JOB SERVICE North Dakota
jobsnd.com

SUPPLEMENT TO APPLICATION FOR DUA SELF- EMPLOYED INDIVIDUALS

UNEMPLOYMENT INSURANCE/BENEFITS AREA

SFN 43205 (Rev. 6-2011)

Disaster Number: FEMA 1981 -DR-ND

Name (Last, First)	Social Security Number*
Business	
Address	City, State, Zip Code

Type of Self-Employment:
(Check all that apply. At least one must be checked) ☐ Farm ☐ Business ☐ Independent Contractor

Type of Ownership (Check all that apply. At least one must be checked)

☐ Sole Owner ☐ Corporation ☐ Partnership-List 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? ☐ Yes ☐ No Explain:

3. Were you actively performing these duties at the time of the disaster? ☐ Yes ☐ 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?
☐ Yes ☐ No Explain:

5. Since becoming unemployed, have you been performing or been able to perform any services in restoring the business?
☐ Yes ☐ No 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

8. Was your place of business damaged or destroyed? ☐ Yes ☐ No Explain:

CONTINUED ON REVERSE

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? acres	Farm is located in what county?
What is the size of the farm you operate? acres	Farm is located in what county?
2. What is the number of acres you have in CRP? acres	Located in what county?
3. Are you the principal operator of the farm? ☐ Yes ☐ No If no, name of principal operator:	
4. 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.	
5. List kind of livestock cared for	Number
Number of cows currently being milked:	
6. Did the disaster cause you to sell any livestock that you otherwise would have kept? ☐ Yes ☐ No	If yes, number sold:
7. How many hours each week did you work prior to the disaster?	
8. Has your ability to work the hours prior to the disaster decreased? ☐ Yes ☐ No	
9. How many hours each week did you work during the disaster?	
When do you expect to resume working the same number of hours you worked before the disaster occurred?	
10. What steps have you taken since the disaster to return your business back to normal working conditions?	

PART C: CLAIMANT 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 understand 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 on request to individuals with disabilities.

Select One Go