



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

**SELF-EMPLOYMENT/ INDEPENDENT CONTRACTOR  
 DISASTER UNEMPLOYMENT ASSISTANCE (DUA)  
 DISASTER RELIEF ACT OF 1974**

<b>Name:</b> *	<b>Company Name:</b>
<b>SSN:</b>	<b>BIN:</b>
<b>Status Examiner:</b>	<b>Date:</b>

\*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.

Questions:	Answers		Points	Comments
	Y	N		
Answers: Y = 1 N = 0				
What services did you perform?	Enter description here			
Do you have a business name? Enter name in comments.				
Do you file a business return? (Ex: Schedule C, 1120 or a 1065) Enter Type of Return in Comments				
Do you determine how the work is to be performed?				
Do you have the right to hire someone to help you perform your services? Can you discharge (fire/layoff) them?				
Do you determine where the work is going to be performed?				
Do you determine your rate of compensation?				
Do you have an investment in tools, equipment, etc? Enter \$ in comment.				
Can the company you provide services to terminate you?				
Do you have more than one client? Enter number of clients in comments.				
<b>TOTAL POINTS</b>				

\*\*\*\*\*FOR OFFICIAL USE ONLY\*\*\*\*\*

**DETERMINATION:**



**4 or higher** = Independent Contractor (IC)  
**3 or less** = Employee

**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 for the purpose of obtaining 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.)**