JOB SERVICE North Dakota
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DISASTER UNEMPLOYMENT INSURANCE INITIAL APPLICATION

UNEMPLOYMENT INSURANCE/BENEFITS AREA
SFN 43204 (Rev. 6-2011)

Disaster Number: FEMA 1981 -DR-ND

Name (Last, First)		Social Security Number*	
Address (Street or P.O.Box)		Disaster County	Telephone Number
City	State	ZIP Code	Cell Phone Number
Date of Birth	☐ Male ☐ Female	☐ White ☐ Hispanic ☐ American Indian ☐ Black	
I am a citizen of or national of the United States. ☐ Yes ☐ No			
I am in satisfactory immigration status. ☐ Yes ☐ No If yes, enter your Alien Registration Number & Exp. Date below:			
Alien Registration Number		Expiration Date	
Do you make or owe child support payments? ☐ Yes ☐ No		If yes, in what states?	
Are other family members in the same household filing for disaster benefits? ☐ Yes ☐ No			
Have you received or filed for unemployment compensation against any state in the past 12 months? ☐ Yes ☐ No			
If YES, when?		State(s) Filed Against	

A. UNEMPLOYED WORKER DUE TO DISASTER

1. Last day you worked prior to the disaster (MM/DD/YYYY)	2. Which date(s) were you off work due to the disaster?
3. Explain in **DETAIL** how the disaster was the DIRECT cause of your unemployment.	
4. Have you returned to work? ☐ Yes ☐ No	If yes, what date did you return to work? (MM/DD/YYYY)
5. Check all sources of income or livelihood at the time of the disaster. (Check all that apply. At least one must be checked) ☐ EMPLOYMENT ☐ PENSION ☐ FARMING ☐ FARM WORKER ☐ SELF-EMPLOYMENT	
6. Were you injured as a result of the disaster? ☐ Yes ☐ No	
7. Did you become the head of household due to a death caused by the disaster? ☐ Yes ☐ No	
8. Did the disaster prevent you from reaching your place of employment? ☐ Yes ☐ No	
9. 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	
What date were you scheduled to work after the company reopened?	

Please complete this section only if you were scheduled to begin work for an employer and were unable to do so because of the disaster.

Name of Employer			Telephone Number
Address	City	State	ZIP Code
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 12 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 the Statement of Employment and Wages form.

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 Application for DUA Self-employed Individuals." Include all copies of Schedule C, F, SE & 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 Of	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.
		$	
		$	
		$	
		$	
		$	
		$	
		$	
		$	
		$	

Would you like to have federal income tax at the rate of 10% withheld from your benefit payments?	☐ Yes	☐ No
Would you like to have North Dakota state income tax at the rate of 2% withheld from your benefit payments?	☐ Yes	☐ No
Were you physically able and available to work during each of the weeks claimed?	☐ Yes	☐ No
Did you refuse job referral or refuse any work during any of the weeks claimed?	☐ Yes	☐ No
If yes, for which weeks?		
Are you receiving, or have you applied for, any type of retirement, pension, or disability pay?*	☐ Yes	☐ No
If yes, list the type received.	Monthly Amount	

** If pension, please complete "Form SFN 41241 Retirement Benefit" and mail or fax to Job Service.*

Did you attend school or training during any of the weeks listed above?	☐ Yes	☐ No
If yes, list dates of attendance: From: To:	Name of School:	Expected Date of Return to School

☐ **IMPORTANT**: I certify I 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. If you are a self-employed individual, you must also submit a copy of your 2010 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.

☐ **APPLICANT CERTIFICATION**: I certify the information provided on this form is correct and I have supplied the information in order to obtain DISASTER UNEMPLOYMENT ASSISTANCE. I know federal funds are provided and 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.

Name	Date	For Internal Use Only
	=today()	

*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.

Job Service North Dakota is an equal opportunity employer/program provider.
Auxiliary aids and services are available upon request to individuals with disabilities.

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