Unemployment Insurance Claim Application
NEW, ADDITIONAL, OR TRANSITIONAL

Today's Date _____

(1) Effective Date	(2) Are You		(3) First Name	(4)Middle Initial	(5)Last Name (Jr. etc.)
Office Use Only	☐ Female	☐ Male			

(6) Your Social Security Number	(7) Your Date of Birth	(8) Have you filed a claim in the last 12 months?
		☐ Yes ☐ No

(9) County of Residence	(10) Which Workforce Development Center would you prefer to use for job placement services?
	(See center listings on the reverse side of this form)

(11) Are you a citizen or national of the United States?		(12) Your INS alien number is?	(13) What is your telephone number?	
☐ Yes	☐ No (if no, fill in your INS alien registration number in item 12).		Your primary telephone number:	( ) _____

(14-17) What is your mailing address?

_____
Number and Street (Please include apartment or lot number.)

_____ _____ _____
City State Zip Code

(18)Voluntary Tax Withholding Information
Note: If you elect withholding of taxes, you will be required to complete and return the tax withholding form from your packet.

Do you want to have **10%** of your gross weekly benefit payment withheld for Federal taxes? ☐ Yes ☐ No

Do you want to have **5%** of your gross weekly benefit payment withheld for Iowa taxes? ☐ Yes ☐ No

(19-23) Dependent Information

Do you have a spouse, children, or other dependents to include on your unemployment insurance claim? (if no, go to box 25) ☐ Yes ☐ No

Are you claiming your spouse as a dependent on this unemployment insurance claim? (Your spouse must earn $120 or less in the week prior to filing your claim to qualify as a dependent.)	Has your spouse filed an unemployment insurance claim in the last 12 months?	If you are claiming your spouse as a dependent on this unemployment insurance claim, did your spouse earn more than $120 in gross weekly wages last week?
☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

Please list the first names of your spouse and any other dependents you are claiming on your unemployment insurance claim (Note: Do not include yourself and only list those dependents that you are allowed to claim under the federal income tax guidelines and are not being claimed by anyone else on a current unemployment claim):

Spouse's First Name	Dependent's Name
Dependent's Name	Dependent's Name
Dependent's Name	Total Dependents (not to exceed 4) =

(24) Iowa Employer Account Number.	(25-29) Business Name and Address of Your Most Recent or Current Employer	(30-32) Dates of Employment
		Date you began work for this employer (Seniority Date) _____
	Name of Business	Date you last worked for which you will be paid wages. _____
Office Use Only		
	Street Address	**(33-34) Pending Pay Due You**
Employer Acct. #	City State Zip Code	Severance Yes ☐ No ☐ Vacation Yes ☐ No ☐

(35) Your Reason for Leaving Your Job	(36) Business Closed	(37) Immediate Release	(33-34a) Last Date You Will Be Paid Severance and/or Vacation Pay
Please check only one box: ☐ 1 Layoff/Lack of work/Job Eliminated ☐ 2 Layoff Business Permanently Closed ☐ 3 Quit ☐ 4 Fired for Misconduct ☐ 5 Labor Dispute/Strike/Lockout ☐ 6 Still Working/Reduced Hours	Office Use Only ☐ No ☐ No, Under Investigation ☐ Yes, Closed ☐ Yes, In Process of Closing	Office Use Only ☐ Yes ☐ No	Date that you will be paid through including all severance and/or vacation pay. _____

(38) In The Past 18 Months Have You?	(39) Work Search/Job Attachment
☐ Worked outside of Iowa? ☐ Served in the Armed Forces? ☐ Worked for the Federal Government?	. Please check only one box that best describes your situation: ☐ 2. N**ot** likely to return to your most recent employer. ☐ 3. On Temporary/Seasonal Layoff and likely to return to your most recent employer. ☐ 4 Refused to bump a less senior employee. ☐ 5. Obtain work through a Union Hiring Hall and you are a member in good standing.

(40)Are you Paid a Pension ?	(41-42) Your Normal Occupation?	(43) Resume	(44) Highest Grade Completed in School?
☐ **Yes** ☐ **No**	Title Office Use Only DOT Code	☐ **Yes** **Office Use Only** ☐ **No**	**Grade**

IOWA WORKFORCE DEVELOPMENT
Attn: DUA
P.O. Box 10332
Des Moines, Iowa 50306-0332

DUA Form 103 (08-2010)

Instructions for completion of Supplemental to Application for DUA Self-Employed Individuals ETA 81A

APPLICANTS NAME - Please list your last name, first name, and middle initial.

DISASTER NO. - Do not complete.

WDC NO. - Do not complete.

SOCIAL SECURITY NUMBER - Please enter in your correct social security number.

BUSINESS NAME AND ADDRESS - Please list your business address if applicable, and your full address including number, street, city, county, state and zip code.

TYPE OF SELF-EMPLOYMENT - Please check appropriate box farming, business or professional.

AS A: - Check appropriate box sole owner, partner or corporation.

SECTION A, FARMING ACTIVITY

SIZE OF FARM - List total acres of farm. If farm is located in more than 1 county, please list total number of acres in each county.

CROPS - List crop farmed and acres planted such as corn 150 acres.

LIVESTOCK - List type of livestock and number such as cattle 100 head.

OTHER - List other items not listed with crops or livestock such as truck gardens, forestry, eggs etc.

SECTION B - SELF EMPLOYMENT INFORMATION

1) Describe the nature of your self-employment. - Describe nature of your self employment such as grain farmer of corn oats or soybeans for 15 years.
2) Did this self-employment require any part of your time in the performance of services? Please answer yes or no. If No please explain - such as a partnership and partner farms the land while you live in town.
3) Were you performing any services in connection with this self-employment at the time of the disaster? Yes or No. If "No" please explain why you were not performing services such as leases land to another individual or son farms land. If "Yes", identify services being performed, such as plowing and planting corn.
4) Did the disaster prevent you from performing all services in connection with your self employment? Yes or No If "NO" identify services being performed such as continuing to feed and raise livestock or continuing to farm 100 acres not covered by the flood.
5) Since becoming unemployed, have you been performing or able to perform any services in restoring or improving the value or profit-making capability of your self-employment? Please mark yes or no. If yes, explain in detail the activities the activities you have been able to perform.
6) At the time of the disaster, was this self-employment your primary occupation and primary means of livelihood? Yes or No. If no, please list your primary means of livelihood.
7) Do you have any other occupation other than this self-employment? Yes or No. If yes, list occupation, number of hours worked per week, gross weekly wage and effect disaster had on this occupation if any.

SECTION C - APPLICANT CERTIFICATION

Read certification, if everything on application is correct and you understand application, sign and date application.

Equal Opportunity Employer/Program
Auxiliary aids and services are available upon request to individuals with disabilities.
For deaf, and hard of hearing, use Relay 711

IOWA WORKFORCE DEVELOPMENT
Attn: DUA
P.O. Box 10332
Des Moines, Iowa 50306-0332

Primary DOT Code	SIC Code	Local Office #	Resident County	Work County
Disaster # FEM DR	Disaster Date *(Effective Date)*		Disaster Announcement Date	

DUA Form 102 (08-2010)

DUA - Initial Application For Disaster Unemployment Assistance ETA 81

Applicants Name *(Last, First, Middle)*	Date Of Birth *(Month, Day, Year)*	Phone Number	Social Security Number

Address *(No. Street, City, County, State, Zip Code)*	Citizen I am a citizen or national of the United States. ☐ Yes ☐ No If you answered NO, are you in satisfactory immigration status? ☐ Yes ☐ No	Sex ☐ Male ☐ Female	Marital Status	# Of Dependents

A. Applicant Request

I HEREBY apply for **DISASTER UNEMPLOYMENT ASSISTANCE (DUA)**. The last date I worked was _____ .
(Month, Day, Year)

My unemployment on _____ was a result of this disaster as follows:
(Month, Day, Year)
(Explain in complete detail. Continue on back of form if extra space is needed.)

B. APPLICANT EMPLOYMENT

Employer	Date Started	Date Left	Total Gross Earnings
Address	Occupation		Rate of Pay *(Mo, Wk, Hr)*
City	County	State	Job Location *(if different)*
Employer	Date Started	Date Left	Total Gross Earnings
Address	Occupation		Rate of Pay *(Mo, Wk, Hr)*
City	County	State	Job Location *(if different)*
Employer	Date Started	Date Left	Total Gross Earnings
Address	Occupation		Rate of Pay *(Mo, Wk, Hr)*
City	County	State	Job Location *(if different)*
Employer	Date Started	Date Left	Total Gross Earnings
Address	Occupation		Rate of Pay *(Mo, Wk, Hr)*
City	County	State	Job Location *(if different)*

C. PRIVACY ACT STATEMENT/APPLICATION CERTIFICATION

Statement required under the Privacy Act of 1974 for the Disaster Assistance Program: While all of the information requested on the DUA application and payment request form is voluntary, most of the information (including SSN) is required in order to promptly process your claim for DUA. All of the information requested (including SSN) will be used for statistical and research purposes by Iowa Workforce Development and the U.S. Department of Labor and may be released to authorized agencies.. All information furnished will be confidential except to the extent that release of such information is authorized in the processing of your claim, and will not be released or used for any purpose other than for establishing your entitlement to DUA for statistical and research studies, and to insure that benefits have been paid properly.

I certify that the information I have given on this form is correct and that 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 to which I am not entitled to receive under the Act.

Signature Of Applicant	Date

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Iowa Workforce Development

SUPPLEMENT TO APPLICATION FOR DUA SELF-EMPLOYED INDIVIDUALS

APPLICANT'S NAME (Last, First, Middle)	DISASTER NO. FDAA DR	WDC NO.	SS #
BUSINESS NAME AND ADDRESS (No., St., City, County, State, and ZIP Code)	TYPE OF SELF-EMPLOYMENT (Check appropriate box(es)) ENGAGED IN: ☐ Farming ☐ Business ☐ Profession AS A: ☐ Sole Owner ☐ Partner		
A. FARMING ACTIVITY *(if applicable)*	SIZE OF FARM (In acres)		

In columns below, list all farm products raised and held primarily for sale and farm income.

CROPS		LIVESTOCK		OTHER (Specify)	
Kind	Acres	Kind	Quantity	Kind	Quantity

B. SELF-EMPLOYMENT INFORMATION *(Answer all questions in this part)*

1. Describe the nature of your self-employment; indicate how long you have been performing it.

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 why not. If "YES," identify services being performed.

4. Did the disaster prevent you from performing all services in connection with your self-employment? ☐ YES ☐ NO If "NO," identify services being performed.

5. Since becoming unemployed, have you been performing or 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 occupation other than this self-employment? ☐ YES ☐ NO

If "YES," complete	OCCUPATION	WEEKLY HOURS	GROSS WAGES (Weekly)	EFFECT (disaster had on this occupation)

C. APPLICANT CERTIFICATION

I CERTIFY that the information I have given on this form is correct. 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 Act. I HAVE BEEN FURNISHED a statement required under the PRIVACY ACT OF 1974 for use in the DISASTER UNEMPLOYMENT ASSISTANCE program.

SIGNATURE OF APPLICANT	DATE *(Month, Day, Year)*

AFFIDAVIT OF EARNINGS FROM SELF-EMPLOYED INDIVIDUALS WHO HAVE NO FEDERAL INCOME TAX RETURN (DUA Form 1) (10/2011)

I understand that my eligibility for Disaster Unemployment Assistance (DUA) shall be determined, where reliable record of employment, self-employment and wages is not obtainable, on the basis of an affidavit submitted to the applicable State agency. I also understand that to determine my weekly benefit, I must submit, with a reasonable explanation, what my net earnings were for the most recent calendar tax year and what my anticipated earnings will be for the current calendar tax year. I understand that all estimates of net earnings/losses are subject to verification as soon as I file any missing Federal income tax returns with the Internal Revenue Service.

Prior year: 2010

Gross earnings	$ _____
Subsidies, if applicable	$ _____
Subtotal	$ _____
Less business expenses	$ _____
NET EARNINGS	**$ _____**

Current Year (Projected net earnings taking into account the losses due to disaster damage)

Gross earnings	$ _____
Subsidies, if applicable	$ _____
Subtotal	$ _____
Less business expenses	$ _____
NET EARNINGS	**$ _____**

The reason I do not have my Federal income tax return Schedule 1040 ( ) C ( ) F ( ) and/or SE ( ) for the tax year 2010 is _____
_____
_____.

I certify that the information that I have given on this form is correct. I have supplied this information voluntarily in order to obtain Disaster Unemployment Assistance (DUA). 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 to which I am not entitled under the provisions of the Stafford Act.

_____	_____	_____
Signature of applicant	Social Security Number	Date

IOWA WORKFORCE DEVELOPMENT
Attn: DUA
P.O. Box 10332
Des Moines, Iowa 50306-0332

DUA Form 3 (08-2010)

INSTRUCTIONS FOR COMPLETING SUPPLEMENTAL APPLICATION FOR DISASTER UNEMPLOYMENT ASSISTANCE (DUA) FOR UNEMPLOYED SELF-EMPLOYED AGRICULTURAL INDIVIDUALS

1. Size of farm. Number of acres in the farm. If there is more than one location, enter the number of acres for the first location in Farm #1 and the number of acres in the second farm in Farm #2. If there are more than two locations, hand write Farm #3, Farm #4, etc. in the blank space at the right.

2. List all farm products raised and held primarily for sale and farm income. Enter the amount of farm products and livestock under the designated heading.

3. Number of acres of crops damaged by the disaster. Enter the approximate number of acres affected by the disaster. Further designate whether the damage was minimal, moderate or substantial overall.

4. Approximate percentage of total loss to my farming operation due to the disaster. This answer is related to number 3 above. For example if you farm 400 acres and 200 acres were damaged to the point that you will not be able to perform any or most of your usual work associated with the crops, the loss is 50%.

5. On what date did you or will you return to normal season activities on the farm? Date you returned to or estimated date you will return to your **usual** farm work. This does not include disaster repair and cleanup.

6. Did you or will you replant lost crops? Mark appropriate response. Also indicate how the need to replant will impact your overall prospects for income.

7. The average number of hours per week worked in customary self-employment prior to the disaster and after the disaster. Estimate these figures as accurately as possible. This includes only time spent in **customary self-employment**.

8. If the farm is incorporated, are you still receiving the same wages from the corporation? Mark appropriate response.

9. Did you apply for or receive any of the following? Mark any responses that apply. Social Security is no longer deductible from unemployment insurance benefits so you need not respond in the affirmative if you receive Social Security benefits.

10. Read the certification statement then sign and date the document.

Equal Opportunity Employer/Program
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SUPPLEMENTAL APPLICATION FOR DISASTER UNEMPLOYMENT ASSISTANCE (DUA) FOR UNEMPLOYED SELF-EMPLOYED AGRICULTURAL INDIVIDUALS (DUA Form 3)

Name: _____ Social Security Number: _____

Farming Activity

1. **Size of Farm (in acres): Farm #1 _____**

   Farm #2 _____

2. **List all farm products raised and held primarily for sale and farm income:**

Crops		Livestock		Other (specify)	
Kind	Acres	Kind	Quantity	Kind	Quantity

3. **Number of acres of crops damaged by the disaster: _____. The damage done to my crops by the disaster was:**
   Minimal _____ Moderate _____ Substantial _____

4. **Approximate percentage of total loss to my farming operation due to the disaster is _____%.**

5. **On what date did you or will you return to normal season activities on the farm? _____**

6. **Did you or will you replant lost crops? Yes ____ No ____. If yes, the date of replanting, the type of crop involved and how the replanting will impact your overall prospects for income.**

7. **The average number of hours per week that I worked as a self-employed individual prior to the disaster was_____. The average number of hours per week that I can work in the customary self-employment after the disaster is _____. Note: This does NOT include time spent repairing or cleaning up disaster damage or retooling and repairing land and buildings. This only includes hours worked in**

customary self-employment in the same manner as these activities were conducted before the disaster.

8. **If your farm is incorporated, are you still receiving the same wages from the corporation after the disaster as you were receiving prior to the disaster? YES _____ NO _____**

9. **Did you apply for or receive, or would you have been eligible to receive if you had applied for, any of the following? YES _____ NO _____**
   (if yes, check all that apply)
   ____ Illness or disability insurance
   ____ Supplemental unemployment benefits
   ____ Private income protection insurance
   ____ Retirement pension or or annuity
   ____ Social Security Benefits

I certify that the information I have given on this form is correct. I have supplied this information voluntarily in order to obtain Disaster Unemployment Assistance (DUA). 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 to which I am not entitled under the provisions of the Stafford Act.

_____ _____

Signature of Applicant **Date**

IOWA WORKFORCE DEVELOPMENT
Attn: DUA
P.O. Box 10332
Des Moines, Iowa 50306-0332

DUA Form 107 (10-2011)

CONTINUED REQUEST FOR DISASTER UNEMPLOYMENT ASSISTANCE

Name *(First, MI, Last)*:	Social Security Number:
Address *(No., Street, City, State, ZIP Code)*:	Telephone: ( )
	Sex: ☐ Male ☐ Female

Have you moved since you last filed? ☐ Yes ☐ No

List below all completed weeks following the date of the disaster that you were partially or totally unemployed as a direct result of the disaster and for which you are claiming DUA. Report gross earnings from employment and self-employment. Earnings from self-employment includes income received from sales of grain or livestock, deficiency payments, disaster payment, CRP payments, etc. For DUA purposes, all weeks begin on Sunday and end on Saturday.

Do not submit this form until after the date of the last week claimed, or your form may be returned.

Week Ending Date	Number of Hours Worked During That Week	Gross Earnings

1. Were you able and available to work during each of the weeks claimed? ☐ Yes ☐ No
   If no, explain: _____
   _____
2. Did you refuse any work during any of the weeks claimed? ☐ Yes ☐ No
   If yes, explain: _____
   _____
3. Are you receiving any type of retirement pension? ☐ Yes ☐ No
   If yes, list type of pension: _____ Monthly Amount $ _____
4. Did you attend school or training during the weeks claimed: ☐ Yes ☐ No
   If yes, list dates of attendance: From: _____ To: _____
   Name of School: _____
5. Have you returned to work full-time? ☐ Yes ☐ No
   If yes, name of employer and date started: _____

REMARKS: _____
_____

APPLICANT CERTIFICATION: I certify that the information I have given on this form is correct and that I have supplied the information 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 ACT.

Signature of Applicant _____ Date _____

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