



Application for Disaster Unemployment Assistance

Instructions: Use black ink and print clearly to complete all pages of this application. Before signing and dating this application, double check that all the information on this application has been answered and is correct. If you have any questions about this application, go to the nearest Problem Resolution Office or contact UI at 1-866-500-0017. TTY customers call 1-866-366-0004.

Identification Information

Write your Social Security number: _____ - _____ - _____ Have you worked under more than one Social Security number? Yes No
If yes, write the Social Security number(s): _____ - _____ - _____ and/or _____ - _____ - _____

LAST NAME FIRST NAME MIDDLE NAME SUFFIX
State Driver's License or State ID Issuing State

Demographic Information

MAILING ADDRESS CITY STATE/PROVINCE ZIP CODE COUNTY COUNTRY

TELEPHONE NUMBER EMAIL ADDRESS DATE OF BIRTH Male Female

- Are you Hispanic or Latino? Yes No Are you? American Indian/Alaskan Native Asian Black Some Other Race Two or More Races White
- What level of education did you complete? Less than a High School Graduate High School/GED Some College or Associates Degree Bachelor Degree Graduate or Professional
- Are you a U.S. Citizen?¹ Yes No If no, do you give the Unemployment Insurance (UI) permission to verify your Alien status with U.S. Citizenship and Immigration Services (USCIS) in order to process your claim? Yes No What is your Alien ID Type? _____ Alien Registration Number _____
Expiration Date ____ / ____ / ____
- Are you claiming any dependents?² Yes No If yes, how many dependents do you want to claim? _____ (A maximum of 5 dependents are allowed.)
- Do you want State and Federal taxes withheld?³ Yes No If yes, how many exemptions do you want? _____

Additional Information

1. A claim for unemployment benefits usually begins the week that it is filed. When do you want your claim to begin? This needs to be a Sunday date. ____ / ____ / ____
2. In the last 18 months, did you work in any state(s) other than Michigan? This includes the District of Columbia, Commonwealth of Puerto Rico, and the U.S. Virgin Islands. This does not include military or Federal employment. Yes No
If yes, how do you want to file? File my claim using Michigan wages only. File my claim using Michigan wages and other state(s).
 File my claim in another state using only that state's wages. File my claim in another state using wages from all the state(s) I worked.
3. In the last 14 months, did you file a claim for unemployment benefits against another state? This includes the District of Columbia, Commonwealth of Puerto Rico, and the U.S. Virgin Islands. This does not include military or Federal employment. Yes No If yes, in what state did you file a claim? _____
4. Are you currently attending school or training? Yes No If yes, on what date did you begin your semester or term? ____ / ____ / ____
What date do you expect to complete your school or training? ____ / ____ / ____ Are you attending school or training full-time? Yes No
Did you limit your availability for work due to school or training? Yes No



Employer 1 List the employer(s) you have worked for in the last 18 months. Attach another sheet of paper if you have more than two employers

_____ worked for: Military branch Federal government Regular Michigan Employer
EMPLOYER'S LEGAL NAME Non-Michigan Employer

_____ FEIN: _____ Employer Account Number⁴ _____
DOING BUSINESS AS (DBA)

EMPLOYER ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____ TELEPHONE NUMBER _____ - _____ - _____

- How many hours per week did you work? _____ What was the rate of pay you received? _____
- What was your first day worked? ____/____/____ What was your last day worked? ____/____/____
- What was your separation reason?⁵ Choose one and put number here ____: 1-Assault & Battery 2-Deliberate Destruction of Property 3-Fired 4-Holiday Break 5-Hours Reduced 6-Illegal Drugs 7-Imprisonment 8-Intoxication 9-Labor Dispute (Strike) 10-Laid Off 11-Leave of Absence 12-Quit 13-Retired 14-Still working, no reduction in hours 15-Suspended/Disciplinary Lay Off 16-Temporary Shutdown 17-Theft
- Do you expect to receive any payments after your last day of work? Yes No If yes, for? Hours worked Yes No; Vacation pay Yes No; Holiday pay Yes No; Bonus Yes No; Sick pay Yes No; Separation, severance, wage continuation, payment in lieu of notice, or termination pay Yes No
- Are you receiving retirement benefits? Yes No If yes, when do you expect to receive your first pension payment? ____/____/____
- Is this pension paid by a skilled trade's union trust fund? Yes No
- What state did you last work for this employer? _____ If in Michigan, what county? _____
- Are you required to seek work exclusively through a Union Hiring Hall? Yes No
- Did this employer give you a return to work date? Yes No If yes, what date do you expect to return to work with your former employer? ____/____/____

Employer 2

_____ worked for: Military branch Federal government Regular Michigan Employer
EMPLOYER'S LEGAL NAME Non-Michigan Employer

_____ FEIN: _____ Employer Account Number⁴ _____
DOING BUSINESS AS (DBA)

EMPLOYER ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____ TELEPHONE NUMBER _____ - _____ - _____

- How many hours per week did you work? _____ What was the rate of pay you received? _____
- What was your first day worked? ____/____/____ What was your last day worked? ____/____/____
- What was your separation reason?⁵ Choose one and put number here ____: 1-Assault & Battery 2-Deliberate Destruction of Property 3-Fired 4-Holiday Break 5-Hours Reduced 6-Illegal Drugs 7-Imprisonment 8-Intoxication 9-Labor Dispute (Strike) 10-Laid Off 11-Leave of Absence 12-Quit 13-Retired 14-Still working, no reduction in hours 15-Suspended/Disciplinary Lay Off 16-Temporary Shutdown 17-Theft
- Do you expect to receive any payments after your last day of work? Yes No If yes, for? Hours worked Yes No; Vacation pay Yes No; Holiday pay Yes No; Bonus Yes No; Sick pay Yes No; Separation, severance, wage continuation, payment in lieu of notice, or termination pay Yes No
- Are you receiving retirement benefits? Yes No If yes, when do you expect to receive your first pension payment? ____/____/____
- Is this pension paid by a skilled trade's union trust fund? Yes No
- What state did you last work for this employer? _____ If in Michigan, what county? _____
- Are you required to seek work exclusively through a Union Hiring Hall? Yes No
- Did this employer give you a return to work date? Yes No If yes, what date do you expect to return to work with your former employer? ____/____/____

Your Rights and Responsibilities

Before you complete an application for unemployment benefits, it is important that you understand that you have rights and responsibilities regarding collecting unemployment benefits.

You will be receiving a Monetary Determination in the mail. Read it carefully. It provides you with information you need to know:

- If you meet the monetary requirements to establish a claim,
- Your Weekly Benefit Amount (WBA), number of weeks allowed, and the calculations involved,
- If you are required to register for work in order to collect benefits,
- How to protest your Monetary Determination if you do not agree,
- If you need to provide additional information.

Protect your rights. Read and follow the instructions in any pamphlets, documents, or correspondence sent to you by Unemployment Insurance (UI).

- At times you may be asked to provide a document or complete a form and return it within 10 days. Failure to provide the requested information could affect your right to benefits.
- Remember to put your Social Security number or Letter ID and your name on all information or documents that you send to the UI. Print clearly and use black ink.
- In accordance with Section 62 of the MES Act, Unemployment Insurance may require repayment of benefits up to 3 years after the first benefit payment was issued; therefore, you are advised to keep your address up to date with UI for up to 3 years after your last benefit payment.
- If you reside in another state or are moving out of Michigan within the next three weeks, you must register for work with the state employment service provider in your new state of residence. You must register for work timely or you may not receive unemployment benefits.
- To claim benefits, you must certify using Form UIA 1785, *Bi-Weekly Paper Certification*, that you can get in a UI Problem Resolution Office. You must certify every two weeks to claim your unemployment benefits for the previous two weeks.

All information requested on this Disaster Unemployment Assistance (DUA) application and other DUA forms is voluntary but is required in order to promptly process your claim. The request for information is authorized under Section 410 of the Robert T. Stafford Relief and Emergency Assistance Act. All information furnished will be confidential, except to the extent that release is authorized in the processing of your claim. Such information will not be used for any purpose other than establishing your entitlement to DUA, for statistical and research purposes by Unemployment Insurance and the U.S. Department of Labor (USDOL), and to ensure that benefits have been paid thoroughly.

I HEREBY apply for Disaster Unemployment Assistance (DUA) for the period of unemployment resulting from the announced disaster beginning _____. The disaster caused me to become unemployed for the following reason:

I CERTIFY that the information I have given on this form is correct to the best of my knowledge and belief. 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 which I am not entitled to receive under the Robert T. Stafford Disaster Relief and Emergency Assistance Act. I HAVE READ the statement required under the Privacy Act of 1974 for use in the DISASTER UNEMPLOYMENT ASSISTANCE PROGRAM.

Signature _____

Date _____



¹Unemployment Insurance (UI) must confirm your status with the U.S. Citizenship and Immigration Services (USCIS) in order to process your claim. The Immigration Reform and Control Act (IRCA) precludes USCIS from using, publishing, or making available information related to your application for adjustment to temporary residence except as provided by law (confidentiality provision).

²You are allowed \$6.00 for each dependent, up to a maximum of 5 dependents. Even if dependents are allowed, your Weekly Benefit Amount cannot exceed \$362.00. Do not claim yourself as a dependent. To claim a person as a dependent you must have provided more than half the cost of his or her support for at least 90 days immediately before filing your claim. If the marital or parental relationship has existed less than 90 days, the person must have received more than half the cost of his or her support from you for the duration of the marital or parental relationship.

- You can claim your husband or wife.
- You can claim your child, adopted child, stepchild, or grandchild, orphaned brother or sister if under the age of 18 years, or under the age of 22 if enrolled full-time in school, or if the child is over age 18 and is unable to engage in employment because of a physical or mental infirmity.
- You can claim your legal father and/or mother, if over the age of 65 or permanently disabled.
- You can claim a person as a dependent even if you do not claim that person for income tax purposes. However, only one person may claim the same person as a dependent for unemployment benefit purposes.

Verification of dependents may be required.

³If you choose to have State and Federal taxes withheld from your benefits, 10% will be deducted for Federal taxes. The deduction for State taxes is based on the number of exemptions you claim.

⁴At the time you were separated from work, your employer may have provided you with the Employer Account Number. The number is 10 digits formatted as 1234567 000.

⁵ 1-Assault & Battery: This means you were fired for touching, threatening, or attempting to inflict harm to another person. If this is not the reason for your separation, return to the list to select another reason.

2-Deliberate Destruction of Property: This means you were fired for intentionally damaging company property. If this is not the reason for your separation, return to the list to select another reason.

3-Fired: This means you were let go or discharged by your employer for violation of company policy, attendance, poor job performance, or other reasons. If this is not the reason for your separation, return to the list to select another reason.

4-Holiday Break: This means you are not working your usual hours because the company is closed for a holiday. If this is not the reason for your separation, return to the list to select another reason.

5-Hours Reduced: This means you are not working enough hours each week to be considered full time. The employer determines your full time or part time status as an employee. You are currently not working enough hours to be considered a full time employee. If this is not the reason for your separation, return to the list to select another reason.

6-Illegal Drugs: This means you were fired for using or possessing a controlled substance while at work, testing positive for an illegal substance, or you refused to submit to a drug test. If this is not the reason for your separation, return to the list to select another reason.

7-Imprisonment: This means you were fired because you missed work due to being in jail or prison. If your conviction was for a traffic violation and you were absent from work for less than 10 consecutive days, your separation reason is not Imprisonment and you need to change your answer. If Imprisonment is not the reason for your separation, return to the list to select another reason.

8-Intoxication: This means you were fired for being under the influence of alcohol while at work or testing positive for alcohol. If this is not the reason for your separation, return to the list to select another reason.

9-Labor Dispute (Strike): This means you are involved in a work stoppage or withdrawal of services that has been coordinated by your bargaining representative (union) concerning your terms of hire or other working conditions. If this is not the reason for your separation, return to the list to select another reason.

10-Laid Off: This means you are not working because of a reduction in the work force, plant shut down, or the company closed. If this is not the reason for your separation, return to the list to select another reason.

11-Leave of Absence: This means you requested time off from work for medical reasons, family obligations, or other reasons. You are still employed with this employer but are not working. If this is not the reason for your separation, return to the list to select another reason.

12-Quit: This means you resigned or left your job for medical, personal, or work related reasons or you left to accept work with another employer. If this is not the reason for your separation, return to the list to select another reason.

13-Retired: The means you voluntarily or involuntarily left work and were qualified to leave on the basis of attained age, length of service, contract agreement, company policy, or disability. If this is not the reason for your separation, return to the list to select another reason.

14-Still Working with No Reduction in Hours: This means there has been no break in your employment and you are still working full time hours each week. If this is not the reason for your separation, return to the list to select another reason.

15-Suspended/Disciplinary: This means you are still employed with this employer but not working for disciplinary reasons. If this is not the reason for your separation, return to the list to select another reason.

16-Temporary Shut Down: This means you are not working your usual hours because the company or plant is closed for a short period of time and you are temporarily laid off. If this is not the reason for your separation, return to the list to select another reason.

17-Theft: This means you were fired for the unauthorized removal of employer property. If this is not the reason for your separation, return to the list to select another reason.



SSN: _____

Disaster Unemployment Assistance Self-Employment Application and Wage Statement

Complete the remaining portion of this form only if you were Self Employed.

Name: _____ Business Name: _____

Business Address: _____ County: _____

City, State, Zip Code: _____

List below all self-employment since the beginning of the last completed tax year

A. TYPE OF SELF-EMPLOYMENT

Check appropriate box: Farming Business Other _____

Ownership: Sole Owner Partner

Are other family members also self-employed in this enterprise? Yes No

If Yes, provide: Name: _____ S.S. No.: --

Name: _____ S.S. No.: --

If more space is needed, continue on a separate sheet of paper.

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

1. Describe the nature of your self-employment; indicate how long you have been self-employed. _____

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

If No, explain. _____

3. Were you performing any services in connection with this self-employment at the time of the disaster? Yes No

If No, explain why not. If Yes, identify services being performed. _____

4. Did the disaster prevent you from performing all services in connection with self-employment? Yes No

If No, identify services being performed. _____

5. Since becoming unemployed, have you been performing, or are you able to perform, any services in restoring or improving the value or profit-making capability of your self-employment? Yes No

If Yes, explain. _____

SSN: _____

6. At the time of the disaster, was this self-employment your primary occupation and primary means of livelihood? Yes No

If No, explain: _____

7. Do you have any work other than self-employment? Yes No

Type of work: _____ Hours per Week: _____ Gross Weekly Wages: _____
Effect of disaster on this work: _____

C. FARMING (If your self-employment is not in farming, go to #15)

8. If your self-employment is in farming, what are your customary crops and/or products (e.g., wheat, corn, soybeans, sugar beets, milk, eggs, pork, beef, etc.) _____

9. What is the size of the farm that you operate? 1) _____ Acres located in _____ County
2) _____ Acres located in _____ County

10. What is the number of acres you have in the crop? _____ Acres located in _____ County

11. Are you the operator of the farm? Yes No

If No, name of principle operator _____

12. Other than for reasons that you were unable to start field work or other associated duties with your farming because of the disaster, list the crops and number of acres you were scheduled to plant on the date the disaster occurred.

Crop List	Number of Acres
1) _____	1) _____
2) _____	2) _____
3) _____	3) _____
4) _____	4) _____

13. List the kind of Livestock cared for:

Livestock	Number of Livestock
1) _____	1) _____
2) _____	2) _____
3) _____	3) _____
4) _____	4) _____

If cows were currently being cared for, how many are currently being milked? _____

14. Did the disaster cause you to sell any livestock that you otherwise would have kept? Yes No
If Yes, give the number sold _____

15. How many hours each week did you work prior to the disaster? _____

16. Has your ability to work the hours that you worked prior to the disaster decreased? Yes No

17. How many hours each week did you work during the disaster? _____

Give the date you expect to resume working the same number of hours you worked before the disaster occurred? _____

18. What steps have you taken since the disaster to return your business back to normal working conditions?

19. Fill in your customary weekly full-time hours for each of the periods checked below:

	Time Period dd/mm/yy through dd/mm/yy	Hours Worked 40		Time Period dd/mm/yy through dd/mm/yy	Hours Worked 40
	12/27/15 through 01/02/16			06/05/16 through 06/11/16	
	01/03/16 through 01/09/16			06/12/16 through 06/18/16	
	01/10/16 through 01/16/16			06/19/16 through 06/25/16	
	01/17/16 through 01/23/16			06/26/16 through 07/02/16	
	01/24/16 through 01/30/16			07/03/16 through 07/09/16	
	01/31/16 through 02/06/16			07/10/16 through 07/16/16	
	02/07/16 through 02/13/16			07/17/16 through 07/23/16	
	02/14/16 through 02/20/16			07/24/16 through 07/30/16	
	02/21/16 through 02/27/16			07/31/16 through 08/06/16	
	02/28/16 through 03/05/16			08/07/16 through 08/13/16	
	03/06/16 through 03/12/16			08/14/16 through 08/20/16	
	03/13/16 through 03/19/16			08/21/16 through 08/27/16	
	03/20/16 through 03/26/16			08/28/16 through 09/03/16	
	03/27/16 through 04/02/16			09/04/16 through 09/10/16	
	04/03/16 through 04/09/16			09/11/16 through 09/17/16	
	04/10/16 through 04/16/16			09/18/16 through 09/24/16	
	04/17/16 through 04/23/16			09/25/16 through 10/01/16	
	04/24/16 through 04/30/16			10/02/16 through 10/08/16	
	05/01/16 through 05/07/16			10/09/16 through 10/15/16	
	05/08/16 through 05/14/16			10/16/16 through 10/22/16	
	05/15/16 through 05/21/16			10/23/16 through 10/29/16	
	05/22/16 through 05/28/16			10/30/16 through 11/05/16	
	05/29/16 through 06/04/16			11/06/16 through 11/12/16	

11/13/16 through 11/19/16		12/11/16 through 12/17/16	
11/20/16 through 11/26/16		12/18/16 through 12/24/16	
11/27/16 through 12/03/16		12/25/16 through 12/31/16	
12/04/16 through 12/10/16		01/01/17 through 01/07/17	

D. WAGE STATEMENT FOR SELF-EMPLOYED INDIVIDUALS

Please Provide Your Statement of Estimated Net Earnings for the Most Recently Completed Tax Year

Tax Year Beginning _____ Tax Year Ending _____

Enter you NET earnings/losses for the tax year listed above. If you do not provide a copy of your tax return or other proof of these earnings within 21 days of application for DUA, your weekly benefit amount will be redetermined to be the minimum DUA weekly benefit, and you will be required to repay benefits that have been overpaid.

QTR Ending	QTR Ending	QTR Ending	QTR Ending	Total
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

Acceptable proof of earnings include:

- Schedule C or C-EZ for sole owners of business
- Schedule F for farm income
- Schedule E on form 1065 with Schedule K-1 for partnerships
- Other documents that provide verification of self-employment earnings for the above tax year

I CERTIFY that the information I have given on all pages of this form is correct and complete to the best of my knowledge and belief. 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 which I am not entitled to receive under the Robert T. Stafford Disaster Relief and Emergency Assistance Act. I HAVE READ the statement required under the PRIVACY ACT OF 1974 for use in the DISASTER UNEMPLOYMENT ASSISTANCE Program.

YOUR SIGNATURE: _____ DATE: _____

Your form must be completed and mailed to Unemployment Insurance, P.O. Box 169, Grand Rapids, Michigan, 49501-0169. Include any additional required document. Allow 5 days for mail delivery. You can also fax your form and any additional required documents to UI at 1-517-636-0427. If you have any additional questions regarding this form, call 1-866-500-0017 (TTY customers use 1-866-366-0004).