

**NC Department of Commerce, Division of Employment Security
Unemployment Insurance**

Weekly Request For Assistance Disaster Unemployment Assistance - DUA		Disaster Number: FEMA _____ DR	Local Office Name & Number:
Name :		Social Security Number : XXX – XX –	
Address:			
City	State	Zip:	Week Claimed
Telephone Number: () -		Beginning Date:	Ending Date:

A. Applicant Request

For the week claimed above, answer the following questions:

1. Were you able and available for work during the week? Yes No
2. Did you look for work as directed during the week? Yes No Not Required
3. Did you refuse any work offers during the week? Yes No
4. Did you contact your last employer to determine if work was available during the week? Yes No N/A Self-Employed
5. a. Did you apply for or receive:
 - (1) Unemployment compensation under any State or Federal law? Yes No
 - (2) Any amount for loss of wages due to illness or disability? Yes No
 - (3) Any type of private income protection plan? Yes No
 - (4) Any amount as a supplemental unemployment benefit (SUB)? Yes No
- b. Were any amounts payable to you from any retirement, pension or annuity under a public or private plan or system? Yes No
6. Did you perform any work or engage in any self-employment during this week?
(If YES, enter the gross earnings per day and the number of hours worked per day for the week.) Yes No

Enter the gross earnings for the days worked this week:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Enter the number of hours you worked per day:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Please provide the employers information below:

Employer name:	
Address:	
Telephone number:	

B. Application 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 (DUA). 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	Date
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C. Agency Review

Signature of Reviewer	Date Reviewed
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D. Agency Determination

<input type="checkbox"/> Amount of DUA payment authorized for the Week: \$ _____ <input type="checkbox"/> DUA reduced or denied for the week claimed above. <input type="checkbox"/> DUA Termination Date: _____	Reason for Determination: <input type="checkbox"/> Benefits reduced/denied due to earnings. <input type="checkbox"/> Benefits reduced/denied due to pension. <input type="checkbox"/> Benefits terminated due to _____
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Determination Date:

APPEAL RIGHTS

UNLESS A WRITTEN APPEAL IS FILED, THIS DETERMINATION BECOMES FINAL 60 DAYS FROM THE DATE THE DETERMINATION WAS MAILED TO YOU. YOU MAY PERSONALLY FILE YOUR APPEAL IN YOUR LOCAL OFFICE OR YOU CAN MAIL THE APPEAL TO THE ADDRESS LISTED BELOW.

NOTE: IF THIS DETERMINATION IS APPEALED YOU SHOULD CONTINUE TO FILE WEEKLY CLAIMS FOR BENEFITS UNTIL THE FINAL DECISION IS RENDERED.

**DIVISION OF EMPLOYMENT SECURITY
ATTN: SPECIAL PROGRAMS UNIT/DUA
P.O. BOX 25903
RALEIGH, NC 27611-5903
FAX: (919) 715-8423**