

**Unemployment Insurance Claim Application**  
**NEW, ADDITIONAL, OR TRANSITIONAL**

Today's Date \_\_\_\_\_

|   |  |  |   |  |   |  |  |   |  |
|---|--|--|---|--|---|--|--|---|--|
| <b>(1) Effective Date</b>   |  | <b>(2) Are You</b>   |   | <b>(3) First Name</b>  |   | <b>(4) Middle Initial</b>  |  | <b>(5) Last Name (Jr. etc.)</b>   |  |
| Office Use Only   |  | <input type="checkbox"/> Female  | <input type="checkbox"/> Male   |  |   |  |  |   |  |
| <b>(6) Your Social Security Number</b>  |  |  |   | <b>(7) Your Date of Birth</b>  |   | <b>(8) Have you filed a claim in the last 12 months?</b>   |  |   |  |
|   |  |  |   |  |   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |   |  |
| <b>(9) County of Residence</b>  |  |  |   | <b>(10) Which Workforce Development Center would you prefer to use for job placement services?</b> |   |  |  |   |  |
|   |  |  |   | <i>(See center listings on the reverse side of this form)</i>                                      |   |  |  |   |  |
| <b>(11) Are you a citizen or national of the United States?</b>   |  |  | <b>(12) Your INS alien number is?</b>   |  | <b>(13) What is your telephone number?</b>  |  |  |   |  |
| <input type="checkbox"/> Yes  |  |  | <input type="checkbox"/> No (if no, fill in your INS alien registration number in item 12).   |  | Your primary telephone number:  |  | ( ) _____                                      |   |  |
| <b>(14-17) What is your mailing address?</b>  |  | _____  |   |  |   |  |  |   |  |
|   |  | Number and Street (Please include apartment or lot number.)                      |   |  |   |  |  |   |  |
| City  |  | State  |   |  |   | Zip Code   |  |   |  |
| <b>(18) Voluntary Tax Withholding Information</b><br>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 <b>10%</b> of your gross weekly benefit payment withheld for Federal taxes?   |  |   | Do you want to have <b>5%</b> of your gross weekly benefit payment withheld for Iowa taxes?  |  |   |  |
|   |  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |   |  |
| <b>(19-23) Dependent Information</b> Do you have a spouse, children, or other dependents to include on your unemployment insurance claim? <span style="float:right"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>   |  |  |   |  |   |  |  |   |  |
| 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.)<br><input type="checkbox"/> Yes <input type="checkbox"/> No   |  |  | Has your spouse filed an unemployment insurance claim in the last 12 months?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  |  |   | 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?<br><input type="checkbox"/> Yes <input type="checkbox"/> 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) = _____  |  |  |   |  |
| <b>(24) Iowa Employer Account Number.</b>   |  | <b>(25-29) Business Name and Address of Your Most Recent or Current Employer</b> |   |  |   | <b>(30-32) Dates of Employment</b>   |  |   |  |
|   |  | _____  |   |  |   | Date you began work for this employer (Seniority Date) _____   |  |   |  |
| Office Use Only   |  | Name of Business _____   |   |  |   | Date you last worked for which you will be paid wages. _____   |  |   |  |
|   |  | Street Address _____   |   |  |   | <b>(33-34) Pending Pay Due You</b>   |  |   |  |
| <b>Employer Acct. #</b>   |  | City   |   | State  |   | Zip Code   |  | Severance Yes No Vacation Yes No<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |  |
| <b>(35) Your Reason for Leaving Your Job</b>  |  |  | <b>(36) Business Closed</b>   |  |   | <b>(37) Immediate Release</b>  |  | <b>(33-34a) Last Date You Will Be Paid Severance and/or Vacation Pay</b>  |  |
| Please check only one box:<br><input type="checkbox"/> 1 Layoff/Lack of work/Job Eliminated<br><input type="checkbox"/> 2 Layoff Business Permanently Closed<br><input type="checkbox"/> 3 Quit<br><input type="checkbox"/> 4 Fired for Misconduct<br><input type="checkbox"/> 5 Labor Dispute/Strike/Lockout<br><input type="checkbox"/> 6 Still Working/Reduced Hours |  |  | Office Use Only<br><input type="checkbox"/> No<br><input type="checkbox"/> No, Under Investigation<br><input type="checkbox"/> Yes, Closed<br><input type="checkbox"/> Yes, In Process of Closing |  |   | Office Use Only<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No   |  | Date that you will be paid through including all severance and/or vacation pay. _____   |  |
| <b>(38) In The Past 18 Months Have You?</b>   |  |  |   |  | <b>(39) Work Search/Job Attachment</b>  |  |  |   |  |
| <input type="checkbox"/> Worked outside of Iowa?<br><input type="checkbox"/> Served in the Armed Forces?<br><input type="checkbox"/> Worked for the Federal Government?   |  |  |   |  | Please check only one box that best describes your situation:<br><input type="checkbox"/> 1. Not likely to return to your most recent employer.<br><input type="checkbox"/> 2. On Temporary/Seasonal Layoff and likely to return to your most recent employer.<br><input type="checkbox"/> 3. Refused to bump a less senior employee.<br><input type="checkbox"/> 4. Obtain work through a Union Hiring Hall and you are a member in good standing. |  |  |   |  |
| <b>(40) Are you Paid a Pension ?</b>  |  | <b>(41-42) Your Normal Occupation?</b>   |   |  | <b>(43) Resume</b>  |  | <b>(44) Highest Grade Completed in School?</b> |   |  |
| <input type="checkbox"/> Yes  |  | Title _____  |   |  | <input type="checkbox"/> Yes Office Use Only  |  | Grade _____                                    |   |  |
| <input type="checkbox"/> No   |  | Office Use Only DOT Code _____   |   |  | <input type="checkbox"/> No   |  |  |   |  |

# 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.

**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 #<br>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<br>I am a citizen or national of the United States.<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>If you answered NO, are you in satisfactory immigration status? <input type="checkbox"/> Yes <input type="checkbox"/> No |              | Sex<br><input type="checkbox"/> Male<br><br><input type="checkbox"/> 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 \_\_\_\_\_ (Month, Day, Year) was a result of this disaster as follows:  
 (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 |
|------------------------|------|

**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

## SUPPLEMENT TO APPLICATION FOR DUA SELF-EMPLOYED INDIVIDUALS

|   |   |         |      |
|---|---|---------|------|
| APPLICANT'S NAME (Last, First, Middle)                                  | DISASTER NO.<br>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:<br><input type="checkbox"/> Farming <input type="checkbox"/> Business <input type="checkbox"/> Profession |         |      |
| A. FARMING ACTIVITY (if applicable)                                     | AS A:   |         |      |
|   | <input type="checkbox"/> Sole Owner <input type="checkbox"/> Partner  |         |      |
| SIZE OF FARM<br>(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   | \$        |  |
| <b>NET EARNINGS</b>      | <b>\$</b> |  |

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

|                          |           |  |
|--------------------------|-----------|--|
| Gross earnings           | \$        |  |
| Subsidies, if applicable | \$        |  |
| Subtotal                 | \$        |  |
| Less business expenses   | \$        |  |
| <b>NET EARNINGS</b>      | <b>\$</b> |  |

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 107 (10-2011)

**CONTINUED REQUEST FOR DISASTER UNEMPLOYMENT ASSISTANCE**

|   |  |
|---|--|
| Name (First, MI, Last):                       | Social Security Number:  |
| Address (No., Street, City, State, ZIP Code): | Telephone:<br>(     )  |
|   | Sex: <input type="checkbox"/> Male <input type="checkbox"/> 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 \_\_\_\_\_