



SUPPLEMENT TO APPLICATION FOR DUA SELF-EMPLOYED INDIVIDUALS

State Form 53668 (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.*

Disaster Number: FEMA -DR-IN

Name	Social Security Number *
Business	Address (number and street)
City, State, ZIP Code	

TYPE OF SELF-EMPLOYMENT: Farm Business Independent Contractor

TYPE OF OWNERSHIP: Sole Owner Corporation Partnership

Name of Partner:

PART A. SELF-EMPLOYMENT INFORMATION (Answer all questions in this part.)

1. Describe the nature of your self-employment (business). Indicate how long you have been performing the duties of this business.

2. Do you perform duties directly related to the operation of the business? Yes No
Explain:

3. Were you actively performing these duties at the time of the disaster? Yes No
If no, explain why not. If yes, identify work being performed.

4. Did the disaster prevent you from performing all the duties in connection with the operation of the business? Yes No
Explain:

5. Since becoming unemployed, have you been performing or been able to perform any services in restoring the business? Yes No
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 occupation other than this self-employment? Yes No
If yes, complete:

Occupation	Weekly Hours	Gross Wages (Weekly)	Effect Disaster Had on This Occupation

8. Was your place of business damaged or destroyed? Yes No
Explain:

PART B. IF YOUR SELF-EMPLOYMENT DID NOT INCLUDE FARMING, SKIP PART B AND COMPLETE PART C.

1. What is the size of the farm you operate? _____ Acres located in _____ County.
_____ Acres located in _____ County.
2. What is the number of acres you have in CRP? _____ Acres located in _____ County.
3. Are you the principal operator of the farm? Yes No
If no, name of principal operator.
4. 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.
5. List livestock cared for: _____ Kind: _____ Number: _____
Number of cows currently being milked: _____
6. Did the disaster cause you to sell any livestock that you otherwise would have kept? Yes No
If yes, number sold: _____
7. How many hours each week did you work prior to the disaster?
8. Has your ability to work the hours prior to the disaster decreased? Yes No
9. How many hours each week did you work during the disaster?
When do you expect to resume working the same number of hours you worked before the disaster occurred?
10. What steps have you taken since the disaster to return your business back to normal working conditions?

PART C: CLAIMANT CERTIFICATION

I certify the information provided on this form is correct and I have supplied the information in order to obtain Disaster Unemployment Assistance. I understand 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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