



Rick Snyder
GOVERNOR

Sharon Moffett-Massey
DIRECTOR

Bi-Weekly Paper Certification for Disaster Unemployment Assistance (DUA)

Name _____ Telephone No. _____
 Address _____ Apt./Lot # _____
 City, State, Zip _____
 Social Security Number _____
 Weeks Claimed: Use calendar week ending (Saturday) dates: 1st week _____ 2nd week _____

IMPORTANT: Read this paragraph carefully before completing this Form. This Form cannot be accepted or processed by the Unemployment Insurance Agency (UIA) until after the latest date in the box above, but it must be received by the UIA within 7 days of that date. If received or postmarked **before** the latest date in the box above, or beyond the 7 days, or if you fail to supply requested information (including any earnings for claimed week(s)), payment of your claim will be delayed. Your completed Form must be mailed to UIA, P.O. Box 169, Grand Rapids, Michigan 49501-0169, or faxed to 1-517-636-0427. If you have any questions about this form, call 1-866-500-0017 (TTY customers call 1-866-366-0004). You must submit a Form UIA 1583, *Monthly Record of Work Search* every month, showing where you looked for work.

INSTRUCTIONS: For each week listed in the box above, answer questions by filling in requested information. Enter any comments in the space below.

	First Week	Second Week
1. Did you return to full-time work or resume full self-employment?..... If "Yes," on what date? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Did you perform any work for another or engage in self-employment?..... If Yes, enter number of hours during each week If employed, enter gross earnings earned (not necessarily received) during each week \$ If self-employed, enter gross amount received during each week and check this box <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you applied for:		
a. Unemployment compensation under any state or federal law?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Any amount for loss of wages due to illness or disability? (If Yes, see d.).....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Any type of private income protection insurance? (If Yes, see d.).....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. If you answered Yes to b or c: What amount was received or will be received? If unknown, insert a question mark (?)..... What period does (or will) these benefits cover?	\$ \$	\$ \$
4. Were you able to work full-time for each week claimed Sunday through Saturday? (If No, explain below in comments section.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Were you available for work? (If No, explain below in "comments" section.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Did you seek work?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Did you refuse any offer of work? (If Yes, explain why in the "comments" section.).	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

COMMENTS:

UNEMPLOYED WORKER CERTIFICATION

I certify that the information I have provided on this form is correct and complete to the best of my knowledge and belief. I have supplied this information voluntarily in order to obtain Disaster Unemployment Assistance. I realize that these benefits are federally funded and that penalties are prescribed by law for the willful misrepresentation or concealment of material facts in order to obtain benefits which I am not entitled to receive under the Robert T. Stafford Disaster Relief and Emergency Assistance Act.

Claimant's Signature: _____ Date: _____
DO NOT SIGN, DATE OR MAIL BEFORE THE LATEST "WEEK ENDING" DATE AT THE TOP OF THIS FORM.



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