



**SUPPLEMENT TO APPLICATION
FOR DUA SELF-EMPLOYED INDIVIDUALS**
UNEMPLOYMENT INSURANCE/BENEFITS AREA
SFN43205 (R.4-09)

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

Disaster Number: FEMA 1829 -DR-ND

Name	Social Security Number*		
Business	Address		
City, State, ZIP			
TYPE OF SELF-EMPLOYMENT: <input type="checkbox"/> Farm <input type="checkbox"/> Business <input type="checkbox"/> Independent Contractor			
TYPE OF OWNERSHIP: <input type="checkbox"/> Sole Owner <input type="checkbox"/> Corporation <input type="checkbox"/> 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 it.			
2. Do you perform duties directly related to the operation of the business? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain:			
3. Were you actively performing these duties at the time of the disaster? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain:			
5. Since becoming unemployed, have you been performing or been able to perform any services in restoring the business? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain:			
6. At the time of the disaster, was this self-employment your primary occupation and primary means of livelihood? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain.			
7. Do you have any occupation other than this self-employment? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? Acreage in CRP .	acres located in acres located in	County. County.
2. Are you the principal operator of the farm? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, name of principal operator.		
3. 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.		
4. List livestock cared for: Kind Number Number of cows currently being milked:		
5. Did the disaster cause you to sell any livestock that you otherwise would have kept? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number sold:		
6. How many hours did you work prior to the disaster?		
7. Has your ability to work the hours prior to the disaster decreased? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, by how many hours? When do you expect to resume working the same number of hours before the disaster occurred?		
8. What steps have you taken since the disaster to return to pre-disaster status in your business?		

PART C: CLAIMANT 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 Claimant	Date
Claims taker	Date

*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.