

**NC DEPARTMENT OF COMMERCE, DIVISION OF EMPLOYMENT SECURITY
UNEMPLOYMENT INSURANCE**

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Raleigh, North Carolina 27611
des.dua@nccommerce.com
DUA Fax: 919-715-8423

Application for DUA Waiting Period Week Not Enforced		FOR OFFICE USE ONLY	
Applicants Name (Last, First, MI)		Applicant's Social Security No.: XXX – XX –	Effective Date:
Address (No. St., City, State, ZIP Code)	County:	Disaster No: FEMA - _____DR Disaster Date:	Disaster Announcement Date:
Name & Address of Last Employer	County:	Date of Birth (Mo., Day, Yr.) Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Last Day Worked: AB Due Date:

APPLICANT REQUEST

I hereby certify that I am unemployed due to a declared major natural disaster and request the waiting period week not to be enforced.

APPLICANT CERTIFICATION

I CERTIFY that the information I have given on this form is correct and that 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 to which I am not entitled to receive under the Act.

Signature of Applicant:	Signature of Interviewer:	Date:
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PLEASE RETURN THIS FORM TO THE ABOVE ADDRESS