-making capability of your self-employment?  YES  NO  
If "YES", explain.

6. At the time of the disaster, was this self-employment your primary occupation and primary means of livelihood?  YES  NO  
If "NO", explain.

7. Do you have any occupation other than this self-employment?  YES  NO

8. Occupation	9. Weekly Hours	10. Weekly Gross Wages	11. Effect disaster had on this occupation
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**D. APPLICANT CERTIFICATION**

I CERTIFY that the information I have given on this form is correct. I have supplied the information voluntarily in order to obtain DISASTER UNEMPLOYMENT ASSISTANCE. I know that Federal Funds are provided and that penalties are prescribed by law for willful misrepresentation or concealment of material facts in order to obtain assistance payments which I am not entitled to receive under the Act. The information gathered by the Employment Department may be used by other state and federal agencies for verification of eligibility for other programs. Therefore, I AUTHORIZE the Employment Department to release the information TO ANY SOURCE for purposes authorized under EMPLOYMENT DEPARTMENT law. FURTHERMORE, I attest under penalty of perjury that:

I am a citizen or national of the United States  YES  NO

If you answered "NO", are you in satisfactory immigration status  YES  NO

1. Signature of Applicant \_\_\_\_\_ 2. Date (Month, Day, Year) \_\_\_\_\_