

# SUPPLEMENT TO APPLICATION FOR DUA SELF-EMPLOYED INDIVIDUALS

## APPLICANT INFORMATION

Applicant Name (Last, First, M.I.) \_\_\_\_\_

Disaster No. FEMA \_\_\_\_\_ DR Local Office No. \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

Business Name and Address (No., Street) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_ County \_\_\_\_\_

TYPE OF SELF-EMPLOYMENT (Check appropriate box[es]): Engaged in: Farming Business Profession  
As a: Sole Owner Partner

## A. FARMING ACTIVITY (If applicable)

Size of Farm (In acres): \_\_\_\_\_

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

CROPS		LIVESTOCK		OTHER (Specify)	
Kind	Acres	Kind	Quantity	Kind	Quantity

## B. SELF-EMPLOYMENT INFORMATION (Answer all questions in this part)

- Describe the nature of your self-employment; indicate how long you have been performing it.  
\_\_\_\_\_
- Did this self-employment require any part of your time in the performance of services? Yes No  
If "No," explain: \_\_\_\_\_
- Were you performing any services in connection with the self-employment at the time of the disaster? Yes No  
If "No," explain why not: \_\_\_\_\_
- Did the disaster prevent you from performing all services in connection with your self-employment? Yes No  
If "No," identify services being performed: \_\_\_\_\_
- 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: \_\_\_\_\_  
If "Yes," identify services being performed: \_\_\_\_\_
- Were you self-employed part-time prior to the disaster date? Yes No
- How many hours per week were you self-employed part-time during the week? \_\_\_\_\_
- How many hours do individuals work per week if they consider themselves employed full-time in your occupation? \_\_\_\_\_
- At the time of the disaster, was this self-employment your primary source of earned income? Yes No  
If "No," explain: \_\_\_\_\_
- Do you have any occupation other than this self-employment? Yes No  
If "Yes," what is that occupation? \_\_\_\_\_  
Describe the effect the disaster has had on this occupation.  
\_\_\_\_\_  
\_\_\_\_\_

**C. FAMILY BUSINESS INFORMATION**

1. Were you employed in a family business prior to the disaster date? Yes    No
2. How many adults were employed in the family business prior to the disaster date? \_\_\_\_\_
3. How many minors (not adults) were employed in the family business prior to the disaster date? \_\_\_\_\_
4. Were you a minor employed in a family business prior to the disaster date? Yes    No
5. The tax year for the family business started \_\_\_\_\_ and ended \_\_\_\_\_.
6. Indicate the total net income of the family business for the tax year above. \$ \_\_\_\_\_.

You must complete the following questions. Your DUA rate will be based on an equal rate for each adult family member. If you feel that your DUA rate should be based on a rate higher than an equal portion of the net family business income, you must provide a percentage of net income for all family members of the business. Include income for minors employed in the family business.

Members of Family Business	Social Security Number	Percentage of Wages of Family Business

**D. APPLICANT EMPLOYMENT**

In order to compute the amount of my weekly entitlement to Disaster Unemployment Assistance, I certify that I had the following self-employment, net earnings of \$50.00 or more during the weeks indicated and net earnings during the calendar quarters listed below. Family businesses must indicate the entire family business income. If the information below was provided on the ETA-81, enter "SAME" in the appropriate blocks. (Report net earnings from self-employment - DO NOT REPORT GROSS EARNINGS)

Calendar Quarter Ending Date	Weeks Earned \$50 or More	Name and Address of Employers	Earnings	FOR OFFICE USE Documentation or Other Proof of Earnings
<b>TOTAL WEEKS</b>		<b>TOTAL BASE YEAR EARNINGS</b>		

**E. 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.

For privacy and confidentiality information, see Arizona Department of Economic Security pamphlet PAU-007, A Guide to Arizona Benefits.

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

Signature of Deputy \_\_\_\_\_ Date (Month, Day, Year) \_\_\_\_\_

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. Auxiliary aids and services are available upon request to individuals with disabilities. To request this document in alternative format or for further information about this policy, contact your local office; TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request.