



### REQUEST FOR WEEKLY DUA BENEFITS

Completion of this form is required to qualify for benefits.

Disaster No. \_\_\_\_\_

FEMA \_\_\_\_\_ DR

- 1. Name \_\_\_\_\_
- 2. Address \_\_\_\_\_
- 3. City, State, Zip \_\_\_\_\_
- 4. Telephone No. \_\_\_\_\_

5. S.S. No.    -   -

6. 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 Item 6 above, but it must be received by the UIA within 7 days of that date. If received or postmarked before the latest date in Item 6 above, or beyond the 7 days, or if you fail to supply requested information (including any earnings for claimed weeks), payment of your claim will be delayed. Your completed form must be mailed to the TRA/Special Programs Unit, P.O. Box 02992, Detroit, Michigan 48202, or faxed to 1-313-456-3694. If you have any questions about this form, call 1-866-241-0152 (TTY customers call 1-866-366-0004).

**INSTRUCTIONS:** For each week in Item 6 above, answer questions by filling in requested information. Enter any comments in the "Comments" space below.

	<b>First Week</b>	<b>Second Week</b>
1. Did you return to full-time work or resume full self-employment? .....	<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? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If <i>Yes</i> , enter number of hours during each week .....	_____	_____
If employed, enter gross earnings <b>earned</b> (not received) during each week .....	\$ _____	\$ _____
If self-employed, enter gross amount <b>received</b> during each week and check this box <input type="checkbox"/> .....	\$ _____	\$ _____
3. Have you applied for or would you be eligible if 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 <i>Yes</i> , see <b>d.</b> ) .....	<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 <i>Yes</i> , see <b>d.</b> ) .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. If you answered <i>Yes</i> to <b>b</b> or <b>c</b> :		
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 and available for work? If <i>No</i> , explain below in Comments section.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Did you seek work? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Did you accept all offers of work? .....	<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. 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.

Unemployed Worker Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DO NOT SIGN OR MAIL BEFORE THE LATEST DATE IN ITEM 6 AT THE TOP OF THIS FORM.**

**DLEG is an Equal Opportunity Employer and complies with the Americans with Disabilities Act.**