

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 | | <input type="checkbox"/> Female | <input type="checkbox"/> Male | | | | | | |
| (6) Your Social Security Number | | | | (7) Your Date of Birth | | (8) Have you filed a claim in the last 12 months? | | | |
| | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| (9) County of Residence | | | | (10) Which Workforce Development Center would you prefer to use for job placement services? | | | | | |
| | | | | <i>(See center listings on the reverse side of this form)</i> | | | | | |
| (11) Are you a citizen or national of the United States? | | | (12) Your INS alien number is? | | (13) What is your telephone number? | | | | |
| <input type="checkbox"/> Yes | | | <input type="checkbox"/> 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? | | | Do you want to have 5% 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 | | | |
| (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) <input type="checkbox"/> Yes <input type="checkbox"/> 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.) <input type="checkbox"/> Yes <input type="checkbox"/> No | | | Has your spouse filed an unemployment insurance claim in the last 12 months? <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? <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) = _____ | | | | |
| (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) _____ | | | |
| Office Use Only | | Name of Business _____ | | | | Date you last worked for which you will be paid wages. _____ | | | |
| | | Street Address _____ | | | | (33-34) Pending Pay Due You | | | |
| Employer Acct. # | | City | | State | | Zip Code | | Severance Yes No Vacation Yes No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| (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: <input type="checkbox"/> 1 Layoff/Lack of work/Job Eliminated <input type="checkbox"/> 2 Layoff Business Permanently Closed <input type="checkbox"/> 3 Quit <input type="checkbox"/> 4 Fired for Misconduct <input type="checkbox"/> 5 Labor Dispute/Strike/Lockout <input type="checkbox"/> 6 Still Working/Reduced Hours | | | Office Use Only <input type="checkbox"/> No <input type="checkbox"/> No, Under Investigation <input type="checkbox"/> Yes, Closed <input type="checkbox"/> Yes, In Process of Closing | | | Office Use Only <input type="checkbox"/> Yes <input type="checkbox"/> 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 | | | | |
| <input type="checkbox"/> Worked outside of Iowa? <input type="checkbox"/> Served in the Armed Forces? <input type="checkbox"/> Worked for the Federal Government? | | | | | Please check only one box that best describes your situation: <input type="checkbox"/> 1. Not likely to return to your most recent employer. <input type="checkbox"/> 2. On Temporary/Seasonal Layoff and likely to return to your most recent employer. <input type="checkbox"/> 3. Refused to bump a less senior employee. <input type="checkbox"/> 4. 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? | | |
| <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 | | | | |

INSTRUCTIONS FOR COMPLETING DISASTER UNEMPLOYMENT ASSISTANCE (DUA) APPLICATION FORMS DUA Form 101 (10/2011)

Initial Application (ETA 81)

DO NOT fill in the shaded portion at the top.

1. **Applicant's name.** Enter your last name first followed by your first name and middle initial.
2. **Date of Birth.** Enter the month, day and year of your birth.
3. **Phone number.** Enter your telephone number including area code.
4. **Social Security Number.** Enter your Social Security Number issued by the Social Security Administration.
5. **Citizen.** Mark the appropriate response to indicate whether or not you are a citizen of the United States. If you are not a citizen, it is a federal requirement that you take proof of satisfactory immigration status (such as your "green card") to your local Workforce Development Center.
6. **Sex.** Mark the box identifying your gender.
7. **Marital Status.** Enter M for married, S for single and D for divorced.
8. **Number of Dependents.** Enter the number of dependents you can legally claim on your federal income tax return. **DO NOT INCLUDE YOURSELF IN THIS NUMBER.**

Section A - Applicant Request

Enter the last day you actually worked in your **USUAL EMPLOYMENT**. This does not include clean up or recovery efforts related to the disaster. The second date is the date the disaster caused you to stop or reduce your **USUAL EMPLOYMENT**. The remaining area is for you to explain how the disaster has affected your work. This description must be in some detail. Simply entering "Flood" or "Wet ground" is not sufficient and will result in denial of DUA benefits because there is not enough information on which to base a determination.

Section B – Applicant Employment

Enter the names and addresses of all employers for whom you have worked since January 1, 2010. We **must** have the name of the county in which you worked (or in which you were scheduled to start work) at the time of the disaster.

Section C – Privacy Act Statement/Application Certification

Please read this section. Once you understand the statements in Section C, sign and date the 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 # 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. <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered NO, are you in satisfactory immigration status? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Sex <input type="checkbox"/> Male <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

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: <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 _____