DISASTER UNEMPLOYMENT ASSISTANCE APPLICATION

Employment Security Department
WASHINGTON STATE

Disaster No.: _____

Any questions marked with an asterisk (*), please explain further on page 3, in section F. Remarks.

PERSONAL INFORMATION Date Completed: _____

Last Name, First Name, Middle Initial:				Social Security Number:
Mailing Address:				Telephone Number / Message Number (indicate with an (M) if message number):
City:	State:	Zip Code:	Gender (circle one): Male Female	Date of Birth: Month _____ Day _____ Year _____
County:	E-mail Address (if applicable):	Race/Ethnic	1 ☐ White, not Hispanic 2 ☐ Black, not Hispanic 3 ☐ Hispanic 4 ☐ American Indian/Alaska Native 5 ☐ Asian/Pacific Islander 6 ☐ Other	
Are you a US Citizen or American National? ☐ Yes ☐ No	If not a US Citizen or American National, do you certify that you have satisfactory immigration status? ☐ Yes ☐ No		If you have satisfactory immigration status, attach a copy of your Alien Registration Card and provide the following: Alien Number: _____ Expiration Date: _____	

Unemployment benefits are taxable income. You can choose to have 10% of your weekly benefit payments deducted for Federal Income Tax.
Please indicate your choice: ☐ Yes I request 10% of my weekly benefit payments deducted for income tax.
☐ No I do not want 10% of my weekly benefit payments deducted for income tax.

A. **UNEMPLOYED WORKER DUE TO DISASTER**
Explain in DETAIL how this disaster was the DIRECT cause of your unemployment (use reverse side if necessary):

_____

_____

_____

1. Check your main source of income or livelihood at the time of the disaster*:
   ☐EMPLOYMENT ☐ PENSION ☐ SELF-EMPLOYMENT ☐OTHER (explain in REMARKS section on last page)
2. What date did you become unemployed as a direct result of the disaster? MONTH _____ DAY _____ YEAR _____
3. Have you applied for unemployment benefits with any State, Federal, or Railroad program? ..... ☐ Yes* ☐ No
4. Are you eligible to collect unemployment benefits with any State, Federal, or Railroad program? ..... ☐ Yes ☐ No
5. Were you injured as a result of the disaster ..... ☐ Yes* ☐ No
6. Did you become the head of household due to a death caused by the disaster? ..... ☐ Yes* ☐ No

B. **WORK HISTORY:** List ALL self-employment during the last 24 months. If regular employment, list all employment for the last 24 months and include a copy of W-2 from your employer(s). Use the back of this page for additional space.

Last Employer/Self-Employment:	Date Started:	Date Left:
Address:	City/State/Zip:	Occupation:
Last Employer/Self-Employment:	Date Started:	Date Left:
Address:	City/State/Zip:	Occupation:
Last Employer/Self-Employment:	Date Started:	Date Left:
Address:	City/State/Zip:	Occupation:

***Explain in "REMARKS" section**

C. **LAST EMPLOYER INFORMATION - AT THE TIME OF THE DISASTER.** Complete this section if you were working for any employer, NOT self-employment, at the time of the disaster.

1. At the time of the disaster, were you working for an employer other than self-employment as my primary source of income? ☐ Yes ☐ No

If Yes, Company Name: _____ Street Address: _____

City: _____ State: _____ Zip: _____ Company Phone No.: _____

Company Contact Person: _____ Title: _____

What date did you become unemployed as a direct result of the disaster? Month _____ Date _____ Year _____

Occupation: _____

2. Did the disaster prevent you from reaching your place of employment? ☐ Yes ☐ No

3. At the time of the disaster, did the business you worked for close? ☐ Yes ☐ No

Reason for closure: _____

Date company closed: _____ Date company reopened or will reopen? _____

4. Did the disaster prevent you from starting a new job with a private business? ☐ Yes ☐ No

If Yes, Company Name: _____ Street Address: _____

City: _____ State: _____ Zip: _____ Company Phone No.: _____

Person who offered you the job: _____ Their Title: _____

Pay: _____ Hours per week? _____ Days per week? _____ Start date? _____

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

_____

D. **SELF-EMPLOYED - NOT WORKING FOR ANOTHER BUSINESS**. *Complete the form "Supplement to DUA application for self-employed individuals" enclosed.* Include a copy of Schedule C, F, SE or K with your Form 1040.

E. **OTHER COMPENSATION**

Have you applied for or are you receiving any of the following:			**Monthly Amount**	**From (Mo/Day/Yr)**	**To (Mo/Day/Yr)**
State, federal, or railroad unemployment compensation?	☐ Yes*	☐ No	$_____	_____	_____
Loss of wages due to illness or disability (workers compensation)?	☐ Yes*	☐ No	$_____	_____	_____
Private income protection or supplemental unemployment benefits?	☐ Yes*	☐ No	$_____	_____	_____
Vacation, sick, or holiday pay?	☐ Yes*	☐ No	$_____	_____	_____
Retirement, social security benefits, pension (what kind)?	☐ Yes*	☐ No	$_____	_____	_____
Any other income?	☐ Yes*	☐ No	$_____	_____	_____

***Explain in "REMARKS" section**

F. **REMARKS --** Provide any remarks for questions marked with an asterisk (*):

G. **APPLICANT CERTIFICATION AND SIGNATURE**

I CERTIFY that all of 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 my 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.

SIGNATURE OF APPLICANT: _____ DATE: _____

SIGNATURE OF AGENCY REPRESENTATIVE: _____ DATE: _____