

Arizona Department of Economic Security
Unemployment Insurance Administration ATTN: DUA
PO Box 29225, Mail Drop 5895, Phoenix, AZ 85038-9225
Phone: (855) 220-0905 Fax: (520) 770-3357 or (602) 364-1211

Arizona Application for Disaster Unemployment Assistance

Part 1: Personal Information

To help you receive the benefits you may be eligible for, we need to ask the following questions required by federal regulations.

1. First Name: _____ 2. Middle Initial (optional): _____ 3. Last Name: _____

4. Date of Birth: _____ 5. Social Security Number: _____

6. Other names or SSNs you have used in the last 2 years: _____

7. Gender: Female Male I do not wish to answer

8. Have you registered with the Selective Service? (*The Selective Service System is an independent agency that maintains information on U.S. citizens and residents potentially subject to military draft. Almost all male US citizens and male immigrants, who are 18 through 25 years of age, are required to register with Selective Service.*)

Yes No Documented Exemption from Registration Not Applicable

Address Confidentiality Program (ACP)

The **Address Confidentiality Program** protects the addresses of individuals who are victims of domestic violence. To be enrolled in the Address Confidentiality Program (ACP) an individual must have applied with the office of the Secretary of State and received an approval letter.

Are you currently enrolled in the Address Confidentiality Program? Yes No

If Yes, provide the following two dates shown on your ACP authorization card:

ACP Enrollment Date: _____ ACP Expiration Date: _____

If Yes, enter the address that is shown on your ACP authorization card for questions 9 and 10. Provide the complete address, including the Apt. number. **Do not enter your residential address in question 9 below if you are an active participant in the ACP.**

9. Residential Address: (*This is where you live.*)

Street: _____

City: _____ State: _____ ZIP Code: _____

10. Mailing Address: (*This is where you receive your mail.*)

Use residential address

Street: _____

City: _____ State: _____ ZIP Code: _____

11. Primary Phone Number: _____

Primary Phone type: (*choose one*)

Cell/ mobile phone Relative's phone Work phone Home Other

Alternate Phone (*optional*): _____

Alternate Phone type: (*choose one*)

Cell/ mobile phone Relative's phone Work phone Home Other

12. Email Address: _____

13. Select a method in which you prefer to receive your notifications:

Internal Message (CACTUS portal message center)

Email

Text Message (if available) If checked, provide cell phone number: _____

Notifications and reminders may be sent to you via text message, however, Unemployment Insurance (UI) documents including determinations will not be sent through text message.

Postal Mail (you do not need to consent below if you select this option)

Electronic Communication Consent:

I consent to receive electronic communication including information or document requests and eligibility determinations.

I do not consent to receive electronic communication including information or document requests and eligibility determinations. If you do not consent, the Department will not be able to communicate with you electronically.

I understand I can change my preferred notification method at any time through the Comprehensive Arizona Claims Tracking and Unemployment Insurance System (CACTUS) portal or by contacting the Unemployment Insurance Call Center at (877) 600-2722.

14. Citizenship

U.S. Citizen or U.S. Territory

U.S. Permanent Resident

Alien/Refugee lawfully admitted to the U.S.

If you are not a Citizen of the U.S. or U.S. Territory, **you must provide a copy of the front and back of your Alien Registration Card with this application.**

15. Do you wish to disclose a disability? If Yes, answer questions 15a. and 15b.

Yes, I have a disability I wish to disclose

15a. Are you receiving Supplemental Security Income (SSI)? Yes No

15b. Are you receiving Social Security Disability Insurance (SSDI)? Yes No

No, I do not have a disability

I do not wish to answer

16. Your highest education level achieved: _____

17. Are you currently attending school?

Yes, attending high school, junior high, middle, or elementary school

Yes, attending an alternative high school

Yes, attending college or a technical or vocational school

No, not attending any school

18. Are you of Hispanic or Latino heritage?
Yes No I do not wish to answer

19. Race - Check all that apply:
African American/Black American Indian/Alaskan Native Asian
Hawaiian/Other Pacific Islander White I do not wish to answer

20. What is your primary language? _____
If your primary language is not English, do you require English language assistance? Yes No

21. Are you the spouse or caregiver of an active U.S. Military member or a veteran? Yes No
If Yes, answer question 21a.

21a. Are you the spouse of a member of the armed forces who is on active duty? Yes No

22. Did you ever serve over 180 consecutive days in active duty for the U.S. Military? Yes No

23. Have you been classified as a disabled veteran? Yes, disabled No
If Yes, answer question 23a.

23a. What is the percentage of the disability? _____

Part 2: Employment Status Information

24. Did you work during the last 18 months? Yes No

25. Have you worked in two or more states during the last 18 months? Yes No
If Yes, in what state(s) have you worked in besides Arizona in the last 18 months?

26. Have you filed for unemployment insurance benefits within the last 12 months? Yes No
If Yes, in what state(s) have you filed for unemployment insurance benefits in the last 12 months?

27. Have you worked for, or earned wages from, the United States federal government (not military) during the last 18 months? Yes No
If Yes, answer questions 27a, 27b, and 27c.

27a. In Arizona? Yes No

27b. In another state? Yes No

27c. Was your last official duty station outside of the US? Yes No

If Yes, Are you a resident of Arizona? Yes No

If Yes, Are you filing from Arizona? Yes No

28. Were any of your wages earned in the military during the last 18 months? Yes No
If Yes, answer question 28a.

28a. Are you physically located in Arizona? Yes No

29. Current employment status (*only choose one*):

Working Full-Time Working Part-Time Not Working Never Worked Other

30. Are you physically and mentally able to work? Yes No

If No, check all the reasons that apply:

Illness or Injury Physical Limitations Mental Limitations Disability Pregnancy

31. Are you available for work? (*You are available for work if you do not have any restrictions that would prevent you from looking for full-time work*) Yes No

If No, check all the reasons that apply:

Lack of Transportation Lack of Childcare Illness of Family Member

Caring for Family Member Domestic Responsibility Incarceration

Leave of Absence Out of the Area Military Obligations

Jury Duty or Other Public Service

Other Reasons Explain: _____

32. Are you self-employed, or the owner, or the operator of a business or farm? Yes No

33. Are you an elected official? Yes No

34. Since you have become unemployed, are you working on a commission basis? Yes No

35. Are you attending school or training? Yes No

36. Have you refused a job offer since becoming unemployed? Yes No

37. Have you refused a referral to work since becoming unemployed? Yes No

38. Did you become unemployed or partially unemployed as a direct result of a foreign trade competition covered by a Certified Trade Petition? (*If not sure, answer no.*) Yes No

39. Have you been employed by a public or private school during the past 18 months? Yes No

40. In the last 18 months, have you worked as a professional athlete? Yes No

41. Are you a member of a labor union which finds/obtains work for its members? Yes No

If Yes, answer questions 41a, 41b, and 41c.

41a. Local union name and number: _____

41b. Do you use the Union Hiring Hall as your sole method for job seeking? Yes No

41c. Are you a paid-up member of a Union obtaining work through a union hiring hall? Yes No

Part 3: Major Disaster Information

42. Are you unemployed as a direct result of a major disaster? Yes No

43. In what state were you affected? _____

44. What was the major disaster? _____

45. Please indicate the affected ZIP Code: _____

46. Do you live in the affected ZIP Code? Yes No

47. Do you work in the affected ZIP Code? Yes No

48. Do you travel through the affected ZIP Code? Yes No

49. Is your employer not operating as a result of the major disaster? Yes No

50. Has the major disaster affected your ability to operate your self-employment? Yes No

If "Yes":

50a. Are you in the process of resuming your self-employment? Yes No

50b. Are any family members employees of your business? Yes No

And if "Yes":

50c. Are any of them a minor child, less than 18 years of age? Yes No

51. Do you have a week of Unemployment following the date of the major disaster? Yes No

52. Are you unable to reach your place of employment? Yes No

If "Yes":

52a. Are public transportation or alternate transportation routes available to you at this time? Yes No

53. Were you to have start work and now do not have the job or are unable to reach the job? Yes No

54. Have you become the breadwinner or major support for a household because the head of household died as a result of the major disaster? Yes No

55. Can you not work because of an injury or illness that was a direct result of the major disaster? Yes No

If "Yes":

55a. Important: You must have your doctor complete and submit the UB296 form, Report of Illness or Physical Disability, to uicclaimdocs@azdes.gov. Failure to return the completed form within 10 days of filing this claim for UI Benefits may result in a loss of benefits.

56. Are you a self-employed fisherman, including deckhand or trapper? Yes No

57. Are you employed as an agricultural, seasonal or temporary worker? Yes No

If "Yes":

57a. Were you an agricultural worker? Yes No

57b. Were you a seasonal worker? Yes No

Part 4: Employment History Information

You must provide a history of *all* the employers you have worked for over the last 18 months (regardless of state, type of work, or length of job). If you have more than one employer you must include them on a separate sheet of paper, return that paper with the application, and include your answers to questions 58-89 for each of your employers. Your application cannot be completed until this information is entered. **Refer to your paystub(s) to provide the correct employer information.**

58. Enter the Employer's name (not your supervisor's name) as shown on your paystub:

59. Mailing address: _____

60. City: _____ 61. State: _____ 62. ZIP Code: _____

63. Country: _____

64. Employer's Phone Number: _____

65. Is this your last employer? Yes No

66. Is this employer considered a temporary agency? (*A temporary agency specializes in finding positions for individuals looking for work on a temporary basis.*) Yes No

67. Your Job Title: _____

68. Your Occupation: _____

69. Type of Employment:

Regular	Temporary	Seasonal
Contract	Internship	Apprenticeship
On the Job Training		Gig Job

70. Full-time or part-time? _____

71. Number of hours a week you normally work? (*excluding overtime*) _____

72. Gross Salary: \$_____ per _____ (*hour, day, week, bi-weekly, semi-month, month, year, quarter, other*)

73. Was this salary commission-based? Yes No

74. Date you began work: _____

75. Are you currently employed with this employer? Yes No

76. Gross earnings this week: _____

77. Number of hours worked this week: _____

78. Reason for Separation:

I was terminated/fired because: _____

I resigned/quit my job because: _____

I was laid off due to a lack of work or a reduction in force

I am on a leave of absence

I am suspended from work

My employer and a union(s) are involved in a labor dispute/strike

I am still working full-time. If you are still employed, you will be required to enter the last day that you physically worked for your current employer.

79. Last day you physically worked (MM/DD/YYYY): _____

80. Does the employer intend to recall you within 6 weeks? Yes No

If Yes, answer questions 80a. and 80b.

80a. What is your anticipated recall date: _____

80b. Do you have a recall notice in writing from your employer? Yes No

81. Was this employment with an educational institution? Yes No

If Yes, answer question 81a.

81a. Is this educational institution currently on a vacation period or holiday break? Yes No

If No, answer 81b.

81b. What date does the next customary vacation period or holiday break begin: _____

82. Was this employment with a school bus company? Yes No

If Yes, answer question 82a.

82a. Is the school currently on a vacation period or holiday break? Yes No

If No, answer 82b.

82b. What date does the next customary vacation period or holiday break begin: _____

83. Are you a corporate officer or a relative of a corporate officer? Yes No

84. Was your job eliminated because the work was transferred out of the country? Yes No

85. Are you a spouse or parent of this employer? Yes No

If Yes, answer question 85a.

85a. Is this business incorporated? Yes No

86. Indicate if you have received or will receive any of the following payments from this employer:

	Severance Pay	Vacation Pay/ Personal Leave Pay/ PTO?	Holiday Pay	Sick Pay	Wages in Lieu of Notice
Gross Amount:					

87. Indicate if you have received, or will receive pension or retirement payments from this employer. (*This does not include pension benefits received from Social Security or Social Security Disability.*)

87a. Pension/Retirement Benefits: Yes No

If Yes to 87a, answer the following questions.

Pension Type: _____

Gross Amount: _____

Effective Date: _____

Did you contribute to the pension? Yes No

87b. 401K/403B/Personal IRA/KEOGH: Yes No

If Yes to 87b, answer the following questions.

Gross Amount: _____ Per: _____

88. Military service connected disability compensation? (*Answer No if paid by VA*) Yes No

89. Have you received or will you receive Workers' Compensation from this employer? Yes No

Part 5: Payment Information

90. **Debit Card:** The default payment method for receiving your UI benefits is a state-issued prepaid debit card, which the Department's banking institution will mail to you. This card is valid for five years and provides you quick and easy access to your benefits. You will not receive a new card each time you file for benefits. If you have a valid prepaid debit card from the State of Arizona for child support, you will not be issued a prepaid debit card for UI benefits. Your UI benefits will be deposited into this debit card account.

I certify that:

I authorize the Arizona Department of Economic Security, Unemployment Insurance (UI) Program to make automatic deposits of the full amount of any payments of my weekly UI benefits to an Arizona Electronic Payment Card (EPC).

I Confirm that debit card is my preferred payment method.

I have read the Unemployment Compensation Pre-Acquisition Disclosure Information.

Direct Deposit: An alternative method of payment to the debit card is direct deposit. Direct deposit is the electronic transfer of your weekly unemployment benefit payment into your bank account. When you sign up for direct deposit, you are giving the Department permission to credit your bank account. To sign up for direct deposit, you can log into the CACTUS portal, click "Unemployment Services" and choose "Update Banking Information" to enter your bank account information.

91. **Unemployment Insurance benefits are taxable.** State law provides that you can have an amount equal to 10% of your maximum weekly benefit amount withheld from your Unemployment Insurance benefits for federal income tax and 10% of the federal deduction amount withheld for state income tax. You can have both federal and state income taxes withheld, or federal tax withheld, but you cannot have only the state tax withheld. The tax will be deducted from the benefit amount remaining after any earnings, pension, overpayment offset, or child support amounts are deducted.

Select one of the following options:

Do not withhold taxes

Withhold federal taxes

Withhold federal and state taxes

92. Electronic Tax Form Consent: The 1099-G is a tax form the Department uses to report the benefits you received in a tax year to you and to the Internal Revenue Service (IRS). You can consent to receive your 1099-G tax form electronically instead of by mail. This choice is optional. If you do not provide consent for your 1099-G to be sent electronically, the Department will mail your 1099-G to the mailing address on your claim after the end of the tax year. If you do consent to receive the 1099-G electronically, your consent will apply to all the Unemployment Insurance Benefits you received during the year. To receive the electronic 1099-G using the CACTUS portal, you must be able to access your account online and have the ability to download, view, and print PDF documents. You can change how you receive your 1099-G at any time through the CACTUS portal or by contacting the Unemployment Insurance Call Center at (877) 600-2722.

Select one of the following options:

- I consent to receive the 1099-G electronically for all tax years until I withdraw my consent.
- I do not consent to receive the 1099-G electronically and wish to receive the 1099-G by mail.

Part 6: Required Certifications and Signature

By submitting this application, I certify that:

1. All information submitted is true and complete, and
2. I am responsible to read and understand “A Guide to Arizona UI Benefits” and any other official written material provided to me regarding the Unemployment Insurance (UI) benefits program, and
3. I acknowledge that any false statements in this application are punishable under Arizona Revised Statutes 23-785 and 23-778 and that a person who knowingly makes a false statement or knowingly withholds information to obtain UI benefits commits a criminal offense and may be subject to a fine, imprisonment, restitution, and loss of future benefits. ***It is a felony to misrepresent or fail to disclose facts or to make false statements in order to obtain or increase benefits.***

I certify that I want to file this claim.

Check each box below to indicate that you have read and understand the following requirements before you continue.

I understand my continued unemployment must be a direct result of the major disaster.

I must be able to work and available for work unless I am unable to work due to an injury that is a direct result of the disaster or I am unable to reach my place of employment as a direct result of the disaster

I understand if I am offered a job, I must be able to accept it unless I am unable to work due to an injury that is a direct result of the disaster or I am unable to reach my place of employment as a direct result of the disaster.

I must make at least four (4) work search contacts on at least four (4) different days of the week to fulfill the work search requirement.

I understand I must be registered with the Arizona Job Connection (AJC) before I can collect benefits. A partial registration will automatically be completed as part of my DUA benefits application process. If there is a problem with my registration, I will receive a notice with instructions to complete my registration at azjobconnection.gov

I must submit my weekly continued claim (weekly claim) for DUA benefits at azui.com, even while my claim is being processed or I am waiting for an appeal decision.

I understand that submitting my weekly claim without meeting the work search requirements will result in disqualification for the duration of my unemployment until I return to work and earn eight (8) times my weekly benefit amount and I become unemployed again through no fault of my own.

If I work or earn any money, I must report the total amount earned before deductions when I file my weekly claim. I must report any work I do during a week, even if I have not been paid at the time I file my weekly claim.

When I report earnings I must include tips, meals, lodging, merchandise, or any other kind of payment I received for services including payment for showing up to work or for processing time even if I did not work, and any partial or temporary employment, commission sales, odd jobs, or self-employment.

I may earn up to \$160.00 in a week without affecting my weekly benefits. If I earn over \$160.00 in a week, the excess amount will be deducted from my weekly benefit amount. The benefit payable will be rounded to the nearest dollar. If I have earnings equal to or greater than my weekly benefit amount, I will not be eligible for benefits for that week.

I understand all weekly claims for DUA benefits are for a calendar week which is a period of seven (7) consecutive days beginning at 12:01 am Sunday and ending at 12:00 midnight on the following Saturday. I have from Sunday to Saturday to submit my weekly claim for the previous week. I cannot submit my weekly claim until the prior week has ended.

If I do not submit my weekly claim on time, my DUA benefit eligibility may be affected.

I am required to provide documented proof that I was employed or self-employed at the time of the major disaster within 21 calendar days from the date of filing the DUA claim. Proof of employment or self-employment at the time of the disaster can include check/pay stubs, payroll records, bank statements, or work orders/ledgers. I must also submit documentation substantiating wages earned from employment or net income earned from self employment during the last completed tax year prior to the disaster. If proof is not submitted within 21 calendar days, DUA will be denied and an overpayment may result.

If I have selected debit card as my method of payment, I understand the card will be mailed from Comerica Bank when my claim becomes payable.

I am responsible for reading and understanding Disaster Unemployment Assistance Handbook.

I understand my claim may be audited for any week I claim DUA benefits and I will be required to provide information regarding my eligibility if audited. My DUA benefits may be denied for any week if the information is not verifiable.

I acknowledge that any false statements in this application are punishable under Arizona Revised Statutes 23-785 and 23-778 and that a person who knowingly makes a false statement or knowingly withholds information to obtain UI and/ or DUA benefits commits a criminal offense and may be subject to a fine, imprisonment, restitution, and loss of future benefits. ***It is a felony to misrepresent or fail to disclose facts or to make false statements in order to obtain or increase benefits.***

Check the box below to certify the truthfulness of your application.

I certify that the information I have provided on this application is true, accurate, and complete, to the best of my knowledge.

Identification: You must include with your application a clear photograph of a valid government-issued photo identification of yours. Examples of acceptable photo identification include: a state-issued driver's license or identification card, certificate of US naturalization, a Permanent Resident Alien card, a valid passport, or military identification. Someone from the Department will contact you to verify your identity prior to you receiving any Unemployment Insurance benefits.

I know that the law provides penalties for false statements in connection with this claim.

Claimant's Signature: _____ Date: _____

Part 7: Submitting Application and What to Expect Next

Submit your completed and signed application by:



Fax

(602) 364-1210 or (602) 364-1211 (Phoenix) (520) 770-3357 or (520) 770-3358 (Tucson)



Mail

Arizona Department of Economic Security
Unemployment Insurance Program
Attn: DUA
P.O. Box 29225, Mail Drop 5895
Phoenix, AZ 85038-9225



Email

UIClaimdocs@azdes.gov

The Department will review the documents you submitted with your application to verify your identity.

New UI claims are usually processed within 3 weeks from the date you submit the application. During this time, we will gather information to determine if you are eligible to receive UI benefits. The Department may contact you for additional information.

The following document is included with this application and it is important for you to review them carefully:

- Disaster Unemployment Assistance Handbook

List of all fees for Arizona Department of Economic Security Way2Go Card Prepaid Mastercard

All Fees	Amount	Details
Get Started		
Card purchase	\$0.00	There is no fee to obtain a Card account.
Monthly Usage		
Monthly Usage Fee	\$0.00	There is no monthly fee associated with this card.
Spend money		
Point-of-sale (POS)	\$0.00	There is no fee for POS purchase transactions conducted in the U.S. using your signature or Personal Identification Number (PIN) number.
Online Bill Pay	\$0.00	There is no fee to use our bill pay service on our website, www.GoProgram.com .
Get Cash		
ATM withdrawal (in-network)	\$0.00	There is no fee for in-network ATM withdrawals conducted at Comerica, Allpoint and MoneyPass ATM locations. In-network locations can be found at https://locations.comerica.com/ , https://www.allpointnetwork.com/locator.html and moneypass.com/atm-locator.html . When using your card at an ATM, the maximum amount that can be withdrawn from your Card account per calendar day is \$500.00.
ATM withdrawal (out-of-network)	\$0.75	This is our fee. "Out-of-network" refers to all ATMs outside of the Comerica Bank, Allpoint and MoneyPass ATM Network. You may also be charged a fee by the ATM operator, even if you do not complete a transaction. When using your Card at an ATM, the maximum total amount that may be withdrawn from your Card account per calendar day is \$500.00.
Teller-assisted cash withdrawal (OTC)	\$0.00	You are allowed unlimited teller-assisted cash withdrawals for no fee at Mastercard Member Bank or Credit Union teller windows.
Information		
ATM balance inquiry (in or out-of-network)	\$0.00	There is no fee to conduct balance inquires at ATM location
ATM denial (in or out-of-network)	\$0.00	There is no fee for declined transactions at any ATM.
Customer service	\$0.00	There is no fee for calling the automated customer service number on the back of your card. There is never a fee to transfer to a live agent.
Using your card outside the U.S.		
International ATM transaction	\$0.75	This is our fee you will be charged for each ATM withdrawal you conduct outside the United States. You may also be charge a fee by the ATM operator, even if you do not complete the transaction.
International transaction fee	\$0.00	There is no additional fee to conduct transactions outside the U.S.
Other		
Card replacement	\$0.00	There is never a charge to replace your card. Standard delivery in the U.S. 7 to 10 calendar days.
Expedited card delivery	\$11.00	If you request your replacement card to be expedited rather than receiving it by regular mail, you will be assessed the expedited card delivery fee. Expedited card delivery is 3 to 5 calendar days.
Funds transfer	\$0.00	There is no fee to transfer funds from your card account to a bank account owned by you located in the U.S.A.

Your funds are eligible for FDIC insurance and will be held at or transferred to Comerica Bank, an FDIC-insured institution. Once there, your funds are insured up to \$250,000 by the FDIC in the event Comerica Bank fails, if specific deposit insurance requirements are met. See fdic.gov/deposit/deposits/prepaid.html for details. No overdraft/credit feature.

Contact Go Program Customer Service by calling 1-833-915-4041, by mail at P.O. Box 245997, San Antonio, TX 78224-5997 or visit www.GoProgram.com.

For general information about prepaid accounts, visit cfpb.gov/prepaid.

If you have a complaint about a prepaid account, call the Consumer Financial Protection Bureau at 1-855-411-2372 or visit cfpb.gov/complaint.