

INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR DISASTER UNEMPLOYMENT ASSISTANCE (DUA)

Complete only the forms that apply to your situation. The forms are in one packet and labeled accordingly. Separate instruction sheets for each type of form are located within the packet. Completed forms should be returned to your local Iowa Workforce Development office or can be mailed or e-mailed to the Unemployment Benefits Division listed below. List all farm products raised and held primarily for sale and farm income. Enter the amount of farm products and livestock under the designated heading.

E-Mail: uiclaimshelp@iwd.iowa.gov (Attn: DUA)

Address: Iowa Workforce Development
Unemployment Service Center (Attn: DUA)
P.O. Box 10332
Des Moines, IA 50306-0332

Note: If you are self-employed, you must provide a photocopy of your most recent completed federal income tax return (Form 1040) and schedules related to the type of work you do Example: Schedule F for farmers). If your business is incorporated, we also need the corporate earnings return and the identity of the officers. Your tax return is used to verify earnings. Your earnings determine what your weekly benefit amount will be for DUA.

- 1. Initial Application for Disaster Unemployment Assistance (DUA forms 1-1, 1-2).** EVERYONE applying for DUA must complete this form.
- 2. Supplement to Application for DUA Self-Employed Individuals (DUA form 1-4).** If you are self-employed you must complete this form. This includes such persons as operators or small businesses and farmers.
- 3. Verification of Prospective Employment (DUA form 1-10).** Complete this form only if you were supposed to begin working in the affected area or could not begin working because of the disaster condition. For example, if you were hired to begin work for a house builder but could not start the job because the area where you were to work was flooded, you would fill out this form.
- 4. Supplemental Application for Disaster Unemployment Assistance for Migrant/Seasonal Agriculture Worker (DUA form 1-8).** Complete this form if you were scheduled to perform seasonal farm work but could not begin or complete the work because of the disaster conditions in the area of your seasonal work.
- 5. Supplemental Application for Disaster Unemployment Assistance for Unemployed Self-Employed Agriculture Individuals (DUA form 1-7).** Complete this form if you are self-employed farmer.
- 6. Continued Request for DUA (DUA form 1-11).** Benefits are claimed on a week-by-week basis by calendar week. Fill in the week-ending date(s) of the week(s) you want to claim DUA. Mail or e-mail the completed form to the address above. A new form for additional weeks will be sent to you when this is received, or you can print the form off at <https://workforce.iowa.gov/unemployment/dua>. If the completed form is received without a signature, it will be returned which could cause a delay in receiving DUA benefits.

Important Instructions for Completing Disaster Unemployment Assistance (DUA) Application Forms (DUA form 1-1, 1-2)

- 1. Applicant's name.** Enter your last name first followed by your first name and middle initial.
- 2. Date of Birth.** Enter the month, day and year of your birth.
- 3. Phone Number.** Enter your telephone number including area code.
- 4. Social Security Number.** Enter your Social Security Number issued by the Social Security Administration.
- 5. Citizen.** Mark the appropriate response to indicate whether or not you are a citizen of the United States. If you are not citizen, it is a federal requirement that you take proof of satisfactory immigration status (such as your "green card") to your local Iowa Workforce Development Office. You also have the option of submitting a copy with your DUA application.
- 6. Sex.** Mark the box identifying your gender.
- 7. Marital Status.** Enter M for married, S for single and D for divorced.
- 8. Number of Dependents.** Enter the number of dependent you can legally claim on your federal income tax return. **DO NOT INCLUDE YOURSELF IN THIS NUMBER.**

Section A – Applicant Request (DUA form 1-2)

Enter the last day you actually worked in your **USUAL EMPLOYMENT.** This does not include clean up or recovery efforts related to the disaster. The second date the disaster caused you to stop or reduce your **USUAL EMPLOYMENT.** The remaining area is for you to explain how the disaster has affected your work. This description must be in some detail. Simply entering "flood" or "Wet ground" is not sufficient and will result in denial of DUA benefits because there is not enough information on which to base a determination.

Section B – Applicant Employment (DUA form 1-2)

Enter the names and addresses of all employers for whom you have worked during the previous 18 months. We **must** have the name of the county in which you worked (or in which you were scheduled to work) at the time of the disaster.

Section C – Privacy Act Statement/Application Certification

Please read this section. Once you understand the statements in section C, sign and date the application.

Initial Application for Disaster Unemployment Assistance

Date _____
Gray boxes on form are for office use only.

Effective Date	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	First Name	Middle Initial	Last Name (include suffix Jr. Sr. Esq. etc.)
Social Security Number	Date of Birth	Have filed an unemployment insurance claim in the last 12 months <input type="checkbox"/> Yes <input type="checkbox"/> No	County Residence	
National or Citizen of the United States <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No" is selected fill in INS alien registration number) #:		Phone Number		iowaWORKS center preferred to use for job placement services: (see center listings on reverse side of form)
Mailing Address (include apartment or lot number) City State ZIP Code			Do you want to have 10% of your gross weekly benefit payment withheld for Federal taxes? (If you elect withholding of taxes, you will be required to complete and return the tax withholding form from your packet) <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you want to have 5% of your gross weekly benefit payment withheld for Iowa taxes? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a spouse, children, or other dependents to include on your unemployment insurance claim? (If "No" is selected, skip forward to "Current (or most recent Employer Name)") <input type="checkbox"/> Yes <input type="checkbox"/> No		Provide the names of your spouse and any other dependent you are claiming on your unemployment insurance claim (Do not include yourself. Only list dependents you are allowed to claim under the federal income tax guidelines. Dependents can only be claimed if they are not being claimed by anyone else on a current unemployment insurance claim):		
Are you claiming your spouse as a dependent on this unemployment insurance claim? (Your spouse must earn \$120 or less in the week prior to filing your claim to qualify as a dependent.) <input type="checkbox"/> Yes <input type="checkbox"/> No		Spouse's Name		
Has your spouse filed an unemployment insurance claim in the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No		Dependent's Name		
If you are claiming your spouse as a dependent on this unemployment insurance claim, did your spouse earn more than \$120 in gross weekly wages last week? <input type="checkbox"/> Yes <input type="checkbox"/> No		Dependent's Name		
Iowa Employer Account Number		Current (or most recent) Employer Name	Current (or most recent) Employer Address	Date you began work for this employer (Seniority Date)
		City	State ZIP Code	Date you last worked for which you will be paid wages.
There is pending severance pay due to you <input type="checkbox"/> Yes <input type="checkbox"/> No	There is pending vacation pay due to you <input type="checkbox"/> Yes <input type="checkbox"/> No	Last date severance and/or vacation pay will be received		Are you paid a pension <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for leaving your employment (check only one box) <input type="checkbox"/> Layoff due to lack of work or job eliminated <input type="checkbox"/> Labor dispute resulting in strike or lockout <input type="checkbox"/> Layoff due to business permanently closed <input type="checkbox"/> Still working or working reduced hours <input type="checkbox"/> Fired for misconduct <input type="checkbox"/> Quit				
Business Closed Status <input type="checkbox"/> No, business is open <input type="checkbox"/> No, business is under investigation <input type="checkbox"/> Yes, business is closed <input type="checkbox"/> Yes, business is in the process of closing	Immediate release <input type="checkbox"/> Yes <input type="checkbox"/> No			
Check all that have applied to you in the past 18 months <input type="checkbox"/> Have worked outside of Iowa <input type="checkbox"/> Have served in the Armed Forces <input type="checkbox"/> Have worked for the Federal Government	General Occupation (title)		DOT Code	
Work Search (select only one box to best describe your situation) <input type="checkbox"/> Not likely to return to most recent employer <input type="checkbox"/> On temporary or seasonal layoff and likely to return to most recent employer <input type="checkbox"/> Refused to bump a less senior employee <input type="checkbox"/> Obtain work through a Union Hiring Hall and you are a member in good standing				
Provided Resume <input type="checkbox"/> Yes <input type="checkbox"/> No	Highest Grade Level Completed in School			



Iowa Workforce Development

Attn: DUA
P.O. Box 10332
Des Moines, IA 50306-0332

Primary DOT Code	SIC Code	Local Office #
Disaster #	Resident County	Work County
FEM	DR	
Disaster Date (Effective Date)		Disaster Announcement Date

Disaster Unemployment Assistance Initial Application

Applicant's Name (Last, First, Middle)	Date of Birth (Month, Day, Year)	Phone Number	Social Security Number			
Address (No., St., City, County, State, Zip Code)	I am a citizen or national of the United States	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Gender	Marital Status	Number of Dependents
	(If "No" is selected, are you in satisfactory immigration status)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Female		

A. Applicant Request

I hereby apply for Disaster Unemployment Assistance (DUA). The last date I worked was _____ (month, day, year)

My unemployment on _____ was a result of the following described disaster:
(month, day, year)

B. Applicant Employment

Employer	Occupation			Total Gross Earning
Address	Start Date		Rate of Pay (Mo, Wk, Hr)	
City	County	State	End Date	Job Location (if different)
Employer	Occupation			Total Gross Earning
Address	Start Date		Rate of Pay (Mo, Wk, Hr)	
City	County	State	End Date	Job Location (if different)
Employer	Occupation			Total Gross Earning
Address	Start Date		Rate of Pay (Mo, Wk, Hr)	
City	County	State	End Date	Job Location (if different)
Employer	Occupation			Total Gross Earning
Address	Start Date		Rate of Pay (Mo, Wk, Hr)	
City	County	State	End Date	Job Location (if different)

C. Privacy Act Statement and Application Certification

Statement required under the Privacy Act of 1974 for the Disaster Assistance Program: While all of the information requested on the DUA application and payment request form is voluntary, most of the information (including SSN) is required in order to promptly process your claim for DUA. All of the information requested (including SSN) will be used for statistical and research purposes by Iowa Workforce Development and the U.S. Department of Labor and may be released to authorized agencies. All information furnished will be confidential except to the extent that release of such information is authorized in the processing of your claim, and will not be released or used for any purpose other than for establishing your entitlement to DUA for statistical and research studies, and to insure that benefits have been paid properly.

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.

Signature of Applicant

Date (month, day, year)

Equal Opportunity Employer/Program
Auxiliary aids and services are available upon request to individuals with disabilities.
For deaf, and hard of hearing, use Relay 711

**Instructions for completion of:
Supplement to Application for DUA Self-Employed Individuals – DUA Form 1-4**

Applicant's Name	Please list your last name, first name, and middle initial.
Disaster #	Do not complete.
WDC #	Do not complete.
SS#	Please enter in your correct social security number.
Business Name and Address	Please list your business address if applicable, and your full address including number, street, city, county, state and zip code.
Type of Self-Employment	Please check appropriate box (farming, business or professional) and then check the appropriate box (sole owner or partner).

Section A: Farming Activity

Size of Farm	List total acres of farm. If farm is located in more than 1 county, please list total number of acres in each county.
Crops	List crop farmed and acres planted such as corn 150 acres.
Livestock	List type of livestock and number such as cattle 100 head.
Other	List other items not listed with crops or livestock such as truck gardens, forestry, eggs etc.

Section B: Self-Employment Information

1. Describe the nature of your self-employment and indicate how long you have been performing it.	Write a short description of your self-employment. Example: "I'm a farmer of corn and soybeans for the last 15 years."
2. Did this self-employment require any part of your time in the performance of services?	Check the "Yes" or "No" box. If "No" is selected, give an explanation. Example: "I'm in a partnership and my partner works/farms the land while I live in town."
3. Were you performing any services in connection with this self-employment at the time of the disaster?	Check the "Yes" or "No" box. If "No" is selected, describe why services were not being performed Example: "I lease the land to another individual" or "my son farms land." If "Yes", identify services being performed.
4. Did the disaster prevent you from performing all services in connection with your self employment?	Example: "I am plowing and planting corn." Check the "Yes" or "No" box. If "No" is selected, identify services being performed such as continuing to feed and raise livestock or continuing to farm 100 acres not covered by the flood.
5. 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?	Check the "Yes" or "No" box. If "Yes" is selected, explain in detail the activities you have been able to perform.
6. At the time of the disaster was this self-employment part-time?	Check the "Yes" or "No" box. If "Yes" is selected, please list or describe your primary means of livelihood.
7. How many hours a week did you work in part-time self employment?	List the number of hours worked a week in the part-time self employment.
8. How many hours do individuals work per week if they consider themselves employed full-time in your occupation?	List the number of full-time hours worked per week.
9. At the time of the disaster was this self-employment your primary occupation and primary means of livelihood?	Check the "Yes" or "No" box. If "No" is selected, explain.
10. Do you have any occupation other than this self-employment? Describe the effect the disaster has on this occupation?	Check the "Yes" or "No" box. If "Yes" is selected, list the occupation along with the hours and gross wages.

Section C: Applicant Verification

Read certification, if everything on application is correct and you understand application, sign and date application.

Iowa Workforce Development

Supplement to Application for DUA
Self-Employed Individuals

Applicant's Name (Last, First, Middle)	Disaster # FDAA DR	WDC #	Social Security #
Business Name and Address (No., St., City, County, State, and ZIP Code)	Type of Self-Employment (Check all boxes that apply)		
	<input type="checkbox"/> Farming	<input type="checkbox"/> Business	<input type="checkbox"/> Profession
	<input type="checkbox"/> Sole Owner	<input type="checkbox"/> Partner	

A. Farming Activity (if applicable) Size of Farm (in acres)

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

Type of Crops	Acres	Type of Livestock	Quantity	Other Type of Farming (specify)	Quantity
	⋮		⋮		⋮

B. Self-Employment Information (answer all questions in this part)

1. Describe the nature of your self-employment and indicate how long you have been performing it.		6. Were you self employed part time prior to the disaster date?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Did this self-employment require any part of your time in the performance of services?	<input type="checkbox"/> Yes <input type="checkbox"/> No If "No," explain	7. How many hours per week were you self-employed part-time during the week?	
3. Were you performing any services in connection with this self-employment at the time of the disaster?	<input type="checkbox"/> Yes If "Yes," identify services being performed <input type="checkbox"/> No If "No," explain	8. How many hours do individuals work per week if they consider themselves employed full-time in your occupation?	
4. Did the disaster prevent you from performing all services in connection with your self employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No If "No," identify services being performed	9. At the time of the disaster was this self-employment your primary occupation and primary means of livelihood?	<input type="checkbox"/> Yes <input type="checkbox"/> No If "No," explain
5. 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?	<input type="checkbox"/> Yes If "Yes," explain and identify services <input type="checkbox"/> No	10. Do you have any occupation other than this self-employment? Describe the effect the disaster had on this occupation:	<input type="checkbox"/> Yes If "Yes," complete the following information <input type="checkbox"/> No Occupation: Hours: (weekly) Gross Wages: (weekly)

C. Applicant Certification
I CERTIFY the information I have given on this form is correct. I have supplied the information voluntarily in order to obtain DISASTER UNEMPLOYMENT ASSISTANCE.

I know 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 which I am not entitled to receive under the Act. I HAVE BEEN FURNISHED a statement required under the PRIVACY ACT OF 1974 for use in the DISASTER UNEMPLOYMENT ASSISTANCE program.

Signature of Applicant	Date (month, day, year)
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Iowa Workforce Development
 Attn: DUA
 P.O. Box 10332
 Des Moines, IA 50306-0332

Affidavit of Earnings from Self-Employed Individuals who have no Federal Income Tax Return

I understand that my eligibility for Disaster Unemployment Assistance (DUA) shall be determined, where reliable record of employment, self-employment and wages is not obtainable, on the basis of an affidavit submitted to the applicable State agency. I also understand that to determine my weekly benefit, I must submit, with a reasonable explanation, what my net earnings were for the most recent calendar tax year and what my anticipated earnings will be for the current calendar tax year. I understand that all estimates of net earnings/losses are subject to verification as soon as I file any missing Federal income tax returns with the Internal Revenue Service.

Prior Year: 2023

Gross Earnings	\$
Subsidies (if applicable)	\$
Subtotal	\$
Less Business Expenses	\$

Current Year (projected net earnings taking into account the losses due to disaster damage)

	\$
Gross Earnings	\$
Subsidies (if applicable)	\$
Subtotal	\$
Less Business Expenses	

The reason I do not have my Federal income tax return Schedule 1040 () C () F () and/or SE () for the tax year is: _____

I certify that the information I have provided on this form is correct. I have supplied this information voluntarily in order to obtain Disaster Unemployment Assistance (DUA). I know that Federal funds are provided and 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 under the provisions of the Stafford Act.

Signature of Applicant _____ Social Security Number _____ Date (month, day, year) _____

Instructions for Completing Supplemental Application for Disaster Unemployment Assistance (DUA) for Unemployed Self-Employed Agricultural Individuals

1. Size of farm. Number of acres in the farm. If there is more than one location, enter the number of acres for the first location in Farm #1 and the number of acres in the second farm in Farm #2. If there are more than two locations, hand write Farm #3, Farm #4, etc. in the blank space at the right.
2. List all farm products raised and held primarily for sale and farm income. Enter the amount of farm products and livestock under the designated heading.
3. Number of acres of crops damaged by the disaster. Enter the approximate number of acres affected by the disaster. Further designate whether the damage was minimal, moderate or substantial overall.
4. Approximate percentage of total loss to my farming operation due to the disaster. This answer is related to number 3 above. For example if you farm 400 acres and 200 acres were damaged to the point that you will not be able to perform any or most of your usual work associated with the crops, the loss is 50%.
5. On what date did you or will you return to normal season activities on the farm? Date you returned to or estimated date you will return to your usual farm work. This does not include disaster repair and cleanup.
6. Did you or will you replant lost crops? Mark appropriate response. Also indicate how the need to replant will impact your overall prospects for income.
7. The average number of hours per week worked in customary self-employment prior to the disaster and after the disaster. Estimate these figures as accurately as possible. This includes only time spent in customary self-employment.
8. If the farm is incorporated, are you still receiving the same wages from the corporation? Mark appropriate response.
9. Did you apply for or receive any of the following? Mark any responses that apply. Social Security is no longer deductible from unemployment insurance benefits so you need not respond in the affirmative if you receive Social Security benefits.
10. Read the certification statement then sign and date the document.

Supplemental Application for Disaster Unemployment Assistance for Unemployed, Self-Employed Agricultural Individuals

Farm Activity

1. Size of Farm (in acres)

Farm #1 _____

Farm #2 _____

Name of Applicant

Social Security Number

2. List all farm products raised and held primarily for sale and farm income:

Types of Crops	Acres	Types of Livestock	Quantity	Other Type of Farming (specify)	Quantity

3. Number of acres of crops damaged by the disaster: _____

The damage done to my crops by the disaster was: Minimal Moderate Substantial

4. Approximate percentage of total loss to my farming operation due to the disaster is: _____

5. On what date did you (or will you) return to normal season activities on the farm? _____

6. Did you (or will you) replant lost crops? Yes No (If "Yes" is selected, provide the information requested below)

Replanting Date: _____

Type of Crop involved: _____

Describe how replanting will impact the overall prospects for income:

7. The average number of hours per week you worked as a self-employed individual prior to the disaster was _____

The average number of hours per week you can work in the customary self-employment after the disaster is _____

Note: This does not include time spent repairing or cleaning up disaster damage or retooling and repairing land and buildings. This only includes hours worked in customary self-employment in the same manner as these activities were conducted before the disaster.

8. If your farm is incorporated, are you still receiving the same wages from the corporation after the disaster as you were receiving prior to the disaster?

Yes No

9. Would you be eligible or have received any of the following? Yes No (if no is selected, check all that apply)

- Illness or disability insurance Private income protection insurance Social Security Benefits
- Supplemental unemployment benefits Retirement Pension or Annuity

I certify that the information I have given on this form is correct. I have supplied this information voluntarily in order to obtain Disaster Unemployment Assistance (DUA). 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 under the provisions of the Stafford Act.

Signature of Applicant

Date (month, day, year)

Equal Opportunity Employer/Program

Auxiliary aids and services are available upon request to individuals with disabilities.

For deaf, and hard of hearing, use Relay 711

Supplemental Application for Disaster Unemployment Assistance (DUA) For Migrant/Seasonal Agricultural Workers

1. Were you working in the disaster area at the time of the major disaster? Yes No
2. Were you scheduled to work in the major disaster area at the time of the major disaster? Yes No
3. Is your principal source of income and livelihood dependent upon your employment for wages? Yes No
4. Are you unemployed or has your work been reduced as a direct result of the major disaster? Yes No
5. Are you unable to reach your place of employment as a direct result of the disaster? Yes No
6. Were you to begin employment but do not have a place or are unable to reach the place where you were to work as a direct result of the disaster? Yes No
7. Are you unable to work due to an injury/illness caused as a direct result of the major disaster? Yes No

8. If you were scheduled to be employed, enter the date you were to start work and the name and address of the employer for whom you were to work.

Employer: _____

Date _____

9. What was your primary occupation at the time of the disaster?

10. Are you a crew leader or the spouse or child of a crew leader?

Crew Leader Spouse Child of Crew Leader

11. If you are a seasonal worker, are you seeking other employment?

Yes No

12. If you are a migrant worker, has the next crop to which you will migrate been affected by the disaster?

Crop: _____ Location: _____

Yes No

Dates (from and to):

13. Did you apply for or receive, or would you have been eligible to receive if you had applied for, any of the following?

Illness or disability insurance Retirement pension or annuity benefits Supplemental unemployment

Yes No

Social Security Benefits Private income protection insurance

Name: _____ SSN: _____

Other: _____

14. If you were injured or were ill as a direct result of the disaster, please provide the following:

Date you were or expect to be able and available for work: _____

Date the illness began: _____

Description of the injury/illness, how it occurred, and explain if you are not able or available for work.

I certify that the information I have given on this form is correct. I have supplied this information voluntarily in order to obtain Disaster Unemployment Assistance (DUA). 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 under the provisions of the Stafford Act.

Signature

Date

Instruction for completion of “Verification of Prospective Employment”

1. Enter your social security number on the line provided.
2. Applicant’s name - Please enter your last name, first name and middle initial.
3. Probable Duration of Employment - Enter the date you were to start work and date which employment was to end. Please indicate if employment will continue.
4. Name of Prospective Employer - Enter the complete name of employer.
5. County - Enter the county in which employment was to take place.
6. No. Street - Enter the complete street address of employer.
7. City - Enter the city where employer is located.
8. State - Enter the state where employer is located.
9. Zip Code - Enter the employer’s zip code.
10. Was the job offer made directly to the claimant? Check either yes or no
11. If yes, when was the offer made? - List the date when you were offered the job.
12. Name and title of Person who offered the Job - List the complete name and title of the person who offered the job.
13. Phone number - List the complete phone number to include area code, where the employer can be contacted.
14. Job Description - Please give a detailed description of job duties.
15. Rate of Pay - Enter rate of pay, such as \$15.00 per hour.
16. Hours per Week - Enter number of hours per week scheduled to work.
17. Prospective Employer’s Job Location, No., Street - List the street address where you were to work.
18. City - Enter the city where the job is located.
19. State - Enter the state where the job is located.
20. County - Enter the county where the job is located.
21. Reason that individual was prevented from beginning such employment - List the reason or reasons that prevented you from beginning work. Please be specific.
22. If the claimant has been rescheduled to return to work, please give date - Enter the date you are to start work if you were rescheduled.
23. Department Representative - Sign your name
24. Date Signed - Enter date you signed form

Verification of Prospective Employment

Applicant's Name (Last, First, Middle)	Probable Duration of Employment: From: To:
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PROSPECTIVE EMPLOYMENT

Name of Prospective Employer	County
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PROSPECTIVE EMPLOYER'S MAILING ADDRESS

Street Address	City	State	Zip
1. Was a job offer made directly to the claimant? <input type="checkbox"/> Yes <input type="checkbox"/> No		2. If Yes, when was the offer made?	
Name and Title of Person who Offered the Job		Phone Number	
Job Description		Rate of Pay \$ per	
PROSPECTIVE EMPLOYER'S JOB LOCATION		Hours Per Week	
Street Address	City	State	Zip

3. Reason that individual was prevented from beginning such employment (Please be specific)

4. If the claimant has been rescheduled to report to work, please give date:

Department Representative

Date (month, day, year)

Continued Request for Disaster Unemployment Assistance

Applicant's Name (First, Middle Initial, Last)	Social Security Number
Address (Number, Street, City, State, and ZIP Code)	Telephone Number ()
	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male

Have you moved since you last filed? Yes No

List below all completed weeks following the date of the disaster that you were partially or totally unemployed as a direct result of the disaster and for which you are claiming DUA. Report gross earnings from employment and self-employment. Earnings from self-employment includes income received from sales of grain or livestock, deficiency payments, disaster payment, CRP payments, etc. For DUA purposes, all weeks begin on Sunday and end on Saturday.

Do not submit this form until after the date of the last week claimed, or your form may be returned.

Week Ending Date	Number of Hours Worked During that Week	Gross Earnings

- Were you able and available to work during each of the weeks claimed? Yes No (If no is selected, explain)

- Did you refuse any work during any of the weeks claimed? Yes No (If yes is selected, explain)

- Are you receiving any type of retirement pension? Yes No (If yes is selected, provide type of pension)
_____ Monthly Amount Received \$ _____
- Did you attend school or training during the weeks claimed? Yes No (If yes is selected, provide the following):
Start Date _____ End Date _____ Name of School _____
- Have you returned to work full-time? Yes No (If yes is selected, provide the following):
Start Date _____ Name of Employer _____

Remarks: _____

APPLICANT CERTIFICATION: I certify that the information I have given on this form is correct and that I have supplied the information in order to obtain DISASTER UNEMPLOYMENT ASSISTANCE. I know 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 which I am not entitled to receive under the Act. I HAVE BEEN FURNISHED a statement required under the PRIVACY ACT OF 1974 for use in the DISASTER UNEMPLOYMENT ASSISTANCE program.

Signature of Applicant

Date (month, day, year)