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

SUPPLEMENT TO 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

Applicant's Name
(Last)_____ (First)_____ (Middle)_____

Social Security No. _____

Business Name and Address (No, Street, City, State Zip Code County)

_____
_____
City _____ State _____ Zip Code _____ County _____

TYPE OF SELF - EMPLOYMENT
ENGAGED IN: (Check appropriate box(es))
☐ Farming ☐ Business ☐ Profession
AS A: ☐ Sole Owner ☐ Partner

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

A. Farming Activity *(If applicable)*

1. Size of Farm (in acres) _____

2. In columns below, list all farm products raised and held primarily for sale and farm income. (Use other side if necessary)

2a CROPS		2b LIVESTOCK		2c Other (Specify)	
Kind	Acres	Kind	Quantity	Kind	Quantity

B. Self - Employment Information *(Answer all questions in this part)*

1. Describe the nature of your self-employment; indicate how long you have been performing it.

2. Did this self-employment require any part of your time in the performance of services? ☐ Yes ☐ No
(If no, explain)

3. Were you performing any services in connection with this self-employment at the time of the disaster? ☐ Yes ☐ No
(If no, explain why not) (If yes, identify services being performed)

4. Did the disaster prevent you from performing all services in connection with your self-employment? ☐ Yes ☐ No
(If no, identify services being performed)

5. Since becoming unemployed, have you been performing or able to perform any services in restoring or improving the value of profit-making capability of your self-employment? (If yes, explain) ☐ Yes ☐ No

6. At the time of the disaster, was this self-employment your primary occupation and primary means of livelihood? (If yes, please explain) ☐ Yes ☐ No

7. Do you have any occupation other than this self-employment? (If no, explain) ☐ Yes ☐ No

If yes, complete below.

Occupation	Weekly Hours	Gross Wages	Effect (disaster had on this occupation)

C. 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 _____

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