

State of Illinois
 Department of Employment Security
 Division of Field Operations
www.ides.state.il.us



**INITIAL APPLICATION FOR
 DISASTER UNEMPLOYMENT ASSISTANCE**

Robert T. Stafford Disaster Relief and Emergency Assistance Act

For Office Use Only

County Code Sic Code Local Office No.
 Disaster No. Disaster Date Declaration Date

1. Applicant's Name (Last, First, Middle)		2. Social Security No.		3. Date of Birth (mm/dd/yyyy)	
4. Address (No, Street, City, State, Zip Code) (Include County)			5. Marital Status Never Married Widowed Divorced Legally Separated		6. Tax Year Ending
7. Dependents Spouse Child(ren)					
8. Name and Address of Last Employer (Include County)			9. Last Occupation		10. Last Day Worked
City State Zip Code County					

(If you need additional space in any areas below, use the reverse side of this form or attach a separate sheet)

A. Applicant Request

I HEREBY apply for DISASTER UNEMPLOYMENT ASSISTANCE (DUA) for the period of unemployment resulting from the announced disaster beginning . My unemployment was a result of the disaster as follows: (Explain)

If you were self employed you MUST also complete Form DUA 81A.

B. Retroactive Filing

1. List below all weeks following the date of the disaster that you were totally or partially unemployed due to the disaster and for which you are claiming DUA. Report gross earnings from employment and net earnings from self-employment.

Week Ending	Hours Worked	Earnings	Week Ending	Hours Worked	Earnings	Week Ending	Hours Worked	Earnings
		\$			\$			\$
		\$			\$			\$

(For the weeks claimed above, answer the following questions by checking the appropriate space. If the answer to questions 2a or 2b is "YES" complete the information requested in the space to the right of the questions).

2. a. Did you apply for or receive, or would you be eligible to receive if you had applied for:	Type of each payment amount		Period Covered	
	Yes	No	From	To
(1) Unemployment Insurance under any State or Federal Law?	Yes	No		
(2) Any amounts for loss of wages due to illness or disability?	Yes	No		
(3) Any type of private income protection insurance	Yes	No		
(4) Any amount as a supplemental unemployment benefit (SUB)?	Yes	No		
3. Were you able to and available for work during each of the weeks claimed above?	Yes	No		
4. Did you accept all work offered during each of the weeks claimed above?	Yes	No		

C. Applicant Employment

(In order to compute the amount of any weekly entitlement to disaster unemployment assistance. I Certify that I had the following employment and/or self - employment and earnings during the last 18 months.)

Name and Address of Employer (or Self - Employment)	Period Employed		*Total Earnings	*Weekly Wages	For Office Use Documentation proof of earnings
	From	To			

*Report GROSS Earnings

D. Applicant Certification

I certify that the information I have given on this form is correct. I have supplied this 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 payment which I am not entitled to receive under the Act. I have been furnished a statement required under the Privacy Act of 1974 for use in the Disaster Unemployment Assistance Program.

State Agency Representative Signature Date Claimant Signature Date