



DISASTER UNEMPLOYMENT INSURANCE INITIAL APPLICATION

State Form 53667 (R / 1-13)

INDIANA DEPARTMENT OF WORKFORCE DEVELOPMENT
UNEMPLOYMENT INSURANCE/BENEFITS AREA

**This agency is requesting the disclosure of your Social Security number in accordance with IC 4-1-8-1. Disclosure is mandatory; this record cannot be processed without it. The information in this document is confidential.*

Social Security Number *		Disaster Number	
		FEMA	-DR-IN
First Name	Middle Initial	Last Name	
Address (street or P.O. box)		Disaster County	Telephone number ()
City	State	ZIP Code	Cellular number ()
Date of birth (month, day, year)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Race <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian <input type="checkbox"/> Black <input type="checkbox"/> Multiracial	

I am a citizen of or national of the United States.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I am in satisfactory immigration status. If yes, enter your Alien Registration # & Exp. Date (Where?)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you make or owe child support payments? If yes, in what states?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are other family members in the same household filing for disaster benefits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you received or filed for unemployment compensation in any state in the past 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, when?	State(s) Filed In	

A. UNEMPLOYED WORKER DUE TO DISASTER

- What is the last day you worked prior to the disaster? (DD/MM/YY)
- Which date(s) were you off work due to the disaster?
- Explain in **DETAIL** how the disaster was the DIRECT cause of your unemployment.
- Have you returned to work? Yes No If yes, what date did you return to work? (DD/MM/YY)
- Check all sources of income or livelihood at the time of the disaster.
 EMPLOYMENT PENSION FARMING FARM WORKER SELF-EMPLOYMENT
- Were you injured as a result of the disaster? Yes No
- Did you become the head of household due to a death caused by the disaster? Yes No
- Did the disaster prevent you from reaching your place of employment? Yes No
- At the time of the disaster, did the business you work for close? Yes No
Reason for closure _____
Date company closed _____
Date company will reopen _____
What date were you scheduled to work after the company reopened?

Please complete this section only if you were scheduled to begin work for an employer and were unable to do so because of the disaster.

Name of Employer _____
Address of Employer _____
Telephone Number of Employer _____
Date you were scheduled to begin employment _____
Company Contact Person _____ Title _____

B. WORK HISTORY
If you worked for wages for any employer(s) within the last 12 months, complete this section. If all of your income was from self-employment, skip to the back of this form. If you have no documentation or proof of earnings, complete the Statement of Employment and Wages form.

Name and Address of Employer	Period Employed		Total Gross Earnings	Occupation	Was the work full time or part time	Hours Worked Weekly
	From	To				
			\$			

			\$			
			\$			

C. SELF-EMPLOYED – FARMER

Complete the form "Supplement to Application for DUA Self-employed Individuals." Include a copy of Schedule C, F, SE or K with your Form 1040.

D. RETRO-CERTIFICATION

List below all weeks following the date of the disaster that you normally would be working and that you were partially or totally unemployed as a direct result of the disaster and for which you are claiming DUA. You must report gross wages earned for any employment. If you worked for someone and were paid, or if you are entitled to payment for the work, you must report the wages in the week earned. If you are self-employed and received income for services performed, you must report your gross income in the week in which you receive the pay even though you may have performed the service before the disaster began. Self-employed farmers must also report subsidy/price support payments, crop insurance and farm disaster relief (non-DUA) payments.

Week Ending	Actual Hours Worked	Gross Earnings/ Payments	FOR EACH WEEK: Explain what work you normally would have done that you were prevented from doing because of this disaster.
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

	Yes	No
Would you like to have federal income tax withheld from your benefit payments?	<input type="checkbox"/>	<input type="checkbox"/>
Were you physically able and available to work during each of the weeks claimed?	<input type="checkbox"/>	<input type="checkbox"/>
Did you refuse job referral or refuse any work during any of the weeks claimed? If yes, for which weeks?	<input type="checkbox"/>	<input type="checkbox"/>
Are you receiving, or have you applied for, any type of retirement, pension, or disability pay? If yes, list the type received. Monthly Amount \$:	<input type="checkbox"/>	<input type="checkbox"/>
Did you attend school or training during any of the weeks listed above? If yes, list dates of attendance, From: _____ To: _____ Name of School: _____ Expected Date of Return to School: _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> I certify I must furnish documentation to substantiate the employment or self-employment upon which this application is filed to support that you were employed or self-employed on the date the major disaster occurred. You must also submit a copy of your previous year's federal income tax forms to establish your monetary entitlement. Failure to provide this documentation within 21 days of the date you filed your claim will result in denial of DUA benefits and you will be required to repay any DUA benefits paid to date.		
<input type="checkbox"/> I certify the information provided on this form is correct and I have supplied the information in order to obtain DISASTER UNEMPLOYMENT ASSISTANCE. I know federal funds are provided and 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 Act.		

Name	Date (month, day, year)	For Internal Use Only
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