



GRETCHEN WHITMER
GOVERNOR

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

SUSAN R. CORBIN
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 benefits. If you do not provide the requested information (including any earnings for claimed weeks), your payment 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, _____ mm/dd/yyyy mm/dd/yyyy	
Answer the following certification questions for your first week beginning Sunday through Saturday. Check box Y for yes and box N for no.	Y N
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 benefits under any state or federal law?	<input type="checkbox"/> <input type="checkbox"/>
B. I 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, 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 to obtain benefits which I am not entitled to receive under the Robert T. Stafford Disaster Relief and Emergency Assistance Act.

Name: _____

SSN: xxx-xx- _____

What week are you claiming? Beginning Sunday, _____ through Saturday, _____ <small style="display: block; text-align: center;">mm/dd/yyyy mm/dd/yyyy</small>									
Answer the following certification questions for your second week beginning Sunday through Saturday. Check box Y for yes and box N for no.									
Did you return to full-time work or resume full self-employment?	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 50%; text-align: center;">Y</td> <td style="width: 50%; text-align: center;">N</td> </tr> </table>	Y	N						
Y	N								
Did you perform any work for another or engage in self-employment?	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 50%; text-align: center;">Y</td> <td style="width: 50%; text-align: center;">N</td> </tr> </table>	Y	N						
Y	N								
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? B. Any amount of lost wages due to illness or disability? If Yes, see D. C. Any type of private income protections insurance? If Yes, see D. 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? _____	<table border="1" style="width: 100%; height: 100px;"> <tr> <td style="width: 50%; text-align: center;">Y</td> <td style="width: 50%; text-align: center;">N</td> </tr> <tr> <td style="width: 50%; text-align: center;">Y</td> <td style="width: 50%; text-align: center;">N</td> </tr> <tr> <td style="width: 50%; text-align: center;">Y</td> <td style="width: 50%; text-align: center;">N</td> </tr> <tr> <td style="width: 50%; text-align: center;">Y</td> <td style="width: 50%; text-align: center;">N</td> </tr> </table>	Y	N	Y	N	Y	N	Y	N
Y	N								
Y	N								
Y	N								
Y	N								
Were you able to work full-time for each week claimed, Sunday through Saturday? If No, explain.	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 50%; text-align: center;">Y</td> <td style="width: 50%; text-align: center;">N</td> </tr> </table>	Y	N						
Y	N								
Were you available for work? If No, explain.	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 50%; text-align: center;">Y</td> <td style="width: 50%; text-align: center;">N</td> </tr> </table>	Y	N						
Y	N								
Did you seek work?	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 50%; text-align: center;">Y</td> <td style="width: 50%; text-align: center;">N</td> </tr> </table>	Y	N						
Y	N								
Did you refuse any offer of work? If Yes, explain.	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 50%; text-align: center;">Y</td> <td style="width: 50%; text-align: center;">N</td> </tr> </table>	Y	N						
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Signature _____ <small>DO NOT SIGN, DATE OR MAIL BEFORE THE WEEKEND DATE</small>	Date _____								
Weekly Eligibility Requirements To be eligible for payment each week, you must be able and available for work, other than due to the disaster, and you must look for suitable work and report your work search unless the requirement is waived. If your address changes it is important to update it with the UIA. If you have questions on your claim, visit www.michigan.gov/uia for tools and resources. You can also chat with an agent during regular business hours through your MiWAM account. Visit our website for hours of operation. TTY service is available at 866-366-0004.									