

WEEKLY REQUEST FOR DISASTER UNEMPLOYMENT ASSISTANCE (DUA)	OFFICE USE ONLY	
	DISASTER No.	Week No.

Applicant's Name (Last, First, Middle)	Social Security Number	
2. Address (No., Street, City, County, State, Zip Code)	Week Claimed	
	Dates	
	Beginning (Sunday)	Ending (Saturday)

APPLICANT REQUEST

You are claiming benefits for the "week claimed" (shown above). You are eligible for DUA if you are out of work as a direct result of a disaster. Please answer the following questions by checking the appropriate box(es) and or providing the additional information requested.

A. Why did you not work during this week?

Complete Section B and D if you worked in self-employment during the week. Go directly to sections C and D if you did not work in self-employment.

B. Self Employment		Yes	No
1. Did you perform any work related to your normal self-employment during this week? If "Yes," please answer the following questions about your activity during the week. Dates Worked _____ to _____ Number of Hours Worked _____ GROSS Earnings \$ _____	<input type="checkbox"/>		<input type="checkbox"/>
2. Was this work performed in an effort to RESUME your normal self-employment activity?	<input type="checkbox"/>		<input type="checkbox"/>

C. Employment		Yes	No
If you were not self-employed, did you do other work during the week claimed? If "Yes," please answer the following questions about your activity during the week. Dates Worked _____ to _____ Number of Hours Worked _____ GROSS Earnings \$ _____	<input type="checkbox"/>		<input type="checkbox"/>

D. Complete the information requested in the box to the right if you answer "Yes" to any questions in item 1 below.		Yes	No																		
1. Did you apply for or receive:	<input type="checkbox"/>		<input type="checkbox"/>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2" style="width:30%;">Type of each Payment Amount</th> <th colspan="2">Period Covered</th> </tr> <tr> <th style="width:20%;">From</th> <th style="width:20%;">To</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Type of each Payment Amount	Period Covered		From	To												
Type of each Payment Amount	Period Covered																				
	From	To																			
a. Any payments for loss of wages due to illness or disability?	<input type="checkbox"/>		<input type="checkbox"/>																		
b. Any payments of private income protection insurance?	<input type="checkbox"/>		<input type="checkbox"/>																		
c. Any payments as a supplemental unemployment benefit (SUB)?	<input type="checkbox"/>		<input type="checkbox"/>																		
d. Were any amounts payable to you from any retirement, pension, or annuity under a public or private plan or system (only if applicable under State UI law)?	<input type="checkbox"/>		<input type="checkbox"/>																		
2. Were you able and available for work during this week?	<input type="checkbox"/>		<input type="checkbox"/>																		
3. Have you contacted your last employer to determine if work was available this week?	<input type="checkbox"/>		<input type="checkbox"/>																		
4. Did you refuse any work during this week? If "yes" who offered you work? _____	<input type="checkbox"/>		<input type="checkbox"/>																		

APPLICANT CERTIFICATION

I certify that the information I have given on this form is correct, and that 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 to 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.

Signature _____ Date (Month, Day, Year) _____

STATE AGENCY DETERMINATION

___ Amount of DUA payment authorized for this week: \$ _____ ___ DUA reduced or denied for the week claimed above. ___ DUA termination date _____	Reason for Determination:
Signature of State Agency Representative	Date Authorized (Month, Day, Year)