

# If Disaster Strikes...



**You should know about  
Disaster  
Unemployment  
Assistance**

July 2020

This page left intentionally blank.



## Notice of Disaster Unemployment Assistance

You recently received a Monetary Determination (Form UIA 1575C) from the Michigan Unemployment Insurance Agency (UIA) stating you are ineligible for Unemployment Insurance (UI) benefits. This letter is to inform you that you **may** be eligible for Disaster Unemployment Assistance (DUA). The purpose of the DUA program is to help individuals whose employment has been lost or interrupted as a direct result of a major disaster.

This package will help you understand the eligibility requirements of the DUA program, how to apply, and where to call with questions. Review all documents in this package and sign and return all required documents to UIA by August 28, 2020. You must complete Form UIA 1554, *Application for Disaster Unemployment Assistance*, to apply for DUA benefits. If you are self-employed, complete the sections of the application related to self-employment.

Forms included in this packet are:

- UIA 1554-DUA, *Application for DUA Benefits*, (which includes the *Self-Employment Application and Wage Statement*)
- UIA 1785-DUA, *Bi-Weekly Certification for DUA*
- UIA 1071, *Disaster Unemployment Assistance (DUA) Rights Guide Sheet*
- UIA 1873, *If Disaster Strikes...*

### Important

#### U.S. Military Employment

If you served in the military during the past 18 months, you may be eligible for DUA benefits if you were directly impacted by the disaster. Send a copy of your Form DD 214-Member 4 with your DUA application. This form is issued by the military at the time of discharge. Failure to include this form will delay the processing of your claim.

#### Federal Employment

If you were employed by the federal government as a civilian, you should have received a Standard Form 8 (SF-8) and Standard Form 50 (SF-50) from your employer. If you have these forms, send a copy showing your Social Security number with your DUA application if you were directly impacted by the disaster. Failure to include these forms will delay the processing of your claim.

To speed up the processing of your application, follow these instructions carefully:

1. Read and complete all the sections of the application that apply to you.
2. Use black or blue ink and print clearly.
3. Submit all requested documentation with your application.
4. Be sure to include your name and Social Security number on all documents.
5. Sign and date your application. Mail your application and documentation to:

Unemployment Insurance Agency  
Multi-Service Center  
9023 Joseph Campau  
Hamtramck, MI 48212

Your application must be received by UIA no later than August 28, 2020. If your application is received after that date, you will have to establish good cause for filing your application late.

If you have questions, contact us through MiWAM, [www.michigan.gov/ui](http://www.michigan.gov/ui) or by calling 1-866-500-0017. TTY service is available at 1-866-366-0004.

For more information on when to file for DUA, visit the UIA website at [www.michigan.gov/ui](http://www.michigan.gov/ui).

## HOW MUCH ARE PAYMENTS?

The DUA weekly amount is computed in accordance with the unemployment formula used to compute weekly benefit amounts under the Michigan Employment Security (MES) Act. The weekly amount payable to an individual is reduced by wages earned or by pension payments received for that week in accordance with Michigan law.

Reduction will also be made by the amount of private income protection (or replacement) insurance, or any other type of benefit for loss of wages due to illness or disability that an individual receives or would receive for that week.

## ARE TAXES WITHHELD?

DUA benefits are subject to state and federal income taxation. Individuals may elect to have taxes withheld from their DUA payments.

## HOW LONG DOES THE PAYMENT PERIOD LAST?

A uniform disaster period will be established for all applicants with respect to each disaster. The declared disaster #4547-DR is for 34 weeks, May 17, 2020 through January 9, 2021.

## HOW OFTEN SHOULD I CERTIFY?

The individual must continue to certify bi-weekly for benefits using Form 1785, *Bi-Weekly Paper Certification For Disaster Unemployment Assistance (DUA)* at [www.michigan.gov/uia](http://www.michigan.gov/uia).

## WHAT CAUSES BENEFITS TO BE TERMINATED?

An individual can be disqualified for DUA benefits if an individual does any of the following:

1. Becomes employed and the earnings exceed the weekly benefit amount allowed;
2. Refuses to accept suitable employment without good cause;
3. Refuses to accept a referral to suitable employment without good cause;
4. Is not able to work, unless the inability is due to an injury caused as a direct result of the disaster;

5. Is not available for work, unless the unavailability is due to the individual's preparation to resume self-employment; or
6. Is no longer unemployed as a direct result of the disaster.

## EMPLOYMENT SERVICE

All persons in the State of Michigan are entitled to assistance from the Michigan Works! Agency in obtaining work. This applies to individuals unemployed due to a declared disaster as well as those unemployed for any reason.

## PROTEST AND APPEALS

Any denial of DUA benefits may be protested or appealed. Individuals must file a protest of a determination within 60 days of the mail date on the determination. If individuals disagree with the protest determination decision, individuals must file an appeal within 15 days of the mail date on the decision.

## FOR MORE DETAILS . . .

For more detailed information about the DUA Program, please call us toll-free at:

**1-866-500-0017**

**TTY customers: 1-866-366-0004**

*The information contained in this pamphlet is general and does not have the force or effect of law.*



Gretchen Whitmer  
Governor

**State of Michigan  
Department of Labor and Economic Opportunity  
Unemployment Insurance Agency**

UIA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.  
TTY services are available at 1-866-366-0004.

UIA 1873 (Rev. 7-20)

# If Disaster Strikes...



**You should know about  
Disaster  
Unemployment  
Assistance**



# DUA

## WHAT IS DUA?

Disaster Unemployment Assistance (DUA) program provides temporary assistance to individuals whose employment or self employment has been lost or interrupted as a direct result of a major disaster and who are not eligible for regular Unemployment Insurance (UI).

## DEFINITION OF A MAJOR DISASTER

A major disaster is defined as any natural catastrophe (such as a tornado, earthquake, snowstorm, flood, etc.), or other types of disasters (such as an explosion, natural gas leak, etc.); declared by the President to warrant government assistance to communities and individuals directly affected by the disaster. Based on a request from a state governor, the President issues a disaster declaration and defines the disaster area.

## HOW IS DUA FINANCED?

The U.S. Secretary of Labor is authorized to administer DUA using the federal-state unemployment insurance system to take applications, process them, and disburse payments. Funds are provided by the Federal Emergency Management Agency (FEMA) for DUA benefits. These funds are federally appropriated and are not derived from employer payroll taxes used to finance the regular UI program.

## WHICH FEDERAL LAW GOVERNS DUA?

Sections 410 and 423 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (referred to as the Stafford Act) Title 20, Chapter V, Part 625, Code of the Federal Regulations (20 CFR 623), as amended.

## WHO CAN QUALIFY FOR DUA?

**One** of the following conditions of unemployment must have occurred as a direct result of the disaster in order for an individual to qualify for DUA:

1. Has had a week of unemployment following the date the major disaster began; or
2. Is unable to reach his/her place of employment; or
3. Was scheduled to start work and the job no longer exists or the individual was unable to reach the job; or
4. Becomes the major support because the head of the household died as direct result of the disaster; or
5. Cannot work because of a disaster incurred injury.

## WHO IS ELIGIBLE FOR DUA?

In order to be eligible for DUA, an individual who meets one of the qualifying conditions above must also meet all of the following eligibility requirements:

1. Is not eligible for regular UI benefits; and
2. Is unemployed as a direct result of the disaster; and
3. Is able and available for work, unless injured as a direct result of the disaster; and
4. Has filed an application for DUA within 30 days of the date of the public announcement of the availability of DUA; and
5. Has not refused an offer of employment in a suitable position.

## WHEN AND WHERE TO FILE

Applications for DUA must be filed **within 30 days** of the date the UIA announces the availability of DUA in Michigan. Persons who believe they are entitled to DUA should visit our website at [www.michigan.gov/uia](http://www.michigan.gov/uia) for a DUA application and information, when a disaster

affects Michigan workers whose employment has been interrupted as a result of a major disaster.

DUA applicants should have proof of their Social Security number, proof of employment and proof of income. Proof of employment is used to determine if the individual was employed or self-employed or intended to start employment or self-employment at the time other disaster occurred.

Proof of income is used to establish the DUA weekly benefit amount. Proof of income is used to verify wages earned during the last completed tax year, even if a tax return has not been filed for that year. Individuals applying for DUA should submit their application to:

Unemployment Insurance Agency  
Multi-Service Center  
9023 Joseph Campau  
Hamtramck, MI 48212

## WHAT PROOF OF EMPLOYMENT IS REQUIRED?

Proof such as income tax return, bank statements, last pay stub, work order, etc. is required to substantiate employment or self-employment or to substantiate work that was to begin on or after the date of the disaster. If proof of employment cannot be provided at the time the claim is filed, individuals have 21 calendar days from the time the claim was filed to submit proof of income. Failure to submit this documentation within 21 days will result in a denial of DUA and any benefits already paid will be considered overpaid.

## HOW ARE PAYMENTS DETERMINED?

The weekly benefit amount (WBA) will be based on the gross wages of the individual. If the individual is self-employed, the WBA will be based on the net earnings (income) from self-employment. If the individual qualifies for less than 50% of the state's regular UI WBA, the WBA will be increased to 50% of the average WBA, with exceptions for part-time workers.



### Application for Disaster Unemployment Assistance DR - 4547#

**Instructions:** Use 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, contact the Unemployment Insurance Agency 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): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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  College or Associates Degree  Bachelor Degree  Graduate or Professional
- Are you a U.S. Citizen?<sup>1</sup>  Yes  No If no, do you give the UIA permission to verify your alien status with U.S. Citizenship and Immigration Services in order to process your claim?  Yes  No  
What is your Alien Type? \_\_\_\_\_ Alien Registration Number \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_
- Are you claiming any dependents?<sup>2</sup>  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?<sup>3</sup>  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



Is your separation reason a direct result of a recent severe storms and flooding in Arenac, Gladwin, Iosco, Midland, or Saginaw counties in Michigan? If yes, check the following that best applies to you:

Yes  No

- You are unemployed as a direct result of the disaster.
- You are unable to reach the place of employment as a direct result of the disaster.
- You are employed, or were scheduled to begin employment, and do not have a job or are unable to reach the job as a result of the disaster.
- You are the breadwinner or major supporter for a household because the head of the household has died as a direct result of the disaster.
- You are unable to work because of an injury caused directly by the disaster.
- Other - Explain

---

### Employer 1

EMPLOYER'S LEGAL NAME \_\_\_\_\_ Worked for:  Military branch  Federal government  Regular Michigan Employer  
 Non-Michigan Employer  
DOING BUSINESS AS (DBA) \_\_\_\_\_ FEIN: \_\_\_\_\_ Employer Account Number<sup>4</sup> \_\_\_\_\_

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?<sup>5</sup> 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? \_\_\_\_/\_\_\_\_/\_\_\_\_

---

If you have more than one employer, please attach another sheet with the above information.

## 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 the following information:

- 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 the Unemployment Insurance Agency (UIA).

- 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 UIA.
- In accordance with Section 62 of the Michigan Employment Security Act, UIA 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 UIA 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*, found online at [www.michigan.gov/uia](http://www.michigan.gov/uia). You must certify every two weeks to claim your unemployment benefits for the previous two weeks.

All information requested on this 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 the UIA 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 May 16, 2020. 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 \_\_\_\_\_

Mail this form to Unemployment Insurance Agency, Multi-Service Center, 9023 Joseph Campau, Hamtramck, MI 48212.



UIA is an equal opportunity employer/program.

---

<sup>1</sup>Unemployment Insurance Agency (UIA) 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).

<sup>2</sup>You 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.

<sup>3</sup>If 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.

<sup>4</sup>At 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.

<sup>5</sup>1-Assault & Battery: This means you were fired for touching, threatening, or attempting to inflict harm to another person.

2-Deliberate Destruction of Property: This means you were fired for intentionally damaging company property.

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.

4-Holiday Break: This means you are not working your usual hours because the company is closed for a holiday.

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.

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.

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.

8-Intoxication: This means you were fired for being under the influence of alcohol while at work or testing positive for alcohol.

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.

10-Laid Off: This means you are not working because of a reduction in the work force, plant shut down, or the company closed.

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.

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.

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.

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.

15-Suspended/Disciplinary: This means you are still employed with this employer but not working for disciplinary reasons.

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.

17-Theft: This means you were fired for the unauthorized removal of employer property.

---



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LABOR AND ECONOMIC OPPORTUNITY  
UNEMPLOYMENT INSURANCE AGENCY

JEFF DONOFRIO  
DIRECTOR

### Disaster Unemployment Assistance Self-Employment Application and Wage Statement

Complete the rest of this application 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 (2019).

#### 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: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

(If more names need to be added, continue on a separate sheet of paper.)

#### B. SELF-EMPLOYMENT INFORMATION (Answer all of the 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.

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

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.

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 the disaster on this work:

**C. FARMING** (If your self-employment is not in farming, go to #15) Attach another sheet if needed.

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(s) 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

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 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 to your business back to normal working conditions?

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

Time Period dd/mm/yyyy through dd/mm/yyyy	Hours Worked	Time Period dd/mm/yyyy through dd/mm/yyyy	Hours Worked
05/17/2020 through 05/23/2020		09/13/2020 through 09/19/2020	
05/24/2020 through 05/30/2020		09/20/2020 through 09/26/2020	
05/31/2020 through 06/06/2020		09/27/2020 through 10/03/2020	
06/07/2020 through 06/13/2020		10/04/2020 through 10/10/2020	
06/14/2020 through 06/20/2020		10/11/2020 through 10/17/2020	
06/21/2020 through 06/27/2021		10/18/2020 through 10/24/2020	
06/28/2020 through 07/04/2020		10/25/2020 through 10/31/2020	
07/05/2020 through 07/11/2020		11/01/2020 through 11/07/2020	
07/12/2020 through 07/18/2020		11/08/2020 through 11/14/2020	
07/19/2020 through 07/25/2020		11/15/2020 through 11/21/2020	
07/26/2020 through 08/01/2020		11/22/2020 through 11/28/2020	
08/02/2020 through 08/08/2020		11/29/2020 through 12/05/2020	
08/09/2020 through 08/15/2020		12/06/2020 through 12/12/2020	
08/16/2020 through 08/22/2020		12/13/2020 through 12/19/2020	
08/23/2020 through 08/29/2020		12/20/2020 through 12/26/2020	
08/30/2020 through 09/05/2020		12/27/2020 through 01/02/2020	
09/06/2020 through 09/12/2020		01/03/2020 through 01/09/2021	

**D. WAGE STATEMENT FOR SELF-EMPLOYED INDIVIDUAL**

Please provide your statement of estimated net earnings for 2019.

Tax Year Beginning \_\_\_\_\_ Tax Year Ending \_\_\_\_\_

Enter your 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 your 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 earning includes but is not limited to:
- 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 Agency, Multi-Service Center, 9023 Joseph Campau, Hamtramck, MI 48212. Include any additional required documents. Allow 5 days for mail delivery. If you have any questions contact UIA at 1-866-500-0017. TTY users call 1-866-366-0004.

Blank page



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LABOR AND ECONOMIC OPPORTUNITY  
UNEMPLOYMENT INSURANCE AGENCY

JEFF DONOFRIO  
DIRECTOR

## Disaster Unemployment Assistance (DUA) Benefit Rights Guide Sheet

### Qualification Requirements

In order to be eligible for DUA, you must meet one of the following qualifying requirements:

- You are unemployed as a direct result of the disaster.
- You are unable to reach the place of employment as a direct result of the disaster.
- You are employed, or were scheduled to begin employment, and do not have a job or are unable to reach the job as a direct result of the disaster.
- You are the breadwinner or major supporter for a household because the head of the household has died as a direct result of the disaster.
- You are unable to work because of an injury caused directly by the disaster.

### Eligibility Conditions of Unemployment

All of the following conditions of unemployment must have occurred as a direct result of the disaster to become eligible for DUA:

- You must be unemployed due to the disaster.
- Your completed DUA application and bi-weekly certifications must be submitted to the Unemployment Insurance Agency on time.
- You must be able to work unless your inability to work is a direct result of the disaster.
- You must be available for work.
- You have not refused a bona fide offer of suitable work or have not refused without good cause to begin or continue suitable work any week during the Disaster Assistance Period.
- You are not eligible for benefits under any other Unemployment Insurance (UI) program.
- If you are under a disqualified or ineligible during the base period 18 months (base period) prior to the disaster, you may qualify for DUA benefits.
- Your application must be filed with UIA by August 28, 2020.

### Weekly Benefit Amount (WBA)

- Your base period uses your wages from the most recently completed tax year.
- Your DUA WBA is calculated using the same formula

for regular state UI WBA (by multiplying your highest quarterly wage by 4.1% rounded down to the nearest dollar).

- Self-employed earnings and non-liable earnings are treated as if they were from a liable employer.
- For self-employed individuals, net income is considered when determining the Average Weekly Wage (AWW).
- The minimum DUA WBA for full-time workers is \$163.00.
- Part-time workers who are not entitled to at least the minimum DUA WBA will get a percentage of the minimum WBA.
- Pensions received during the DUA base period employers will reduce benefits. The reduction amount will be based on whether the claimant contributed to the pensions.
- Denial periods from the DUA base period employers will reduce benefits.

### Duration of Benefits

- DUA benefits begins Sunday after the disaster date and ends 34 weeks after the declaration date.
- DUA is payable during the Disaster Assistance Period dates. The current disaster period is May 17, 2020 through January 9, 2021.

### Verification Requirements

- You must be able to verify disaster-related employment, self-employment, or potential employment within 21 days of application or your claim will be denied, and restitution will be established.
- You must verify your DUA base period earnings within 21 days of DUA application or your WBA will be redetermined, and restitution may be required.

A copy of your income tax return for the most recent completed tax year can verify both.

### Calendar Week

- Sunday through Saturday.

## Back to Work

- Eligibility ends when you are back to work at your customary full-time hours.
- Report your back to work information when you report for your bi-weekly DUA benefits.

## Reporting and Certification Requirements

- You must certify to the Unemployment Insurance Agency (UIA) bi-weekly (every two weeks) to continue DUA benefits.
- You cannot use MARVIN (by phone) or online through the Michigan Web Account Manager (MiWAM) to certify for DUA benefits. You must use Form UIA 1785, *Bi-Weekly Certification for Disaster Unemployment Assistance (DUA)*.
- You must mail your Form UIA 1785 to the Unemployment Insurance Agency, Multi-Service Center, 9023 Joseph Campau, Hamtramck, MI 48212.
- Completed Form UIA 1785 must be received by the UIA by Friday of the second week of your certification.
- You may be ineligible for any week(s) that you are late reporting.

## Reportable Earnings

- If you are working reduced hours, report gross earnings for the weeks you worked, not the week you received payment.
- The earnings offset formula used for employment earnings is 1.5 times the WBA.
- For self-employed workers, report gross earnings for the week you received earnings, not the weeks you worked. The profit and loss statement is found in the certification Form UIA 1785, pages 5-8.
- The earnings offset for formula used for self-employment income is 1.5 times the WBA.

## Other Benefits Affecting Entitlement

Your DUA benefits may be affected if you are receiving:

- Benefits or insurance from any source for loss of wages due to illness and disability.
- Private income protection insurance.
- Worker's disability benefits payable due to death of head of household due to disaster.
- Supplemental income pursuant to a collective bargaining agreement (sub-pay) reduces DUA benefit amount (dollar-for-dollar).
- A retirement benefit or an annuity (can reduce your DUA benefit amount).
- Social Security benefits.

## Overpayments and Penalties for Fraud

- You will be required to repay DUA benefits overpaid, even if the overpayment is not due to fraud.
- DUA overpayments cannot be waived.
- If fraud is found at the time of your initial DUA application, you will be disqualified from receiving any DUA benefits for the entire Disaster Assistance Period.
- If fraud is found during a DUA certification period, you will be disqualified for DUA benefits for the week the fraud occurred and the next two compensable weeks.

## Protest and Appeal Rights

- If you do not agree with a Determination from the Unemployment Insurance Agency, you may submit a protest.
- All protests result in a hearing before an Administrative Law Judge (ALJ).
- You must submit a protest within 60 days of the mail date from the Determination.
- Mail the protest of your Determination to:

Unemployment Insurance Agency  
Multi-Service Center  
9023 Joseph Campau  
Hamtramck, MI 48212

- If you disagree with the protest decision from an Administrative Law Judge, you may appeal to the Regional Administrator.
- You must submit an appeal within 15 days of the mail date of the ALJ's Decision.
- Mail your appeal to:

U.S. Department of Labor  
Employment and Training Administration  
Attn: Regional DUA Coordinator  
230 S. Dearborn St., 6th Fl.  
Chicago, IL 60604



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LABOR AND ECONOMIC OPPORTUNITY  
UNEMPLOYMENT INSURANCE AGENCY

JEFF DONOFRIO  
DIRECTOR

## Bi-Weekly Paper Certification For Disaster Unemployment Assistance (DUA)

Name:	Social Security Number:
Current Address:	Apt/Lot #:
City, State, Zip Code:	Telephone Number:

**IMPORTANT:** Read this paragraph carefully before completing this form. This form should be mailed to the Unemployment Insurance Agency (UIA) within 7 days after the end of the week for which you are requesting. 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 **Unemployment Insurance Agency, Multi-Service Center, 9023 Joseph Campau, Hamtramck, MI 48212**. If you have any questions about this form call 1-866-500-0017. TTY users call 1-866-366-0004.

What week are you claiming? Beginning Sunday, _____ through Saturday, _____ <span style="font-size: small; text-align: center;">mm/dd/yyyy <span style="margin-left: 200px;">mm/dd/yyyy</span></span>	
<b>Answer the following certification questions for your first week beginning Sunday through Saturday. Check box Y for yes and box N for no.</b>	<b>Y    N</b>
Did you return to full-time work or resume full self-employment?	<input type="checkbox"/> <input type="checkbox"/>
Did you perform any work for another or engage in self-employment?	<input type="checkbox"/> <input type="checkbox"/>
If Yes, enter the number of hours worked during each week. _____ hrs.	
If employed, enter gross earnings earned during each week. \$ _____	
If self-employed, enter gross amount received during each week \$ _____	
Have you applied for:	
A. Unemployment compensation under any state or federal law?	<input type="checkbox"/> <input type="checkbox"/>
B. Any amount of lost wages due to illness or disability? If Yes, see D.	<input type="checkbox"/> <input type="checkbox"/>
C. Any type of private income protections insurance? If Yes, see D.	<input type="checkbox"/> <input type="checkbox"/>
D. If you answered Yes to B or C: What amount was received or will be received? (If unknown, insert question mark?) \$ _____ What period does (or will) these benefits cover? _____	
Were you able to work full-time for each week claimed, Sunday through Saturday?	<input type="checkbox"/> <input type="checkbox"/>
If No, explain.	
Were you available for work?	<input type="checkbox"/> <input type="checkbox"/>
If No, explain.	
Did you seek work?	<input type="checkbox"/> <input type="checkbox"/>
Did you refuse any offer of work?	<input type="checkbox"/> <input type="checkbox"/>
If Yes, explain.	

**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.

Signature \_\_\_\_\_ DO NOT SIGN, DATE OR MAIL BEFORE THE WEEK END DATE

Date \_\_\_\_\_

What week are you claiming? Beginning Sunday, _____ through Saturday, _____ <small style="margin-left: 100px;">mm/dd/yyyy</small> <span style="margin-left: 150px;"><small>mm/dd/yyyy</small></span>		
<b>Answer the following certification questions for your second week beginning Sunday through Saturday. Check box Y for yes and box N for no.</b>	<b>Y</b>	<b>N</b>
Did you return to full-time work or resume full self-employment?	<input type="checkbox"/>	<input type="checkbox"/>
Did you perform any work for another or engage in self-employment?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, enter the number of hours worked during each week. _____ hrs. If employed, enter gross earnings earned during each week. \$ _____ If self-employed, enter gross amount received during each week \$ _____		
Have you applied for:	<input type="checkbox"/>	<input type="checkbox"/>
A. Unemployment compensation under any state or federal law?	<input type="checkbox"/>	<input type="checkbox"/>
B. Any amount of lost wages due to illness or disability? If Yes, see D.	<input type="checkbox"/>	<input type="checkbox"/>
C. Any type of private income protections insurance? If Yes, see D.	<input type="checkbox"/>	<input type="checkbox"/>
D. If you answered Yes to B or C: What amount was received or will be received? (If unknown, insert question mark?) \$ _____ What period does (or will) these benefits cover? _____		
Were you able to work full-time for each week claimed, Sunday through Saturday?	<input type="checkbox"/>	<input type="checkbox"/>
If No, explain.		
Were you available for work?	<input type="checkbox"/>	<input type="checkbox"/>
If No, explain.		
Did you seek work?	<input type="checkbox"/>	<input type="checkbox"/>
Did you refuse any offer of work?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, explain.		
<p><b>Certification:</b>          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.</p>		
Signature _____	Date _____	
<small>DO NOT SIGN, DATE OR MAIL BEFORE THE WEEK END DATE</small>		

## INFORMATION FOR SELF-EMPLOYMENT PROFIT CALCULATIONS

If you are a self-employed person and have earned income during the certification week, you must report your gross profit for that week. The following information explains how to determine gross profits. Self-employed persons must keep receipts of all your business expenses and records of the money you received from the sale of goods or services. There are two types of receipts, total cost of doing business receipts and total receipts.

1. The **total cost of doing business** receipts are your business expenses. These are payments you make to cover the expenses of operating your business.
  - Some are **prorated** (or spread out) because they are large, determinable expenses like rent or insurance that is made on a yearly, quarterly or monthly basis. Examples of large fixed expenses paid at regular intervals (monthly, quarterly, or yearly) are: rent for business premises, utilities and fuel, leasing equipment, insurance premiums, interest, real estate tax, personal property tax, license fees, or permits. These expenses are prorated to cover the week you are claiming.
  - The **other** expenses are what you paid out as business expenses during the week you are claiming unemployment benefits. Included in weekly expenses are such things as: office supplies, cleaning and repair materials, advertising, cost of transportation, wages, cleaning services, delivery services, bank charges and fees. For example, you cannot use the cost of a car as a business expense because it is a capital asset, but you can include in your weekly expenses the gas you need to fuel your car.
2. The **total receipts** is the cash amount of any sales made during the week covered and the amount due for any services performed during the week you are claiming, even if you have not received the payment. Receipts for sales made or payment for services performed must always be counted as current receipts as of the date they become accounts receivable, regardless of when you actually received the cash. The receipts can include receipts for sales, fees, commissions, or payment of any kind to your business. You should keep detailed records showing all monies received for the sale of goods for work or services performed in self-employment. The UIA can ask that you show the receipts to substantiate your claim for unemployment benefits.
  - ◆ **Add** all your monthly expenses and divide them by 4.3 to get your weekly expenses.
  - ◆ **Add** your prorated expenses and your other expenses to get your total cost of doing business for any particular week.
  - ◆ **Add** all your receipts. This sum is your total receipts.
  - ◆ **Subtract** your total cost of doing business from your total receipts.
  - ◆ This **equals** your gross profit or loss. Only your gross profit should be reported as earnings on your certification.



GRETCHEN WHITMER  
 GOVERNOR

STATE OF MICHIGAN  
 DEPARTMENT OF LABOR AND ECONOMIC OPPORTUNITY  
 UNEMPLOYMENT INSURANCE AGENCY

JEFF DONOFRIO  
 DIRECTOR

Name: \_\_\_\_\_

SSN: xxx-xx-\_\_\_\_

## Bi-Weekly Paper Certification Calculating Self-Employment Profit or Loss

If you are self-employed, operating a business for yourself, or performing services for others as a self-employed person, you must keep receipts of all your business expenses and records of the money you received from the sale of goods or services. For each week for which you are claiming benefits (Sunday through Saturday), you must report your business expenses and the money you received or expect to receive in the future from the sales of goods or from work or services you performed in the week.

### Calculating Self-Employment

1. Calculate the total of large, fixed expenses paid at regular intervals (monthly, quarterly, yearly) and list the monthly amount on line #1.
2. Divide the monthly amount on Line #1 by 4.3 to calculate the prorated amount for each week. Put the amount on line #2.
3. Add all other expenses that were paid for each week. Put the total in line #3.
4. Enter the total of your expenses by adding lines #2 and #3. Put the total in line #4.
5. Total the receipts from sales, fees, commissions or payments of any kind made in connection with the operation of your business. Enter the total amount for each week on line #5.
6. To find the Gross Profit, subtract line #4 from line #5 and put the amount on line #6. If you have a negative balance, put zero as your gross profit.

<b>Expenses for Week 1</b>		<b>Expenses for Week 2</b>				
1.	Expenses Paid Monthly	\$	_____	Expenses Paid Monthly	\$	_____
	Divide by 4.3 = Weekly			Divide by 4.3 = Weekly		
2.	Expense of	\$	_____	Expense of	\$	_____
	Plus All Other Expenses			Plus All Other Expenses		
3.	Paid During the Week	\$	_____	Paid During the Week	\$	_____
4.	Total Expenses	\$	_____	Total Expenses	\$	_____
<b>Receipts for Week 1</b>		<b>Receipts for Week 2</b>				
5.	Receipts for Sales/Services	\$	_____	Receipts for Sales/Services	\$	_____
<b>Gross Profit to Be Entered in Earnings for Weekly Certification</b>		<b>Gross Profit to Be Entered in Earnings for Weekly Certifications</b>				
6.	Gross Profit	\$	_____	Gross Profit	\$	_____

**Certification:** I certify that the information I have reported is true and correct. I understand that if I intentionally make a false statement, misrepresent facts, or conceal material information, I may be required to pay damages and could be subject to criminal prosecution.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date