



Application for Disaster Unemployment Assistance DR - 4547#

Instructions: Use ink and print clearly to complete all pages of this application. Before signing and dating this application, double check that all the information on this application has been answered and is correct. If you have any questions about this application, contact the Unemployment Insurance Agency at 1-866-500-0017. TTY customers call 1-866-366-0004.

Identification Information

Write your Social Security number: _____ - _____ - _____ Have you worked under more than one Social Security number? Yes No
If yes, write the Social Security number(s): _____ - _____ - _____

LAST NAME FIRST NAME MIDDLE NAME SUFFIX

State Driver's License or State ID Issuing State

Demographic Information

MAILING ADDRESS CITY STATE/PROVINCE ZIP CODE COUNTY COUNTRY

TELEPHONE NUMBER EMAIL ADDRESS DATE OF BIRTH Male Female

- Are you Hispanic or Latino? Yes No Are you? American Indian/Alaskan Native Asian Black Some Other Race Two or More Races White
- What level of education did you complete? Less than a High School Graduate High School/GED College or Associates Degree Bachelor Degree Graduate or Professional
- Are you a U.S. Citizen?¹ Yes No If no, do you give the UIA permission to verify your alien status with U.S. Citizenship and Immigration Services in order to process your claim? Yes No
What is your Alien Type? _____ Alien Registration Number _____ Expiration Date ____/____/____
- Are you claiming any dependents?² Yes No If yes, how many dependents do you want to claim? _____ (A maximum of 5 dependents are allowed.)
- Do you want State and Federal taxes withheld?³ Yes No If yes, how many exemptions do you want? _____

Additional Information

1. A claim for unemployment benefits usually begins the week that it is filed. When do you want your claim to begin? This needs to be a Sunday date. ____/____/____
2. In the last 18 months, did you work in any state(s) other than Michigan? This includes the District of Columbia, Commonwealth of Puerto Rico, and the U.S. Virgin Islands. This does not include military or Federal employment. Yes No
If yes, how do you want to file? File my claim using Michigan wages only. File my claim using Michigan wages and other state(s).
 File my claim in another state using only that state's wages. File my claim in another state using wages from all the state(s) I worked.
3. In the last 14 months, did you file a claim for unemployment benefits against another state? This includes the District of Columbia, Commonwealth of Puerto Rico, and the U.S. Virgin Islands. This does not include military or Federal employment. Yes No If yes, in what state did you file a claim? _____
4. Are you currently attending school or training? Yes No If yes, on what date did you begin your semester or term? ____/____/____
What date do you expect to complete your school or training? ____/____/____ Are you attending school or training full-time? Yes No
Did you limit your availability for work due to school or training? Yes No



Is your separation reason a direct result of a recent severe storms and flooding in Arenac, Gladwin, Iosco, Midland, and Saginaw counties in Michigan?
If yes, check the following that best applies to you:

Yes No

- You are unemployed as a direct result of the disaster.
- You are unable to reach the place of employment as a direct result of the disaster.
- You are employed, or were scheduled to begin employment, and do not have a job or are unable to reach the job as a result of the disaster.
- You are the breadwinner or major supporter for a household because the head of the household has died as a direct result of the disaster.
- You are unable to work because of an injury caused directly by the disaster.
- Other - Explain

Employer 1

EMPLOYER'S LEGAL NAME _____ Worked for: Military branch Federal government Regular Michigan Employer
 Non-Michigan Employer
DOING BUSINESS AS (DBA) _____ FEIN: _____ Employer Account Number⁴ _____

EMPLOYER ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____ TELEPHONE NUMBER _____ - _____ - _____

- How many hours per week did you work? _____ What was the rate of pay you received? _____
- What was your first day worked? ____/____/____ What was your last day worked? ____/____/____
- What was your separation reason?⁵ Choose one and put number here ____: 1-Assault & Battery 2-Deliberate Destruction of Property 3-Fired 4-Holiday Break 5-Hours Reduced 6-Illegal Drugs 7-Imprisonment 8-Intoxication 9-Labor Dispute (Strike) 10-Laid Off 11-Leave of Absence 12-Quit 13-Retired 14-Still working, no reduction in hours 15-Suspended/Disciplinary Lay Off 16-Temporary Shutdown 17-Theft
- Do you expect to receive any payments after your last day of work? Yes No If yes, for? Hours worked Yes No; Vacation pay Yes No; Holiday pay Yes No; Bonus Yes No; Sick pay Yes No; Separation, severance, wage continuation, payment in lieu of notice, or termination pay Yes No
- Are you receiving retirement benefits? Yes No If yes, when do you expect to receive your first pension payment? ____/____/____
- Is this pension paid by a skilled trade's union trust fund? Yes No
- What state did you last work for this employer? _____ If in Michigan, what county? _____
- Are you required to seek work exclusively through a Union Hiring Hall? Yes No
- Did this employer give you a return to work date? Yes No If yes, what date do you expect to return to work with your former employer? ____/____/____

If you have more than one employer, please attach another sheet with the information.

Your Rights and Responsibilities

Before you complete an application for unemployment benefits, it is important that you understand that you have rights and responsibilities regarding collecting unemployment benefits.

You will be receiving a Monetary Determination in the mail. Read it carefully. It provides you with the following information:

- If you meet the monetary requirements to establish a claim,
- Your Weekly Benefit Amount (WBA), number of weeks allowed, and the calculations involved,
- If you are required to register for work in order to collect benefits,
- How to protest your Monetary Determination if you do not agree,
- If you need to provide additional information.

Protect your rights. Read and follow the instructions in any pamphlets, documents, or correspondence sent to you by the Unemployment Insurance Agency (UIA).

- At times you may be asked to provide a document or complete a form and return it within 10 days. Failure to provide the requested information could affect your right to benefits.
- Remember to put your Social Security number or Letter ID and your name on all information or documents that you send to the UIA.
- In accordance with Section 62 of the Michigan Employment Security Act, UIA may require repayment of benefits up to 3 years after the first benefit payment was issued; therefore, you are advised to keep your address up to date with UIA for up to 3 years after your last benefit payment.
- If you reside in another state or are moving out of Michigan within the next three weeks, you must register for work with the state employment service provider in your new state of residence. You must register for work timely or you may not receive unemployment benefits.
- To claim benefits, you must certify using Form UIA 1785, *Bi-Weekly Paper Certification*, that you can get online. You must certify every two weeks to claim your unemployment benefits for the previous two weeks.

All information requested on this DUA application and other DUA forms is voluntary but is required in order to promptly process your claim. The request for information is authorized under Section 410 of the Robert T. Stafford Relief and Emergency Assistance Act. All information furnished will be confidential, except to the extent that release is authorized in the processing of your claim. Such information will not be used for any purpose other than establishing your entitlement to DUA, for statistical and research purposes by the UIA and the U.S. Department of Labor (USDOL), and to ensure that benefits have been paid thoroughly.

I hereby apply for Disaster Unemployment Assistance (DUA) for the period of unemployment resulting from the announced disaster beginning May 16, 2020. The disaster caused me to become unemployed for the following reason:

I certify that the information I have given on this form is correct to the best of my knowledge and belief. I have supplied the 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 payments which I am not entitled to receive under the Robert T. Stafford Disaster Relief and Emergency Assistance Act. I have read the statement required under the Privacy Act of 1974 for use in the Disaster Unemployment Assistance Program.

Signature _____

Date _____

Mail this form to Unemployment Insurance Agency, Multi-Service Center, 9023 Joseph Campau, Hamtramck, MI 48212.



UIA is an equal opportunity employer/program.

¹Unemployment Insurance Agency (UIA) must confirm your status with the U.S. Citizenship and Immigration Services (USCIS) in order to process your claim. The Immigration Reform and Control Act (IRCA) precludes USCIS from using, publishing, or making available information related to your application for adjustment to temporary residence except as provided by law (confidentiality provision).

²You are allowed \$6.00 for each dependent, up to a maximum of 5 dependents. Even if dependents are allowed, your Weekly Benefit Amount cannot exceed \$362.00. Do not claim yourself as a dependent. To claim a person as a dependent, you must have provided more than half the cost of his or her support for at least 90 days immediately before filing your claim. If the marital or parental relationship has existed less than 90 days, the person must have received more than half the cost of his or her support from you for the duration of the marital or parental relationship.

- You can claim your husband or wife.
- You can claim your child, adopted child, stepchild, or grandchild, orphaned brother or sister if under the age of 18 years, or under the age of 22 if enrolled full-time in school, or if the child is over age 18 and is unable to engage in employment because of a physical or mental infirmity.
- You can claim your legal father and/or mother, if over the age of 65 or permanently disabled.
- You can claim a person as a dependent even if you do not claim that person for income tax purposes. However, only one person may claim the same person as a dependent for unemployment benefit purposes.

Verification of dependents may be required.

³If you choose to have State and Federal taxes withheld from your benefits, 10% will be deducted for Federal taxes. The deduction for State taxes is based on the number of exemptions you claim.

⁴At the time you were separated from work, your employer may have provided you with the Employer Account Number. The number is 10 digits formatted as 1234567 000.

⁵1-Assault & Battery: This means you were fired for touching, threatening, or attempting to inflict harm to another person.

2-Deliberate Destruction of Property: This means you were fired for intentionally damaging company property.

3-Fired: This means you were let go or discharged by your employer for violation of company policy, attendance, poor job performance, or other reasons.

4-Holiday Break: This means you are not working your usual hours because the company is closed for a holiday.

5-Hours Reduced: This means you are not working enough hours each week to be considered full-time. The employer determines your full-time or part-time status as an employee. You are currently not working enough hours to be considered a full-time employee.

6-Illegal Drugs: This means you were fired for using or possessing a controlled substance while at work, testing positive for an illegal substance, or you refused to submit to a drug test.

7-Imprisonment: This means you were fired because you missed work due to being in jail or prison. If your conviction was for a traffic violation and you were absent from work for less than 10 consecutive days, your separation reason is not Imprisonment and you need to change your answer.

8-Intoxication: This means you were fired for being under the influence of alcohol while at work or testing positive for alcohol.

9-Labor Dispute (Strike): This means you are involved in a work stoppage or withdrawal of services that has been coordinated by your bargaining representative (union) concerning your terms of hire or other working conditions.

10-Laid Off: This means you are not working because of a reduction in the work force, plant shut down, or the company closed.

11-Leave of Absence: This means you requested time off from work for medical reasons, family obligations, or other reasons. You are still employed with this employer but are not working.

12-Quit: This means you resigned or left your job for medical, personal, or work related reasons or you left to accept work with another employer.

13-Retired: The means you voluntarily or involuntarily left work and were qualified to leave on the basis of attained age, length of service, contract agreement, company policy, or disability.

14-Still Working with No Reduction in Hours: This means there has been no break in your employment and you are still working full-time hours each week.

15-Suspended/Disciplinary: This means you are still employed with this employer but not working for disciplinary reasons.

16-Temporary Shut Down: This means you are not working your usual hours because the company or plant is closed for a short period of time and you are temporarily laid off.

17-Theft: This means you were fired for the unauthorized removal of employer property.



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LABOR AND ECONOMIC OPPORTUNITY
UNEMPLOYMENT INSURANCE AGENCY

JEFF DONOFRIO
DIRECTOR

Disaster Unemployment Assistance Self-Employment Application and Wage Statement

Complete the rest of this application only if you were self-employed.

Name: _____ Business Name: _____

Business Address: _____ County: _____

City, State, Zip Code: _____

List below all self-employment since the beginning of the last completed tax year (2019).

A. TYPE OF SELF-EMPLOYMENT

Check appropriate box: Farming Business Other: _____

Ownership: Sole Owner Partner

Are other family members also self-employed in this enterprise: Yes No

If yes, provide: Name: _____ SSN: _____ - _____ - _____

Name: _____ SSN: _____ - _____ - _____

(If more names need to be added, continue on a separate sheet of paper.)

B. SELF-EMPLOYMENT INFORMATION (Answer all of the questions in this part.)

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

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. _____

4. Did the disaster prevent you from performing all services in connection with self-employment? Yes No

If No, explain. _____

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

If Yes, 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 work other than self-employment? Yes No

Type of work: _____ Hours per week: _____ Gross Weekly Wages: _____

Effect of the disaster on this work: _____

C. FARMING (If your self-employment is not in farming, go to #15) Attach another sheet if needed.

8. If your self-employment is in farming, what are your customary crops and/or products (e.g., wheat, corn, soybeans, sugar beets, mils eggs, pork, beef, etc.) _____

9. What is the size of the farm(s) that you operate? 1) _____ acres located in _____ County
2) _____ acres located in _____ County

10. What is the number of acres you have in the crop? _____ acres located in _____ County

11. Are you the operator of the farm? Yes No

12. 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.

Crop List	Number of Acres
1)	1)
2)	2)
3)	3)
4)	4)

13. List the kind of livestock cared for:

Livestock	Number of Livestock
1)	1)
2)	2)
3)	3)
4)	4)

If cows were currently being cared for, how many are currently being milked? _____

14. Did the disaster cause you to sell livestock that you otherwise would have kept? Yes No

If yes, give the number sold. _____

15. How many hours each week did you work prior to the disaster? _____

16. Has your ability to work the hours that you worked prior to the disaster decreased? Yes No

17. How many hours each week did you work during the disaster? _____

Give the date you expect to resume working the same number of hours you worked before the disaster occurred? _____

18. What steps have you taken since the disaster to return to your business back to normal working conditions?

19. Fill in your customary full-time hours for each of the weeks below:

Time Period dd/mm/yyyy through dd/mm/yyyy	Hours Worked	Time Period dd/mm/yyyy through dd/mm/yyyy	Hours Worked
05/17/2020 through 05/23/2020		09/13/2020 through 09/19/2020	
05/24/2020 through 05/30/2020		09/20/2020 through 09/26/2020	
05/31/2020 through 06/06/2020		09/27/2020 through 10/03/2020	
06/07/2020 through 06/13/2020		10/04/2020 through 10/10/2020	
06/14/2020 through 06/20/2020		10/11/2020 through 10/17/2020	
06/21/2020 through 06/27/2021		10/18/2020 through 10/24/2020	
06/28/2020 through 07/04/2020		10/25/2020 through 10/31/2020	
07/05/2020 through 07/11/2020		11/01/2020 through 11/07/2020	
07/12/2020 through 07/18/2020		11/08/2020 through 11/14/2020	
07/19/2020 through 07/25/2020		11/15/2020 through 11/21/2020	
07/26/2020 through 08/01/2020		11/22/2020 through 11/28/2020	
08/02/2020 through 08/08/2020		11/29/2020 through 12/05/2020	
08/09/2020 through 08/15/2020		12/06/2020 through 12/12/2020	
08/16/2020 through 08/22/2020		12/13/2020 through 12/19/2020	
08/23/2020 through 08/29/2020		12/20/2020 through 12/26/2020	
08/30/2020 through 09/05/2020		12/27/2020 through 01/02/2020	
09/06/2020 through 09/12/2020		01/03/2020 through 01/09/2021	

D. WAGE STATEMENT FOR SELF-EMPLOYED INDIVIDUAL

Please provide your statement of estimated net earnings for 2019.

Tax Year Beginning _____ Tax Year Ending _____

Enter your NET earnings/losses for the tax year listed above. If you do not provide a copy of your tax return or other proof of these earnings within 21 days of application for DUA, your weekly benefit amount will be redetermined to be the minimum DUA weekly benefit, and you will be required to repay benefits that have been overpaid.

QTR Ending _____	QTR Ending _____	QTR Ending _____	QTR Ending _____	Total
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

- Acceptable proof of earning includes but is not limited to:
- Schedule C or C-EZ for sole owners of business
- Schedule F for farm income
- Schedule E on Form 1065 with Schedule K-1 for partnerships
- Other documents that provide verification of self-employment earnings for the above tax year

I certify that the information I have given on all pages of this form is correct and complete to the best of my knowledge and belief. I have supplied the 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 payments which I am not entitled to receive under the Robert T. Stafford Disaster Relief and Emergency Assistance Act. I have read the statement required under the PRIVACY ACT OF 1974 for use in the Disaster Unemployment Assistance program.

Your signature: _____ Date: _____

Your form must be completed and mailed to Unemployment Insurance Agency, Multi-Service Center, .9023 Joseph Campau, Hamtramck, MI 48212. Include any additional required documents. Allow 5 days for mail delivery. If you have any questions contact UIA at 1-866-500-0017. TTY users call 1-866-366-0004.