



**DISASTER UNEMPLOYMENT INSURANCE  
INITIAL APPLICATION**  
UNEMPLOYMENT INSURANCE/BENEFITS AREA  
SFN 43204 (R. 04-09)

**Mail or Fax to:**  
Job Service North Dakota  
PO Box 5507  
Bismarck ND 58506-5507  
701-328-1630  
Fax 701-328-2728  
TTY 1-800-366-6888

Social Security Number*		<b>Disaster Number:</b> FEMA 1829 -DR-ND			
First Name		Middle Initial		Last	
Address	Street or P.O. Box	County		Phone	
City		State	ZIP	Cell Phone	
Date of Birth		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian <input type="checkbox"/> Black			
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				<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 filing for disaster benefits?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you received or filed for unemployment compensation against any state in the past 12 months?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES, when?			State Filed Against		

**A. UNEMPLOYED WORKER DUE TO DISASTER**

1. Dates you became unemployed.

Last day worked? \_\_\_\_\_

Which dates were off work due to the disaster? \_\_\_\_\_

2. Explain in **DETAIL** how the disaster was the **DIRECT** cause of your unemployment.

3. Check all sources of income or livelihood at the time of the disaster.

EMPLOYMENT    PENSION    FARMING    FARM WORKER    SELF-EMPLOYMENT    BUSINESS OWNER

4. Were you injured as a result of the disaster?    Yes    No

5. Did you become the head of household due to a death caused by the disaster?    Yes    No

6. Did the disaster prevent you from reaching your place of employment?    Yes    No

7. At the time of the disaster, did the business you worked for close?    Yes    No

Reason for closure \_\_\_\_\_

Date company closed \_\_\_\_\_

Date company will reopen \_\_\_\_\_

**Please complete this section only if you were scheduled to begin work for an employer and was 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 24 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 DUA-2 (Statement of Employment and Wages).

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 DUA application for 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.	
3/21/2009		\$		
3/28/2009		\$		
4/4/2009		\$		
4/11/2009		\$		
4/18/2009		\$		
4/25/2009		\$		
5/2/2009		\$		
			<b>Yes</b>	<b>No</b>
Would you like to have federal income tax at the rate of 10% withheld from your benefit payments?			<input type="checkbox"/>	<input type="checkbox"/>
Would you like to have North Dakota state income tax at the rate of 2% withheld from your benefit payments?			<input type="checkbox"/>	<input type="checkbox"/>
Were you 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 type of pension If yes, complete SFN 41241. 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"/>
<p><b>IMPORTANT:</b> You 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 2008 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.</p>				
<p><b>APPLICANT CERTIFICATION:</b> 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.</p>				
Signature of Claimant		Date	Signature of Claimstaker	

\*In compliance with the Privacy Act of 1974, a Social Security Number is mandatory on this form pursuant to 20 CFR 666.150 and/or North Dakota Century Code 52-02-02. This number is used by Job Service North Dakota for identification, federal and state tax, program eligibility purposes and program performance accountability.