

INITIAL APPLICATION FOR DISASTER UNEMPLOYMENT ASSISTANCE Disaster Relief Act of 1974

FOR OFFICE USE

L.O. NO. _____ SOC. SEC. NO. _____ FEMA NO. _____ DATE FILED _____

APPLICANT INFORMATION

Applicant's Name (Last, First, Middle) _____ Last Day Worked _____

Mailing Address (No., Street, or P.O. Box) _____

City _____ State _____ ZIP Code _____ County Name _____

FIPS _____ Telephone Number _____ Date of Birth (Mo., Day, Yr.) _____

Sex: Male Female Ethnic Student: Yes* No Disabled: Yes No Refused

U.S. Citizen: Yes No If "No", Alien Registration Number _____

A. SELF-EMPLOYED APPLICANTS

At the time of the disaster:

1. a. Were you self-employed? Yes No (If all income is from a business or farm that is incorporated, enter "No")

If "Yes", date self-employment began? _____

b. If you were not self-employed, were you to begin self-employment? Yes* No

2. Was any of your self-employment income from a business in which you were a partner? Yes No

3. a. Did this self-employment require any of your time in the performance of services? Yes No

If "Yes", explain:

b. Average number of weekly hours worked as a self-employed individual before the disaster: _____

c. Number of weekly hours worked as a self-employed individual immediately after the disaster: _____
(Not including disaster related cleanup or repairs)

4. Do you have any job other than this self-employment? Yes No

If "Yes", Job: _____ Hrs. per week _____ Gross earnings per week \$ _____

Effect disaster had on this Job: _____

B. EMPLOYED APPLICANTS

As a result of the disaster:

1. Was your place of employment closed? Yes No

If "Yes", reason for closure: _____

Date Closed _____ Date Reopened _____

2. Were you unable to reach your place of employment? Yes* No

C. ALL APPLICANTS

1. Were you injured as a result of the disaster? Yes* No

2. Did you become the head of a household due to a death caused by the disaster? Yes* No

3. Were you to start a new job? Yes No If "Yes", date you were to begin work: _____

Reason you could not start: Unable to reach job Business closed Other*

Rate of pay you were to receive \$ _____ per _____ . Number of hours per week you were to work _____

Name and address of prospective employer: _____

County Name _____ Telephone Number _____ FIPS _____

*Explain in "Remarks" section

D. EMPLOYER (OR BUSINESS) NAME AT THE TIME OF THE DISASTER

Street Address _____
 City _____ State _____ ZIP Code _____ County Name _____
 FIPS _____ Telephone Number _____ Occupation with this Employer _____
 Next date you would have worked if not for disaster (Mo., Day, Yr.) _____

E. OTHER COMPENSATION

HAVE YOU APPLIED FOR OR WILL YOU RECEIVE:	APPLIED		RECEIVING			MONTHLY AMOUNT	PERIOD COVERED (Mo., Day, Yr.)	
	Yes	No	Yes	No	Pending		FROM	TO
Any State, Federal or Railroad UI?	Yes	No	Yes	No	Pending	\$		
Compensation for Disability or Illness?	Yes	No	Yes	No	Pending	\$		
Private Income Protection Insurance?	Yes	No	Yes	No	Pending	\$		
Vacation, Holiday, Sick or Severance Pay	Yes	No	Yes	No	Pending	\$		
Pension or Retirement Benefits?	Yes	No	Yes	No	Pending	\$		

F. APPLICANT SELF-EMPLOYMENT/EMPLOYMENT

BASE PERIOD: Tax Year of _____ (Most recent tax year that has ended prior to the disaster related separation)

- Self-employment: Include all net income from nonincorporated self-employment.
Do not include income that is on Internal Revenue Service Form 4835 or Form 4797.
 - Net income from self-employment \$ _____ Documentation* _____
 - Are there also wages from employment? Yes No (If "Yes", complete Item 2.)
- Employment: Enter all noncovered and out of state gross wages paid. This includes gross wages from a business or farm that is incorporated. Only list base period noncovered wages:

QTR.	YEAR	NAME & ADDRESS OF EMPLOYER	EARNINGS	DOCUMENTATION*

*Schedule SE, Schedule F, Schedule C, Schedule K1, W-2, check stubs. Include 1040 in addition to other schedules.

I CERTIFY that all the information I have given on this application and forms related to this application is correct to the best of my knowledge and belief, and that I have supplied this information in order to obtain Disaster Unemployment Assistance (DUA). I understand that federal funds are provided and that under 18 U.S.C. 1001 I may be subject to prosecution for willfully concealing material facts or knowingly making a false statement to obtain DUA to which I am not entitled. I am furnishing my Social Security Number as required under 26 U.S.C. 6109(d) for purposes of reporting DUA as federal taxable income and for determining my entitlement to DUA. I UNDERSTAND, in accordance with 20 CFR 625.16(b), that information concerning any DUA application may be disclosed only as is allowed with respect to regular compensation under state law and to the U.S. Department of Labor. For privacy and confidentiality information see Arizona Department of Economic Security pamphlet PAU-007, A Guide to Arizona Benefits.

Signature of Applicant _____ Date _____
 Signature of Deputy _____ Date _____

Remarks: